

PART II CHOOSE LIFE LICENSE PLATE GRANT APPLICATION

FORM ONE: ORGANIZATION INFORMATION

AGENCY'S LEGAL NAME Brehon Institute for Family Services, Inc.
STREET ADDRESS 1311 N. Paul Russell Road, Suite A204
MAILING ADDRESS same as above
CITY Tallahassee STATE FL ZIP 32301
PHONE NUMBER (850) 656-7110 FAX NUMBER (850) 656-7127
AGENCY CONTACT: Jackie Malone
TITLE: 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., initial
- 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 # 8012559260C-1



CHIEF VOLUNTEER OFFICER
(Board President or Chair Signature Required)



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

5-3-10

DATE

5-3-10

DATE

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FORM TWO: ORGANIZATIONAL REPRESENTATION

Please complete the following organizational composition grid representing your clients, Board of Directors, and Staff at the close of FY 2008/09.

CATEGORY	CLIENT COMPOSITION	BOARD OF DIRECTORS	PROFESSIONAL STAFF	SUPPORT STAFF	TOTAL STAFF
RACE/ETHNICITY					
Caucasian	259	11	8	1	9
African American	1,431	4	10	3	13
American Indian	3	0	1	0	1
Hispanic	61	1	0	0	0
Asian	0	0	0	0	0
Other	9	0	0	0	0
TOTAL	1,763	16	19	4	23
GENDER					
Male	488	6	0	0	0
Female	1275	10	19	4	23
AGE					
Birth-18	888	0	0	0	0
19-35	741	9	3	1	4
36-55	93	4	15	2	17
Over 55	41	3	1	1	2
TOTAL	1,763	16	19	4	23
Persons with Disabilities	145	0	2	0	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 (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 2010/11 fiscal year. If not yet established, provide for current fiscal year.

Brehon House Program:

- **100 %** of birth mothers desiring to place their children for adoption were enabled to do so.

- **100%** of birth mothers who placed their infants for adoption received appropriate counseling and support services.

- **1500 hours** of instructional units on childbirth education, nutrition, pregnancy spacing, parenting skills, life management skills, budgeting, conflict resolution, employment skills, anger management and self esteem building were provided to residents. **Ninety percent** of residents demonstrated gains in these skill areas.

- Brehon House provided comprehensive services to **33 homeless, pregnant** women and their newborns. **Ninety-five percent** (95%) of women completing the program were placed into independent housing upon leaving Brehon House.

- **Ninety-five percent** (95%) of residents had a healthy baby (more than 5.5 pounds at birth and delivered after 37 weeks gestation).

- **Eight-five percent** (85%) of residents kept prenatal appointments and pediatric and immunization appointments for their children and 99% of infants tracked followed normal weight and growth patterns.

FORM FOUR: STATEMENT OF ACTIVITIES

A. Please highlight successful collaborative efforts that your agency has conducted or is presently 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 2008-2009, **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 **100+ 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; 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 Homeless Coalition** 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 2010/11 fund-raising plans to generate funds to support the agency and its program delivery structure.

Event	Date	Projected Dollar Amount
7 th Annual Blue Ribbon Charity Ball	April 15, 2011	\$35,000
Private Gifts/Foundations	July 1, 2010 – June 30, 2011	\$20,000
Special Events (e.g. Fall Chili Cookoff, Fall- Winter, 2010 Alternative Christmas Markets, Ten Thousand Village)		\$5,000
TOTAL		\$60,000

C. List all formal grants and in-kind donations for your most recent completed fiscal year.

Represents Funding for All Brehon Programs for 2008-2009:

Community Human Services Partnership:	\$89,953
United Way Rural	\$24,000
Community Based Care	\$120,000
Ounce of Prevention Fund of FL	\$650,195
Cash Donations/Special Events	\$58,935
In-Kind Donations	\$165,000

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

A. PROGRAM RESOURCES

PROGRAM RESOURCE INPUT	2009/10 Actual	2010/11 Projected
Total Program Budget	\$ 163,000	\$ 165,000
Program Staff (FTE)	# 3.5	# 3.5
Program Volunteers (Value)	\$ 2,227.50	\$ 2,430
Program In-Kind Donations	\$ 15,000	\$ 17,000
<i>Community Human Services Partnership (CHSP)</i>	\$ 88,000	\$ 90,000

B. PROGRAM DESCRIPTION: Narrative Description of Program. 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 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, five 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.

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.