

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

2008/09 GRANT APPLICATION

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.

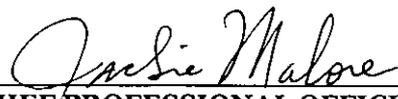
F.S. State Sales Tax Exempt # 85-8012559260C-1



CHIEF VOLUNTEER OFFICER
(Board President or Chair Signature Required)

10/9/08

DATE



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

10-9-08

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 2007/08 fiscal year.

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 2007/08 fiscal year.

Client Composition	Board of Directors	Professional Staff	Support Staff	Total Staff
BY RACE:				
Caucasian 173	9	1	7	8
African American 1,081	2	0	10	10
American Ind. 1	0	1	0	1
Hispanic 17	0	0	1	1
Asian 2	0	0	0	0
Other 40	0	0	0	0
TOTAL: 1,314	11	2	18	20
BY GENDER:				
Male 501	6	0	0	0
Female 813	5	2	18	20
BY AGE:				
Birth-18 716	0	0	0	0
19-35 261	6	0	6	6
36-55 208	4	1	11	12
Over 55 129	1	1	1	2
TOTAL: 1,314	11	2	18	20
# Persons with Disabilities 9			2	

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, 2009, 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, 2009, 100 % of birth mothers residing at Brehon House that choose adoption will receive appropriate counseling and support services.
3. By September 30, 2009, Brehon House will provide transitional housing services for at least 30 mothers and their newborns.
4. By September 30, 2009, 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, 2009, ensure that 90% of clients (in all programs) keep at least 80% of the goals they set for themselves.
7. By September 30, 2009, 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, 2009, 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, 2009, 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.

Brehon staff assesses clients' needs and involvement with other agencies upon intake to 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 2007-2008, **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 2008-09 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
5 th Annual Blue Ribbon Ball	April 24, 2009	\$30,000

Alternative Christmas Markets	December 2008	\$1,000
Ten Thousand Villages	December 2008	\$200

PROJECTED TOTAL: \$31,200

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

Represents Funding for All Brehon Programs for 2008-2009:

- Community Human Services Partnership: \$89,953
- United Way Rural \$24,000
- Partnership for Strong Families \$120,000
- Ounce of Prevention Fund of FL \$650,195
- Cash Donations/Special Events \$41,504
- Foundations \$10,000
- In-Kind Donations \$175,780

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

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

(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

A. PROGRAM RESOURCES

BREHON HOUSE PROGRAM:

Program Resource Input	2007/08 Actual	2008/09 Projected
Total Program Budget	\$147,760	\$152,760
Program Staff (FTE)	# 3.5	# 3.5
*Program Volunteers (value)	90 vols. (\$9,000)	110 vols. (\$11,000)
Specify how many volunteer hours were donated in FY07/08: 350		
Program In-Kind Donations	\$ 15,000	\$ 16,500

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 simultaneously 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 Brehon House program has served over 350 women and children and is the only program of its kind between Pensacola and Jacksonville. The residential facility helps pregnant, homeless women transition to more permanent housing and to become self-sufficient. All (100%) clients served by the Brehon House program fall into the categories of low-income or very low-income. This year, forty-nine (49), a record number, of women and children were served through the transitional housing program. One hundred percent (100%) of the families that completed the Brehon House program were placed into more permanent housing and gained the skills to become self-reliant. One hundred percent (100%) of the residents were enrolled in school and/or returned to the workforce. One hundred percent (100%) of the residents delivered healthy babies.

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.

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

AGENCY NAME: Brehon Institute for Family Services, Inc.

PROGRAM NAME: Healthy Families Leon

PROGRAM SERVICE: Healthy Families Leon

A. PROGRAM RESOURCES

HEALTHY FAMILIES LEON PROGRAM:

	2007/08 Actual	2008/09 Projected
Total Program Budget	\$702,133	\$675,195
Program Staff (FTE)	# 8	# 7
<i>*Program Volunteers (value)</i>	90 vols. (\$9,000)	110 vols. (\$11,000)
Specify how many volunteer hours were donated in FY07/08: 350		
Program In-Kind Donations	\$ 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.

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.

This year (2007-2008) Healthy Families Leon served 399 clients, including 47 children. An additional 82 families received assessment and referral services during this period. Healthy Families Leon empowers parents to accept responsibility for the outcomes of their families by educating them on child development, healthy discipline strategies, and stress management. One hundred percent (100%) of participating families are provided with adoption information/resources and referrals to adoption counseling/services.

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 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 zip codes: 32301, 32303, 32304, 32305, 32308, 32310, or 32311.

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: June 2, 2000

Rehoboth Institute for Family Services, Inc.
P. O. Box 7643
Gallahassee, FL 32314-7643

Person to Contact:
Mary Freudenberg #31-03512
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
59-1865406

Dear Sir or Madam:

This letter is in response to your Certificate of Amendment to the Articles of Incorporation filed January 31, 2000, changing your name.

Our records indicate that a determination letter issued in March 1986 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated on the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

Exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Internal Revenue Code. However, these organizations are not automatically exempt from other federal excise taxes.

Contributors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

-2-

Brehon Institute for Family Services, Inc.
59-1865406

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

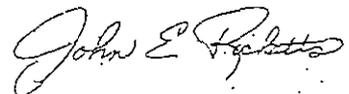
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts
Director, TE/GE CAS



Florida Department of Agriculture & Consumer Services
CHARLES H. BRONSON, Commissioner
Tallahassee, Florida

Attachment # 4
Page 13 of 15

February 11, 2008

Division of Consumer Services
2005 Apalachee Pkwy
Tallahassee FL 32399-6500
Phone: 1-800-HELP-FLA
URL: <http://www.800helpfla.com>

Refer To: CH46

BREHON INSTITUTE FOR FAMILY SERVICES
2222 OLD SAINT AUGUSTINE RD
TALLAHASSEE, FL 32301-4910

RE: BREHON INSTITUTE FOR FAMILY SERVICES
REGISTRATION#: CH46
EXPIRATION DATE: February 10, 2009

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 60 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Lisa L Steffens

Lisa L Steffens
Regulatory Consultant
1-800-HELP-FLA, (850) 488-2221
Fax: 850-410-3804
E-mail: steffel@doacs.state.fl.us

State of Florida

Attachment # 4
Page 14 of 15



Department of State

I certify from the records of this office that BREHON INSTITUTE FOR FAMILY SERVICES, INC. is a corporation organized under the laws of the State of Florida, filed on November 15, 1978 .

The document number of this corporation is 744935.

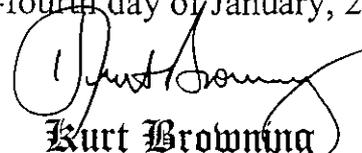
I further certify that said corporation has paid all fees due this office through December 31, 2008, that its most recent annual report/uniform business report was filed on January 17, 2008, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.



CR2EO22 (01-07)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Twenty-fourth day of January, 2008


Kurt Browning
Secretary of State



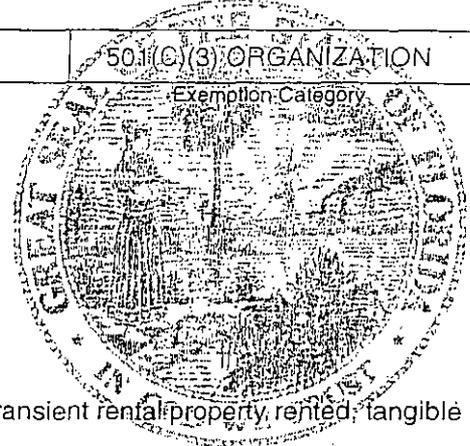
Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

85-8012559260C-1	07/02/2005	07/31/2010	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

BREHON INSTITUTE FOR FAMILY SERVICES INC
2222 OLD SAINT AUGUSTINE RD
TALLAHASSEE FL 32301-4910



is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/02

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.039, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
3. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is 5050 West Tennessee Street, Tallahassee, FL 32399-0100.

APR 28 2005