UNITED WAY OF NORTHEAST FLORIDA, INC. –
211, Crisis & Community Navigation, Healthy Communities Program

FY 2026-2027 City Grant Proposal Term Sheet

Grant Recipient: United Way of Northeast Florida, Inc. ("United Way" or "Recipient")

Program Name: 211, Crisis & Community Navigation, Healthy Communities Program (the "Program" or "211")

City Funding Request: $250,000

Contract/Grant Term: October 1, 2026 – September 30, 2027

Any substantial change to this FY 2026-2027 City Grant Proposal Term Sheet (the "Term Sheet") or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

PROGRAM OVERVIEW:

United Way's 211, Crisis & Community Navigation, Healthy Communities Program is the region's primary entry point for community-based services addressing the social determinants of health, including housing, food access, healthcare, employment, and financial stability. As part of United Way's Healthy Communities strategy, 211 operates in coordination with 988 and Mission United to provide a coordinated continuum of care**,** ensuring residents can access support before challenges escalate into crisis. Available 24/7 via call, text, and digital platforms, 211 reduces barriers to care, simplifies navigation, and strengthens connections between residents and service providers.

Community Need:
Duval County continues to experience increased demand driven by housing instability, financial hardship, and limited access to essential services. Many residents face fragmented systems that delay or prevent access to support.

Program Goals:
- Operate as the centralized access point for social care and crisis response
- Expand access to services across Duval County
- Deliver rapid, high-quality, trauma-informed support
- Reduce reliance on 911, law enforcement, and emergency departments
- Strengthen coordinated care through data-driven decision-making and technology integration

Funding Use:
This request supports programmatic expenses, including staffing, technology (Salesforce integration), training, outreach, and system coordination. City funding serves as a critical anchor investment**,** leveraged with philanthropic, healthcare, and state funding to sustain and scale service delivery across Duval County.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

The Program delivers coordinated, person-centered services designed to improve access, efficiency, and outcomes:

1. **24/7 Access & Navigation -** Residents connect via phone, text, and online platforms. Specialists assess needs and provide tailored referrals.
2. **Information & Referral Services -** Connection to vetted providers across housing, food, utilities, healthcare, and financial assistance.
3. **Care Coordination & Follow-Up -** Warm handoffs and follow-up to support successful service connections.
4. **Integrated System Coordination -** Collaboration with 988 and Mission United to ensure seamless support across crisis and stabilization services.
5. **Veteran Support (Mission United Integration)** - Identification and referral of veteran households to specialized services, including housing and benefits navigation, through care coordination.
6. **Data & Technology Implementation -** Deployment of Salesforce to enable real-time tracking, improved referral outcomes, and system coordination.
7. **Outreach -** Targeted outreach to underserved communities to ensure access.

PROGRAM COSTS/PAYMENT TERMS:

Total Program costs include staffing, technology infrastructure, and operational expenses required for 24/7 service delivery. United Way requests $250,000 in City funding to support core operations, technology infrastructure, and coordinated crisis response delivery.

City funding will support:

- Personnel and service delivery
- Technology implementation and maintenance
- Outreach and coordination efforts

Additional funding sources include philanthropic, healthcare, and government support. A detailed budget is included in the attached FY 2026–2027 Budget sheet.

PROGRAM IMPACT & REPORTING:

United Way utilizes a data-driven performance framework to track outcomes and ensure accountability.

Measurement Areas:

- Residents served
- Referral volume and completion rates
- Access and service availability
- Demographic and geographic reach
- Client satisfaction

Recent Achievements:

- 40,000+ residents served (Oct 24 – Sept 25)
- 38,000+ referrals to community resources (Oct 24 – Sept 25)
- 21,000+ residents served (Oct 2025–March 2026)

Projected Impact (FY 2026–2027):

- Serve 45,000+ residents annually
- Deliver 40,000+ referrals
- Implement Salesforce-enabled closed-loop referral system
- Establish baseline metrics for:

    - Referral completion rates
    - Service connection outcomes
    - Client stability indicators
- Achieve year-over-year increases in successful referrals, contributing to a 50% increase by 2030

Community Impact:
211 is a critical component of Duval County's infrastructure and helps strengthen the County's human services ecosystem by improving access, reducing system fragmentation, and increasing measurable outcomes tied to housing stability, food security, and overall well-being. Continued City investment ensures residents receive timely assistance and resources are used more effectively.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the *Jacksonville Ordinance Code*, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Program Budget Detail

Agency:
United Way of Northeast Florida, Inc.
Program Name:
211, Crisis & Community Navigation, Healthy Communities
Agency Fiscal Year End:
June 30

BUDGET

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1 Call Center Specialist (9)	$139,486.55	$372,902.40	**$124,300.80**	$248,601.60	$0.00
2 Call Center Supervisor (1)	$177,181.14	$75,000.00	**$54,041.21**	$20,958.79	$0.00
3 VP of Crisis Center (1)	$23,365.50	$67,500.00	**$54,000.00**	$13,500.00	$0.00
4 Intake Specialist (1)	$10,385.00	$45,000.00	**$0.00**	$45,000.00	$0.00
5 Veteran Care Coordinator (4)	$152,445.08	$200,000.00	**$0.00**	$200,000.00	$0.00
6 Director (1)	$103,500.00	$80,000.00	**$0.00**	$80,000.00	$0.00
7 Staff Accountant (up to 1)	$0.00	$16,575.00	**$0.00**	$16,575.00	$0.00
8 Chief Operating Officer (up to 1)	$0.00	$22,637.50	**$0.00**	$22,637.50	$0.00
9 HR Generalist (up to 1)	$0.00	$12,240.00	**$0.00**	$12,240.00	$0.00
10	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Employee Compensation	**$606,363.27**	**$891,854.90**	**$232,342.01**	**$659,512.89**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$45,757.89	$68,226.78	**$17,657.99**	$50,568.79	$0.00
Health Insurance - 02304	$128,123.92	$96,284.72	**$0.00**	$96,284.72	$0.00
Retirement - 02201	$5,475.44	$6,782.83	**$0.00**	$6,782.83	$0.00
Dental - 02301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Life Insurance - 02303	$0.00	$0.00	**$0.00**	$0.00	$0.00
Workers Compensation - 02401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Unemployment Taxes - 02501	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$179,357.25**	**$171,294.33**	**$17,657.99**	**$153,636.34**	**$0.00**
Total Employee Compensation	**$785,720.52**	**$1,063,149.23**	**$250,000.00**	**$813,149.23**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$21,686.84	$4,702.37	**$0.00**	$4,702.37	$0.00
Telephone - 04181	$91,754.74	$18,400.00	**$0.00**	$18,400.00	$0.00
Utilities - 04301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Maintenance and Repairs - 04603	$0.00	$0.00	**$0.00**	$0.00	$0.00
Insurance Property & General Liability - 04502	$7,410.35	$9,839.22	**$0.00**	$9,839.22	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Postage - 04101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Printing and Advertising - 04801	$12,888.44	$23,500.00	**$0.00**	$23,500.00	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$6,599.10	$8,440.00	**$0.00**	$8,440.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$0.00	**$0.00**	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$247,131.99	$135,058.09	**$0.00**	$135,058.09	$0.00
Background Screening - 04938	$1,040.18	$0.00	**$0.00**	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (promo items, mtg exp, audit fees, dues/memb)	$19,498.43	$24,100.00	**$0.00**	$24,100.00	$0.00
Travel Expenses					
Local Mileage - 04021	$7,777.55	$17,980.00	**$0.00**	$17,980.00	$0.00
Parking & Tools - 04028	$0.00	$3,120.00	**$0.00**	$3,120.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Medical	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Educational	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Personal	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other (Community Support and Specific Assistance)	$402,348.31	$693,250.00	**$0.00**	$693,250.00	$0.00
Total Operating Expenses	**$818,135.93**	**$938,389.68**	**$0.00**	**$938,389.68**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Computers & Software - 06427	$25,273.00	$21,273.00	**$0.00**	$21,273.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Capital Outlay	**$25,273.00**	**$21,273.00**	**$0.00**	**$21,273.00**	**$0.00**
Direct Expenses Total	**$1,629,129.45**	**$2,022,811.91**	**$250,000.00**	**$1,772,811.91**	**$0.00**
Percent of Budget	**-**	**100.0%**	**12.4%**	**87.6%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
****All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types**

Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, Melanie Patz, being duly sworn, do hereby state as follows:

1. Personal Information

- Name: Melanie Patz
- Position/Title within Nonprofit: President and CEO
- Name of Nonprofit Organization: United Way of Northeast Florida
- Address of Nonprofit: 550 Water Street; Suite 5; Jacksonville, FL 32202

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☑ No

If yes, list the name of the employee(s) and their position with your agency.

B. Are any members of your Board of Directors in one of these categories?
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☑ Yes ☐ No

If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member: Rudolph Jamison Jr., Ed.D.

Nature of relationship: Executive Director of the Jacksonville Human Rights Commission, City of Jacksonville

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.

Print Name: Melanie Patz

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me, by means of [ ] physical presence or [ ] online notarization, this 20th day of JANUARY 2026, by MELANIE PATZ as CEO for UNITED WAY OF NORTHEAST FLORIDA, who is [X] personally known to me or [ ] has produced identification and who took an oath.

Type of identification produced: _____

Notary Public, State of Florida

Print Name:
Commission No.
My Commission Expires:

Notary Public State of Florida
Aretha I Franklin
My Commission HH 490286
Expires 6/3/2028

*A list of persons in this category will be supplied upon request.

I.M. SULZBACHER CENTER FOR THE HOMELESS, INC. –
Urban Rest Stop (Homeless Continuum of Care)

FY 2026-2027 City Grant Proposal Term Sheet

Grant Recipient: I.M. Sulzbacher Center for the Homeless, Inc. ("Sulzbacher" or "Recipient")

Program Name: Urban Rest Stop (Homeless Continuum of Care) (the "Program")

City Funding Request: $400,000

Contract/Grant Term: October 1, 2026 – September 30, 2027

Any substantial change to this FY 2026-2027 City Grant Proposal Term Sheet (the "Term Sheet") or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

PROGRAM OVERVIEW:

The Urban Rest Stop is a collaboration between the City of Jacksonville and the I.M. Sulzbacher Center for the Homeless, Inc. This 6,000 square feet space located on the Sulzbacher main campus includes a large 15-stall shower and 10-stall toilet as well as laundry facilities, an outdoor deck, a multi-purpose lounge and an area for Link/Quest staff. This co-location has enabled unsheltered homeless clients, who are not currently staying at a shelter and/or do not have access to resources during the day, to have access to necessary sanitary facilities as well as meals, medical attention, personal storage facilities and a place to simply rest all at a single location thus overcoming the barrier of transportation. As the City's homeless coordinated intake location, the Urban Rest Stop also acts as a portal to shelter throughout the city and to the multitude of services available from all homeless service providers.

This funding request is for programmatic expenses for FY 2026-2027.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

The Urban Rest Stop is managed by Sulzbacher and is located on the Sulzbacher downtown campus. The Urban Rest Stop provides a safe place for the street homeless to rest and attend to basic needs such as bathing, laundry, meals, and healthcare. As well as access to showers, bathrooms, laundry, a place to receive mail and a space to sit/read and wait for appointments-which is not currently available to them anywhere else during the day (other than the public library), a full range of community services and resources are available that also includes referral to Coordinated Intake where they gain access to a host of other community services including case management, employment referrals, substance abuse counseling, entitlement application assistance as well as job assistance and the full range of health care services available at the Sulzbacher medical clinic. Providing so many services at a single location eliminates transportation as a barrier to care for clients and facilitates the delivery of other community assets.

This innovative collaboration directly addresses not only the goal of the Administration and the City Council various task forces to "to increase entry points into services using existing capacity" but also the goal in the Jacksonville City Council's previous 3-year plan "to increase services during the day for the local street homeless population" by co-locating the agency that intakes all clients into the homeless service system with the largest and most comprehensive provider of services for this population. This center, and the many services it provides, has become even more critical with the passing of the State legislation HB1365 making public camping illegal.

PROGRAM COSTS/PAYMENT TERMS:

Please see the attached Budget sheet for additional details.

The Urban Rest Stop (URS) Homeless Continuum of Care Program expenses toward which these funds are to be used include:

- **Weekend Staff** - 2 staff persons at 16 hours per week. = COJ $34,320
- **Storage Advocate** – Oversight and management of storage facility = COJ $41,600
- **Urban Rest Stop Advocate** – Front line client contact - COJ $41,600
- **Taxes & Benefits** – COJ $14,990
- **Utilities Costs** – COJ $18,489.72
- **Equipment Rental** – COJ $3,400
- **Direct Client Expenses - Other** – COJ $19,600
- **Janitorial Staff** – COJ $30,000
- **Security** – JSO Security 7 days per week for one year COJ $196,000

The City is authorized to reimburse Recipient on receipt of evidence that, by way of example and not exclusion, a JSO security officer was paid for services at facility during daytime hours, utilities, maintenance, persons received emergency shelter, were rehoused, education and training were provided, health care was provided. In addition, a narrative report will be submitted with each reimbursement request concerning the numbers of homeless persons assisted and outcomes during the period for which reimbursement is sought, demonstrating success of the Program in meeting its objectives.

PROGRAM IMPACT & REPORTING:

Program goals are to provide hot showers, laundry, meals and job opportunities for unsheltered, homeless individuals as well as facilities where they can rest. While on the Sulzbacher campus, clients also have healthcare and referral to other community resources available to them.

According to the Jacksonville Sheriff's Office, misdemeanor lifestyle crimes in the downtown area have been reduced by 50% since the URS opened. Since Coordinated Intake has moved to Changing Homelessness, there is no way to measure how man URS clients have been referred to housing but if we assume that the 178 individuals placed into stable employment are also assisted into stable housing then a rough measurement of the economic impact of the URS can be estimated. According to a 2017 study by the National Alliance to End Homelessness, on average it costs the community $35,578 for a person to be unsheltered on the street (cost of arrests, social services, emergency rooms, etc.) and $30,767 annually to be placed into supportive housing, a $4,811 net annual savings.

In the first six months of the current contract year, URS has provided 4,581 showers, 494 loads of laundry, 123,008 meals and placed 19 individuals into employment. In the 2024-2025 program year, the URS provided 9,704 showers, 984 loads of laundry, 183,502 meals, and 182 individuals employed.

While there is no way to project the number of individuals who will seek out the services of the URS, but on average we see between 100 to 150 people use the center each day. The extreme shortage of affordable housing nearly guarantees a significant increase in homelessness in the future.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the *Jacksonville Ordinance Code*, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Program Budget Detail

Agency:	
I.M. Sulzbacher Center for the Homeless, Inc.	
Program Name:	**Agency Fiscal Year End:**
Urban Rest Stop (Homeless Continuum of Care)	**June 30**

BUDGET

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1 Weekend Staff (x2)	$33,000.00	$34,320.00	**$34,320.00**	$0.00	$0.00
2 Program Director	$8,120.00	$8,120.00	**$0.00**	$8,120.00	$0.00
3 Storage Advocate	$40,000.00	$41,600.00	**$41,600.00**	$0.00	$0.00
4 Advocate	$40,000.00	$41,600.00	**$41,600.00**	$0.00	$0.00
5	$0.00	$0.00	**$0.00**	$0.00	$0.00
6	$0.00	$0.00	**$0.00**	$0.00	$0.00
7	$0.00	$0.00	**$0.00**	$0.00	$0.00
8	$0.00	$0.00	**$0.00**	$0.00	$0.00
9	$0.00	$0.00	**$0.00**	$0.00	$0.00
10	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Employee Compensation	**$121,120.00**	**$125,640.00**	**$117,520.00**	**$8,120.00**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$8,664.50	$8,990.28	**$8,990.28**	$0.00	$0.00
Health Insurance - 02304	$8,329.00	$8,300.00	**$5,000.00**	$3,300.00	$0.00
Retirement - 02201	$1,300.00	$3,000.00	**$1,000.00**	$2,000.00	$0.00
Dental - 02301	$561.00	$574.00	**$0.00**	$574.00	$0.00
Life Insurance - 02303	$0.00	$0.00	**$0.00**	$0.00	$0.00
Workers Compensation - 02401	$198.38	$0.00	**$0.00**	$0.00	$0.00
Unemployment Taxes - 02501	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$19,052.88**	**$20,864.28**	**$14,990.28**	**$5,874.00**	**$0.00**
Total Employee Compensation	**$140,172.88**	**$146,504.28**	**$132,510.28**	**$13,994.00**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$0.00	$0.00	**$0.00**	$0.00	$0.00
Telephone - 04181	$0.00	$0.00	**$0.00**	$0.00	$0.00
Utilities - 04301	$24,611.12	$18,489.72	**$18,489.72**	$0.00	$0.00
Maintenance and Repairs - 04603	$30,000.00	$0.00	**$0.00**	$0.00	$0.00
Insurance Property & General Liability - 04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Postage - 04101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Printing and Advertising - 04801	$0.00	$0.00	**$0.00**	$0.00	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$0.00	**$0.00**	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$0.00	$0.00	**$0.00**	$0.00	$0.00
Background Screening - 04938	$0.00	$0.00	**$0.00**	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Travel Expenses					
Local Mileage - 04021	$300.00	$0.00	**$0.00**	$0.00	$0.00
Parking & Tools - 04028	$0.00	$0.00	**$0.00**	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$1,400.00	$3,400.00	**$3,400.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$4,000.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$30,100.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$1,000.00	$0.00	**$0.00**	$0.00	$0.00
Client Medical	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Educational	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Personal	$12,000.00	$0.00	**$0.00**	$0.00	$0.00
**Other (deter/soap, shamp, towels, paper prod, janitor, secu	$243,156.00	$245,600.00	**$245,600.00**	$0.00	$0.00
Total Operating Expenses	**$346,567.12**	**$267,489.72**	**$267,489.72**	**$0.00**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Computers & Software - 06427	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Capital Outlay	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Direct Expenses Total	**$486,740.00**	**$413,994.00**	**$400,000.00**	**$13,994.00**	**$0.00**
Percent of Budget	**-**	**100.0%**	**96.6%**	**3.4%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
****All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types**

Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, Cindy Funkhouser, being duly sworn, do hereby state as follows:

1. Personal Information

- Name: Cindy Funkhouser
- Position/Title within Nonprofit: Chief Executive Officer
- Name of Nonprofit Organization: I.M. Sulzbacher Center for the Homeless, Inc.
- Address of Nonprofit: 611 E. Adams Street, Jacksonville, FL 32202-2847

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

If yes, list the name of the employee(s) and their position with your agency.

B. Are any members of your Board of Directors in one of these categories?
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member: _____

_____

Nature of relationship: _____

_____

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.

Cindy Funkhouser

Print Name: Cindy Funkhouser

STATE OF FLORIDA
COUNTY OF Duval

The foregoing instrument was acknowledged before me, by means of [✓] physical presence or [ ] online notarization, this 14th day of April 2026, by Cindy Funkhouser as CEO for T.M. Sulzbacher Center for the Homeless, who is [X] personally known to me or [ ] has produced identification and who took an oath.

Type of identification produced: N/A

Notary Public State of Florida
Todd Maye
My Commission HH 663450
Expires 4/13/2029

Notary Public, State of Florida

Print Name: Todd May
Commission No. HH 663450
My Commission Expires: 4/13/2029

*A list of persons in this category will be supplied upon request.

VOLUNTEERS IN MEDICINE JACKSONVILLE, INC. – West Jacksonville Clinic

FY 2026-2027 City Grant Proposal Term Sheet

Grant Recipient: Volunteers in Medicine Jacksonville, Inc. ("VIMJAX" or "Recipient")

Program Name: West Jacksonville Clinic (the "Program")

City Funding Request: $200,000

Contract/Grant Term: October 1, 2026 – September 30, 2027

Any substantial change to this FY 2026-2027 City Grant Proposal Term Sheet (the "Term Sheet") or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

PROGRAM OVERVIEW:

Volunteers in Medicine Jacksonville, Inc. ("VIMJAX") is a full-service clinic that has provided free primary and specialty care services to low-income and uninsured working adults since 2003. Our mission is "to advance the physical, mental, and emotional well-being of the working uninsured to improve quality of life for all" and the primary goal is to keep people out of the emergency room for things that can be managed with a primary care physician. VIMJAX provides this work with the help of over 300 volunteers a month who give of their time to serve our community. Many are physicians at all of our area hospitals and give back on top of their heavy workload. We have two locations - one in South San Marco that is open 6 days a week and is considered our main location and a satellite clinic in West Jacksonville that is open 3 days a week and serves over 200 in our community annually.

The Need to be Met:

VIMJAX's first satellite clinic, the West Jacksonville Clinic, opened in June 2020 at the start of the COVID 19 pandemic. The goal of the West Jax Clinic is to establish a "medical home" for residents of the 32210 area and provide a solution to residents besides the emergency room. The location is imperative because 32210 has the highest emergency room utilization, highest infant mortality, and highest overdoses in the county. In this community 16.4% of the residents live below the poverty line (about 1.4 times the rate of the Jacksonville metro area). Among those who are employed in 32210, 17.2% are uninsured. Of the households surrounding the West Jacksonville Clinic, 30.7% have an income of less than $20,000 a year, and 25.9% live below the poverty line.

The West Jacksonville Clinic is located on Jacksonville's Westside, where it fills a crucial niche in the area's primarily church-based social services options. The Blue Zones Project Jacksonville has also identified this zip code as a priority neighborhood that needs to improve the residents' well-being.

Program Goals:

The VIMJAX West Jacksonville Clinic's goals are to provide the following free services to this at-risk community: a) comprehensive primary care, b) preventive screenings for common chronic conditions and dangerous diseases that typically include diabetes, hypertension, anxiety, and cancer, c) mental health counseling, d) well women exams, e) prescription medications, and f) referrals to specialty care for eighteen specialties that include gynecology, dermatology, psychiatry, vision care, oncology, neurology, pulmonology, cardiology and more.

This FY 2026-2027 funding request will cover programmatic expenses that include the salaries and a portion of the benefits for the VIMJAX Medical Director, Medical Assistant, Director of Volunteers, Office Manager and Chief Operating Officer, monthly rent, client imaging, and lifesaving medications.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

1. 220 unique patients will receive medical care, including primary care and specialty care.
2. 100% of patients requiring prescriptions will have access to free medications from VIMJAX's dispensary (estimate 80 Rx per quarter).
3. 100% of patients diagnosed with diabetes and/or hypertension will be counseled in chronic disease management and offered nutritional counseling and lifestyle management support.
4. 90% of patients will be evaluated with a Behavioral Health assessment tool to determine if they require mental health services; 100% of those who request assistance will be referred to VIMJAX and other community resources.
5. 100% of patients requiring specialty referrals will be referred to a specialist and receive follow-up care with their VIM provider.

PROGRAM COSTS/PAYMENT TERMS:

Please see the attached FY 2026-2027 Program Budget sheet for additional details.

PROGRAM IMPACT & REPORTING:

Having a medical home that provides basic preventative healthcare services can be the difference between life and death. Proper management of chronic conditions, rooted in support and accountability, prevents numerous negative consequences.

1. VIMJAX will recruit patients in the West Jacksonville area. The Outreach Manager will work with the Volunteer Manager to recruit and train a PEACE volunteers outreach group that attends outreach events such as community health fairs, church events, and speaking engagements to promote services.
2. The result will be 220 patients who will be served by the Medical Director and the West Jacksonville Clinic's Medical Office Manager. Patient activities and data will be documented in VIMJAX's Electronic Medical Records system (eCW). The West Jax Clinic also has clinical volunteers who assist with medical services, and patients utilize the services of VIMJAX's dispensary.
3. VIMJAX will monitor and document patients' crucial data in their patient files, including body mass index, blood pressure, and behavioral health screenings (PHQ-2).
4. VIMJAX will provide free non-narcotic prescriptions to all patients needing medications. The medications will be documented in VIM's electronic pharmacy system. The dispensary is located at VIMJAX's primary location in South San Marco.
5. Patients needing specialty referrals are linked to a VIMJAX specialist or the WeCare referral service. VIMJAX provides follow-up care for all specialist procedures.

Previous grant reporting indicates that VIMJAX is on track to meet goals and objectives: VIMJAX's West Jacksonville Clinic will serve 220 low-income working adults, 95% have had BMI and blood pressure monitored, 100% of patients needing medications have attained them, 100% of patients with diabetes or other chronic diseases have been provided with follow-up counseling and services. All results are documented in VIMJAX's electronic medical records and other secured electronic devices (e.g., laptops) maintained by the Office Manager.

If we are to ensure that the people in the 32210-zip code area can be healthy, fully participating citizens, they must have a clinic available to them, operating at times when they are able to use it.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the *Jacksonville Ordinance Code*, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Program Budget Detail

Agency:
Volunteers in Medicine Jacksonville, Inc.
Program Name:
West Jacksonville Clinic
Agency Fiscal Year End:
September 30

BUDGET

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1 Medical Assistant	$60,000.00	$60,000.00	**$60,000.00**	$0.00	$0.00
2 Medical Director	$30,000.00	$33,600.00	**$33,600.00**	$0.00	$0.00
3 Director of Volunteers	$20,000.00	$64,000.00	**$20,000.00**	$44,000.00	$0.00
4 Office Manager	$20,000.00	$68,000.00	**$20,000.00**	$48,000.00	$0.00
5 Chief Operating Officer	$14,000.00	$100,000.00	**$14,000.00**	$86,000.00	$0.00
6	$0.00	$0.00	**$0.00**	$0.00	$0.00
7	$0.00	$0.00	**$0.00**	$0.00	$0.00
8	$0.00	$0.00	**$0.00**	$0.00	$0.00
9	$0.00	$0.00	**$0.00**	$0.00	$0.00
10	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Employee Compensation	**$144,000.00**	**$325,600.00**	**$147,600.00**	**$178,000.00**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$8,000.00	$8,000.00	**$8,000.00**	$0.00	$0.00
Health Insurance - 02304	$0.00	$0.00	**$0.00**	$0.00	$0.00
Retirement - 02201	$0.00	$0.00	**$0.00**	$0.00	$0.00
Dental - 02301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Life Insurance - 02303	$0.00	$0.00	**$0.00**	$0.00	$0.00
Workers Compensation - 02401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Unemployment Taxes - 02501	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$8,000.00**	**$8,000.00**	**$8,000.00**	**$0.00**	**$0.00**
Total Employee Compensation	**$152,000.00**	**$333,600.00**	**$155,600.00**	**$178,000.00**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$30,000.00	$26,400.00	**$26,400.00**	$0.00	$0.00
Telephone - 04181	$0.00	$0.00	**$0.00**	$0.00	$0.00
Utilities - 04301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Maintenance and Repairs - 04603	$0.00	$0.00	**$0.00**	$0.00	$0.00
Insurance Property & General Liability - 04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Postage - 04101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Printing and Advertising - 04801	$0.00	$0.00	**$0.00**	$0.00	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$0.00	**$0.00**	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$10,000.00	$10,000.00	**$10,000.00**	$0.00	$0.00
Background Screening - 04938	$0.00	$0.00	**$0.00**	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Travel Expenses					
Local Mileage - 04021	$0.00	$0.00	**$0.00**	$0.00	$0.00
Parking & Tools - 04028	$0.00	$0.00	**$0.00**	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Medical	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Educational	$4,000.00	$4,000.00	**$4,000.00**	$0.00	$0.00
Client Personal	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other (Medicine)	$4,000.00	$4,000.00	**$4,000.00**	$0.00	$0.00
Total Operating Expenses	**$48,000.00**	**$44,400.00**	**$44,400.00**	**$0.00**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Computers & Software - 06427	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Capital Outlay	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Direct Expenses Total	**$200,000.00**	**$378,000.00**	**$200,000.00**	**$178,000.00**	**$0.00**
Percent of Budget	**-**	**100.0%**	**52.9%**	**47.1%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
**All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types

Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, Jennifer Ryan, being duly sworn, do hereby state as follows:

1. Personal Information

- Name: Jennifer Ryan
- Position/Title within Nonprofit: CEO
- Name of Nonprofit Organization: Volunteers in Medicine, Jacksonville
- Address of Nonprofit: 3728 Philips Highway #34 Jacksonville, FL 32207

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

If yes, list the name of the employee(s) and their position with your agency.

B. Are any members of your Board of Directors in one of these categories?
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member: _____

_____

Nature of relationship: _____

_____

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.

Jennifer Ryan

Print Name: Jennifer Ryan

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me, by means of [X] physical presence or [ ] online notarization, this 29th day of April 202_, by Jennifer Ryan as CEO for Volunteers in Medicine Jacksonville, Inc., who is [X] personally known to me or [ ] has produced identification and who took an oath.

Type of identification produced: _____

Mary S. Nussbaum
Notary Public, State of Florida

MARY S. NUSSBAUM
Commission # HH 334238
Expires December 8, 2026

Print Name: Mary S. Nussbaum
Commission No. ~~GG 334238~~ HH 334238
My Commission Expires: 12/8/2026

*A list of persons in this category will be supplied upon request.

UNITED WAY OF NORTHEAST FLORIDA, INC. –
988 Suicide & Crisis Lifeline, Crisis & Community Navigation, Healthy Communities Program

FY 2026-2027 City Grant Proposal Term Sheet

Grant Recipient: United Way of Northeast Florida, Inc. ("United Way" or "Recipient")

Program Name: 988 Suicide & Crisis Lifeline, Crisis & Community Navigation, Healthy Communities Program (the "Program" or "988")

City Funding Request: $200,000

Contract/Grant Term: October 1, 2026 – September 30, 2027

Any substantial change to this FY 2026-2027 City Grant Proposal Term Sheet (the "Term Sheet") or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

PROGRAM OVERVIEW:

United Way's 988 Suicide & Crisis Lifeline provides 24/7 crisis intervention and emotional support for individuals experiencing mental health distress, substance use crises, or suicidal ideation. As part of the Healthy Communities strategy, 988 works alongside 211 and Mission United to deliver a coordinated continuum from crisis response to long-term stabilization**.** 988 reduces reliance on emergency systems by providing immediate, trauma-informed support and connection to ongoing care. By diverting non-emergency behavioral health crises from 911, emergency departments, and law enforcement, 988 reduces strain on publicly funded systems and generates measurable cost avoidance for the City.

Community Need:
Duval County is experiencing sustained increases in behavioral health needs, placing growing pressure on emergency departments, law enforcement, and first responders. Without access to timely crisis intervention, many residents default to 911 or emergency care for non-medical crises, driving up public costs and reducing system efficiency.

Program Goals:

- Provide immediate, high-quality crisis intervention
- Reduce unnecessary emergency system utilization
- Improve linkage to ongoing care and support services
- Strengthen coordination across crisis and community systems

Funding Use:
Supports staffing, training, technology integration, and coordination. City funding is essential to maintaining local response capacity and ensuring timely, effective crisis intervention.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

1. **24/7 Crisis Response -** Immediate support via call, text, and chat from trained crisis counselors.
2. **Risk Assessment & De-escalation -** Trauma-informed intervention, safety planning, and stabilization.
3. **Care Coordination & Referrals -** Connection to behavioral health providers and community services.

4. **Integration with 211 -** Warm handoffs to 211 to address underlying social determinants of health, reducing repeat crises and improving long-term stability.
5. **Veteran Support (Mission United Integration)** - Identification and referral of veterans to specialized services through dedicated care coordination.
6. **Emergency System Diversion -** Resolution of crises within the community whenever appropriate, reducing unnecessary utilization of 911, law enforcement, and emergency departments.
7. **Data & Technology Implementation -** Salesforce integration to support tracking, coordination, and outcome measurement.

PROGRAM COSTS/PAYMENT TERMS:

Total Program costs include staffing, technology infrastructure, and operational expenses required for 24/7 service delivery. United Way requests $200,000 in City funding to support core operations, technology infrastructure, and coordinated crisis response delivery.

City funding will support:

- Crisis counselor staffing
- Technology and infrastructure
- Training and quality assurance
- Coordination with community partners

Additional funding sources include state, federal, and philanthropic investments. A detailed budget is included in the attached FY 2026–2027 Budget form.

PROGRAM IMPACT & REPORTING:

United Way utilizes a data-driven performance framework to track outcomes and ensure accountability.

Measurement Areas:

- Crisis volume and response rates
- Speed to answer
- Crisis resolution outcomes
- Referrals to ongoing care
- Reduction in repeat crisis contacts

Recent Achievements:

- 5,000+ Duval residents supported (Oct 2025 – March 2026)
- Average speed to answer: 26.4 seconds
- The majority of crises are resolved without dispatching law enforcement or emergency medical services, demonstrating the program's effectiveness in diverting demand from high-cost emergency systems.

Projected Impact (FY 2026–2027):

- Serve 10,000+ Duval County residents through crisis response
- Maintain rapid response times (under 30 seconds average speed to answer)
- Increase successful linkage from crisis response to ongoing care
- Implement closed-loop referral tracking in coordination with 211
- Establish baseline metrics for post-crisis engagement, referral completion, and repeat crisis reduction
- Contribute to a 50% increase in successful service connections by 2030

Community Impact:
988 is a critical component of Duval County's public health and safety infrastructure, providing immediate, life-saving intervention while reducing reliance on high-cost emergency systems. Continued City investment ensures residents receive timely care, systems operate more efficiently, and public resources are used more effectively.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the *Jacksonville Ordinance Code*, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Program Budget Detail

Agency:	
United Way of Northeast Florida, Inc.	
Program Name:	**Agency Fiscal Year End:**
988 Suicide & Crisis Lifeline	**June 30**

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	BUDGET Funding Partners: City of Jacksonville (City Grant)	Federal/ State & Other Funding	All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1 Call Center Specialist (5)	$746,344.47	$696,862.40	**$0.00**	$696,862.40	$0.00
2 Call Center Supervisor (2)	$177,181.14	$126,000.00	**$56,700.00**	$69,300.00	$0.00
3 VP of Crisis Center (1)	$46,731.00	$67,500.00	**$54,000.00**	$13,500.00	$0.00
4 Director of Quality Performance Systems Integration (1)	$35,595.04	$104,000.00	**$75,173.61**	$28,826.39	$0.00
5 Staff Accountantn (up to 1)	$0.00	$16,575.00	**$0.00**	$16,575.00	$0.00
6 Chief Operating Officer (up to 1)	$0.00	$22,637.50	**$0.00**	$22,637.50	$0.00
7 HR Generalist (up to 1)	$0.00	$12,240.00	**$0.00**	$12,240.00	$0.00
8	$0.00	$0.00	**$0.00**	$0.00	$0.00
9	$0.00	$0.00	**$0.00**	$0.00	$0.00
10	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Employee Compensation	**$1,005,851.65**	**$1,045,814.90**	**$185,873.61**	**$859,941.29**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$74,900.77	$80,004.72	**$14,126.39**	$65,878.33	$0.00
Health Insurance - 02304	$129,642.67	$194,404.23	**$0.00**	$194,404.23	$0.00
Retirement - 02201	$8,352.49	$13,807.92	**$0.00**	$13,807.92	$0.00
Dental - 02301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Life Insurance - 02303	$0.00	$0.00	**$0.00**	$0.00	$0.00
Workers Compensation - 02401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Unemployment Taxes - 02501	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$212,895.93**	**$288,216.87**	**$14,126.39**	**$274,090.48**	**$0.00**
Total Employee Compensation	**$1,218,747.58**	**$1,334,031.77**	**$200,000.00**	**$1,134,031.77**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$13,688.79	$5,583.72	**$0.00**	$5,583.72	$0.00
Telephone - 04181	$89,868.73	$14,057.00	**$0.00**	$14,057.00	$0.00
Utilities - 04301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Maintenance and Repairs - 04603	$0.00	$0.00	**$0.00**	$0.00	$0.00
Insurance Property & General Liability - 04502	$11,607.50	$8,834.16	**$0.00**	$8,834.16	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$159.48	$0.00	**$0.00**	$0.00	$0.00
Postage - 04101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Printing and Advertising - 04801	$533.68	$10,500.00	**$0.00**	$10,500.00	$0.00
Publications - 05216	$562.50	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$15,692.08	$20,000.00	**$0.00**	$20,000.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$0.00	**$0.00**	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$48,929.14	$46,693.94	**$0.00**	$46,693.94	$0.00
Background Screening - 04938	$388.40	$0.00	**$0.00**	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (promo items, mtg exp, audit fees, dues/memb)	$6,823.13	$6,800.00	**$0.00**	$6,800.00	$0.00
Travel Expenses	$0.00				
Local Mileage - 04021	$13,125.33	$5,000.00	**$0.00**	$5,000.00	$0.00
Parking & Tools - 04028	$0.00	$1,680.00	**$0.00**	$1,680.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Medical	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Educational	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Personal	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Operating Expenses	**$201,378.76**	**$119,148.82**	**$0.00**	**$119,148.82**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Computers & Software - 06427	$105,983.58	$15,983.16	**$0.00**	$15,983.16	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Capital Outlay	**$105,983.58**	**$15,983.16**	**$0.00**	**$15,983.16**	**$0.00**
Direct Expenses Total	**$1,526,109.92**	**$1,469,163.75**	**$200,000.00**	**$1,269,163.75**	**$0.00**
Percent of Budget	**-**	**100.0%**	**13.6%**	**86.4%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
****All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types**

Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, Melanie Patz, being duly sworn, do hereby state as follows:

1. Personal Information

- Name: Melanie Patz
- Position/Title within Nonprofit: President and CEO
- Name of Nonprofit Organization: United Way of Northeast Florida
- Address of Nonprofit: 550 Water Street; Suite 5; Jacksonville, FL 32202

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☑ No

If yes, list the name of the employee(s) and their position with your agency.

B. Are any members of your Board of Directors in one of these categories?
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☑ Yes ☐ No

If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member: Rudolph Jamison Jr., Ed.D.

Nature of relationship: Executive Director of the Jacksonville Human Rights Commission, City of Jacksonville

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.

Print Name: Melanie Patz

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me, by means of [ ] physical presence or [ ] online notarization, this 20th day of JANUARY 2026, by MELANIE PATZ as CEO for UNITED WAY OF NORTHEAST FLORIDA, who is [X] personally known to me or [ ] has produced identification and who took an oath.

Type of identification produced: _____

Notary Public, State of Florida

Print Name:
Commission No.
My Commission Expires:

Notary Public State of Florida
Aretha I Franklin
My Commission HH 490286
Expires 6/3/2028

*A list of persons in this category will be supplied upon request.

I.M. SULZBACHER CENTER FOR THE HOMELESS, INC. –
Mental Health Offender Program (MHOP)

FY 2026-2027 City Grant Proposal Term Sheet

Grant Recipient: I.M. Sulzbacher Center for the Homeless, Inc. ("Sulzbacher" or "Recipient")

Program Name: Mental Health Offender Program (the "Program" or "MHOP")

City Funding Request: $447,500

Contract/Grant Term: October 1, 2026 – September 30, 2027

Any substantial change to this FY 2026-2027 City Grant Proposal Term Sheet (the "Term Sheet") or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

PROGRAM OVERVIEW:

The Mental Health Offender Program ("MHOP") is a diversion program aimed at helping those individuals with severe mental illness who are cycling through the jail attain stability in the community through linkage to housing, healthcare and income. The purpose of MHOP is to reduce the demands on the criminal justice system by helping those with mental illness who rotate through the jail due to non-violent misdemeanor arrests, reducing recidivism and reducing community costs associated with these individuals. The Program provides pretrial release from custody, a customized plan of care to stabilize defendants, and court supervision to ensure compliance with a program developed by Sulzbacher. This request is intended to cover programmatic expenses.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

The MHOP program works as such: Upon notification of a target client's arrest (if a nonviolent, misdemeanor offense), Sulzbacher staff (Psychiatrist or other mental health professional) screens the individual and if they are willing and appropriate for the Program, advocates with the judge for MHOP enrollment, and enrolls willing clients into the Program. Program enrollees will be on supervision throughout the time they are in the Program from a treatment court. MHOP enrollees will be immediately connected to a team of robust support: a psychiatrist through Sulzbacher's health clinics, as well as case management and peer support. MHOP provides the client with intensive mental health services including Psychiatry, Counseling, medication management, linkage to disability, peer support, medical treatment, dental treatment and substance abuse treatment on-site. Those persons entering the Program needing housing are placed in temporary housing while permanent housing is secured by the MHOP team. The Program allows those persons suffering from mental illness referred from JSO the security of housing, healthcare and income and gives them the opportunity to regain their independence. The desired outcome of the Program is a decrease in arrests among the mentally ill population by stabilizing them through mental health services and all other wrap-around services needed. This will result in an increased number of persons reentering community life, and cost savings to the community, law enforcement, and social service agencies. The initial pilot project successfully aided 20 clients, and the program has been expanded after the highly successful pilot term to now up to 60 clients. The Goal of MHOP is to screen 100 individuals and enroll 60 participants annually.

PROGRAM COSTS/PAYMENT TERMS:

Please see the attached Program Budget detail for the operating costs associated with the Program. Other funding sources for the MHOP include the Department of Children and Families, the Bureau of Justice Assistance and LSF Health Systems.

PROGRAM IMPACT & REPORTING:

The MHOP team is experienced in collecting, analyzing, and reporting performance measures. The Program collects extensive information about participants to effectively manage operations and make Program adjustments as necessary. System-level performance and outcome data is collected routinely and analyzed to measure effectiveness and efficiency as well as to identify opportunities and barriers.

Regular staff meetings are held to address and review referrals, screening, assessments, transition plans, engagement, linkage to treatment/services, court issues and ongoing community support. Demographic information collected includes race, ethnicity, gender, age, income level, housing status (pre and post enrollment) and level of education. Criminal justice information collected includes date of arrest, criminal charges, jail bookings, history of arrests, attendance at judicial status hearings, days spent in jail before enrollment, during program participation and after Program exit, time to referral to admission and total time in the Program. Clinical treatment information includes diagnosis, treatment history, adherence with treatment plan, risk and need level, trauma care, attendance at scheduled psychiatric and therapeutic sessions, drug urinalysis dates and results, housing, and peer support.

Performance is documented in a monthly report outlining number of screenings, referrals, assessments, enrolled, retained, successfully completed, and unsuccessfully completed. Data is continuously monitored and evaluated to ensure goals and objectives are met. The robust data collection efforts clearly identify and maximize the impact of the proposed Program components.

Current performance measures demonstrate successful outcomes. Of the 56 MHOP participants, 43 (76.8%) are now actively receiving benefits, 6 (10.7%) are pending benefits, 5 (8.9%) are employed, and 2 (3.5%) are in vocational rehabilitation working towards employment.

The MHOP will develop and update formal MOUs with grant partnering agencies outlining expectations and operational details upon receiving the grant award. Outcome performance will be shared with all stakeholders and partners to build long-term support and resources within Jacksonville and the State of Florida. The MHOP has successfully utilized performance outcomes to promote Program expansion as well as system-transformation since its implementation. All policies, statues and regulations are in place to support and sustain excellent service delivery. The information gathered as a result of this proposal will further efforts to improve reentry for adults identified with serious mental illnesses and co-occurring substance use disorders involved in the criminal justice system. The Goal of MHOP is to screen 100 individuals and enroll 60 participants annually.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the *Jacksonville Ordinance Code*, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Program Budget Detail

Agency:
I.M. Sulzbacher Center for the Homeless, Inc.
Program Name: **Agency Fiscal Year End:**
Mental Health Offender Program (MHOP) **June 30**

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
BUDGET					
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1 Integrated Services Case Manager	$33,599.90	$43,680.00	**$43,680.00**	$0.00	$0.00
2 Integrated Services Case Manager	$41,999.88	$41,999.88	**$41,999.88**	$0.00	$0.00
3 Integrated Services Case Manager	$0.00	$45,864.00	**$45,864.00**	$0.00	$0.00
4 Jail InReach Coordinator	$0.00	$39,999.96	**$39,999.96**	$0.00	$0.00
5 Program Advocate	$17,305.60	$21,632.00	**$21,632.00**	$0.00	$0.00
6 Peer Support Specialist	$0.00	$45,150.04	**$45,150.04**	$0.00	$0.00
7 Program Manager	$0.00	$54,075.06	**$54,075.06**	$0.00	$0.00
8 Human Services Administrator	$24,000.00	$24,000.00	**$24,000.00**	$0.00	$0.00
9 Aftercare Case Manager	$41,999.88	$41,999.88	**$41,999.88**	$0.00	$0.00
10 Psychiatrist (.25 FTE)	$40,167.15	$70,292.43	**$0.00**	$70,292.43	$0.00
Subtotal Employee Compensation	**$199,072.41**	**$428,693.25**	**$358,400.82**	**$70,292.43**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$27,520.19	$27,417.66	**$27,417.66**	$0.00	$0.00
Health Insurance - 02304	$62,019.35	$26,342.65	**$24,700.00**	$1,642.65	$0.00
Retirement - 02201	$7,914.30	$1,380.00	**$1,380.00**	$0.00	$0.00
Dental - 02301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Life Insurance - 02303	$0.00	$677.75	**$0.00**	$677.75	$0.00
Workers Compensation - 02401	$0.00	$4,899.71	**$0.00**	$4,899.71	$0.00
Unemployment Taxes - 02501	$0.00	$205.79	**$0.00**	$205.79	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$97,453.84**	**$60,923.56**	**$53,497.66**	**$7,425.90**	**$0.00**
Total Employee Compensation	**$296,526.25**	**$489,616.81**	**$411,898.48**	**$77,718.33**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$0.00	$32,619.53	**$0.00**	$32,619.53	$0.00
Telephone - 04181	$960.00	$1,872.00	**$1,872.00**	$0.00	$0.00
Utilities - 04301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Maintenance and Repairs - 04603	$0.00	$2,596.93	**$0.00**	$2,596.93	$0.00
Insurance Property & General Liability - 04502	$0.00	$42,208.46	**$0.00**	$42,208.46	$0.00
**Other - (Please describe)	$3,334.00	$0.00	**$0.00**	$0.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$500.00	$625.00	**$625.00**	$0.00	$0.00
Postage - 04101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Printing and Advertising - 04801	$0.00	$0.00	**$0.00**	$0.00	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$800.00	$350.00	**$350.00**	$0.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$0.00	**$0.00**	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$121,550.00	$139,778.75	**$1,637.00**	$138,141.75	$0.00
Background Screening - 04938	$0.00	$371.03	**$0.00**	$371.03	$0.00
Office Equipment under $5,000 - 06403	$0.00	$1,080.00	**$1,080.00**	$0.00	$0.00
**Other - (Licenses and permits)	$1,000.00	$240.00	**$240.00**	$0.00	$0.00
Travel Expenses					
Local Mileage - 04021	$0.00	$1,000.00	**$1,000.00**	$0.00	$0.00
Parking & Tools - 04028	$0.00	$0.00	**$0.00**	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$6,735.00	**$6,735.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$2,900.00	$1,640.00	**$1,640.00**	$0.00	$0.00
Vehicle Insurance -04502	$9,848.82	$5,669.00	**$5,669.00**	$0.00	$0.00
**Other - (Computers)	$0.00	$4,966.83	**$0.00**	$4,966.83	$0.00
Direct Client Expenses - 08301					
Client Rent	$1,000.00	$309,292.78	**$2,500.00**	$306,792.78	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$4,280.93	$9,999.84	**$7,389.52**	$2,610.32	$0.00
Client Medical	$1,500.00	$3,347.32	**$640.00**	$2,707.32	$0.00
Client Educational	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Personal	$1,100.00	$560.00	**$560.00**	$0.00	$0.00
**Other (Community integration, travel)	$2,200.00	$10,561.41	**$3,664.00**	$6,897.41	$0.00
Total Operating Expenses	**$150,973.75**	**$575,513.88**	**$35,601.52**	**$539,912.36**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Computers & Software - 06427	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Capital Outlay	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Direct Expenses Total	**$447,500.00**	**$1,065,130.69**	**$447,500.00**	**$617,630.69**	**$0.00**
Percent of Budget	**-**	**100.0%**	**42.0%**	**58.0%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
****All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types**

Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, Cindy Funkhouser, being duly sworn, do hereby state as follows:

1. Personal Information

- Name: Cindy Funkhouser
- Position/Title within Nonprofit: Chief Executive Officer
- Name of Nonprofit Organization: I.M. Sulzbacher Center for the Homeless, Inc.
- Address of Nonprofit: 611 E. Adams Street, Jacksonville, FL 32202-2847

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

If yes, list the name of the employee(s) and their position with your agency.

B. Are any members of your Board of Directors in one of these categories?
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member: _____

_____

Nature of relationship: _____

_____

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.

Cindy Funkhouser

Print Name: Cindy Funkhouser

STATE OF FLORIDA
COUNTY OF Duval

The foregoing instrument was acknowledged before me, by means of [✓] physical presence or [ ] online notarization, this 14th day of April 2026, by Cindy Funkhouser as CEO for T.M. Sulzbacher Center for the Homeless, who is [X] personally known to me or [ ] has produced identification and who took an oath.

Type of identification produced: N/A

Notary Public State of Florida
Todd Mays
My Commission HH 663450
Expires 4/13/2029

Notary Public, State of Florida

Print Name: Todd May
Commission No. HH 663450
My Commission Expires: 4/13/2029

*A list of persons in this category will be supplied upon request.

WE CARE JACKSONVILLE, INC. – JaxCareConnect (Duval Safety Net Collaboration)

FY 2026-2027 City Grant Proposal Term Sheet

Grant Recipient: We Care Jacksonville, Inc. ("WeCareJax" or "Recipient")

Program Name: JaxCareConnect (Duval Safety Net Collaboration) ("JaxCareConnect" or the "Program")

City Funding Request: $500,000

Contract/Grant Term: October 1, 2026 – September 30, 2027

Any substantial change to this FY 2026-2027 City Grant Proposal Term Sheet (the "Term Sheet") or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

PROGRAM OVERVIEW:

JaxCareConnect was born of the Duval Safety Net Collaborative whose mission is to ensure all Duval County residents have access to high-quality, comprehensive healthcare, regardless of insurance status or ability to pay. We Care Jacksonville, Inc. ("WeCareJax") hosts and administers the Program for the community. JaxCareConnect provides a coordinated, community-wide solution to address barriers to care for uninsured adult residents of Duval County, aligning with the City of Jacksonville's priority to improve access to healthcare, published in the City Council's Critical Quality of Life Initiatives (CQLI) Special Committee Final Report and subsequently adopted in the City Council's strategic plan. The Program's goal is to improve access to healthcare for uninsured and under-resourced residents by connecting individuals at or below 300% of the Federal Poverty Level to primary care and removing barriers to establishing a medical home.

City funding for FY 2026–2027 will support core operating expenses for the Program with recognition of the growing needs for service. Resources will enable the Program to continue to meet increased demand driven by expanded referrals from Healthlink JAX (the City's virtual care platform for uninsured residents), the State's LIVE HEALTHY referral requirements for uninsured individuals discharged from emergency departments, and the expiration of enhanced ACA premium tax credits in December 2025. FY 2026 inbound referrals hit 92% of the total received during all of FY 2025, at just six months into the fiscal year. Changes to the local healthcare environment will likely see more than double the clients evaluated and served before September 30, 2026. Each client receives intensive intake screening, to evaluate all possible barriers to securing and retaining health care in a primary care medical home. These barriers include transportation, housing/utility costs, food insecurity, access to prescriptions and costly medical supplies, support to re-enter the workforce to build self-sufficiency following a health crisis, and more.

With funding secured, the Program will also implement a targeted marketing strategy in high-need zip codes to increase engagement among uninsured residents before they need urgent or emergency care, including Vector Media and JTA to promote services in bus shelters and other high-visibility areas.

In FY 2025-2026, data trends indicate that total referrals to the Program are expected to grow significantly yet again. In preparation, the Program has expanded its leadership structure to ensure a streamlined and responsive experience for uninsured residents, including the addition of an Associate Director role and the advancement of existing staff into Patient Health Advocate Manager and Senior Intake Specialist positions. Together, these strategic investments position the Program to scale effectively, meet rising community needs, and continue advancing access to care across Duval County.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

Objective 1: Provide access to and retention in primary health care for a minimum of 3,000 uninsured and under-resourced neighbors within one year.

Obj. 1 - Activities:

- Based upon data from the past 6 years, review a minimum of 7,500 referrals from community partners to reach the eligible number of Program participants to reach the goal.
- Utilize dedicated Intake Screeners to ensure each referral is contacted within 48 business hours of referral.
- Upon intake, a case will be assigned a priority level to identify the case as low/medium complexity or high complexity:
    - Fast Track for lower acuity cases (patients without complex medical needs), will be connected to a primary care medical home, community resources and additional public options. The case will be evaluated for closure at the 3-month mark if they meet self-sufficiency requirements. The patient will be transitioned to their PCMH clinic for continued case support. ***JaxCareConnect has been piloting the Fast Track model with Volunteers in Medicine Jacksonville, Inc. during the FY 2026 year. Applying lessons from this pilot will inform the FY 2027 workflow.*
    - Medium acuity cases will be connected to a primary care medical home, community resources and additional public options with touchpoints at the 3-month and 6-month mark. The case will be evaluated for closure and transition at the 6-month point.
    - For patients with complex medical conditions and multiple social drivers of health (SDOH) needs, the case will remain open for up to 12 months and will include additional touchpoints to assist with multiple community resources and public assistance applications.
- Following intake screening, each eligible client is assigned a Patient Health Advocate (PHA) who identifies the best pathway to primary care for the client, with a target of securing first primary care appointment within seven (7) business days.
- Upon closure of a case, all clients are provided with a transition plan from JaxCareConnect to their new medical home as primary support, with clear instructions for continuing care and accessing any SDOH resources they were connected to during their enrollment period.

Objective 2: A minimum of 75% of clients assigned to a medical home via JaxCareConnect will display an increase in individual health literacy through the acknowledgement of the importance of a primary care physician for overall health outcomes and non-emergency care.

Obj. 2 – Activities:

- During intake screening, each client will be asked about where they seek care for non-emergency needs and the importance of a primary care doctor. Their responses will be recorded in the SDOH section of their chart in Salesforce.
- At the end of their enrollment period with JaxCareConnect, during their transition meeting each client will be surveyed and asked the same question regarding where they seek care for non-emergency care and the importance of a primary care doctor.
- All responses will be recorded, measured, and reported.

Objective 3: Provide application support and guidance for 10% of individuals in private or government sponsored healthcare (300 of 3,000).

Obj. 3 – Activities:

- Within the first 90 days, a PHA may identify their client as a candidate for private or government sponsored healthcare options, including the UF Health City Contract Card, and review options with the patient.
- With patient approval, the PHA will assist the client through the application process, which may include multiple pathways at one time.
- See Objective 4 for additional activities supporting successful applications.

Objective 4: For those provided application support for private or government-sponsored healthcare, a minimum of 20% of the total applications will result in approval.

Obj. 4 – Activities:

- PHA will assist patient in completing the often high-barrier applications for care, including support for obtaining required identification, financial documentation, and other materials needed.
- PHA will assist patient in preparing for any required interviews, provide transportation as needed, offer translation service as needed, and accompany patient if requested and allowed.
- PHA will follow-up with patient and plan sponsors periodically through approval or denial

PROGRAM COSTS/PAYMENT TERMS:

JaxCareConnect continues to receive support from additional local foundations and partners, including the Riverside Hospital Foundation, Baptist Health, the Community Foundation, and others. Additionally, the Program is launching a Corporate Membership Campaign by Q4, FY 2025-2026, to partner with local employers in delivering healthcare access solutions for uninsured employees. This will further expand the Program's reach right where many companies are hiring more and more contractors and part-time employees, who will not have access to employer-provided health insurance. Secondarily, their membership fees will help diversify the funding pool. Ongoing, strong City commitment and support creates the public-private partnership that corporate and private foundations require for long-term sustainability.

Please see the attached FY 2026-2027 Program Budget sheet for additional details.

PROGRAM IMPACT & REPORTING:

(i) Since the Program's inception, both process and outcome measures have been used to evaluate progress toward achieving key goals and objectives. As outlined under each objective, the team employs a range of survey methods—including electronic surveys, phone outreach, and in-person meetings—to ensure outcomes are accurately measured, recorded, and used for continuous improvement.

Over the past six years, this commitment to evaluation has driven meaningful refinements to program design. For instance, while the original workplan emphasized computer-based forms and self-directed needs assessments, the team quickly learned that trust and rapport are essential for clients to fully disclose their needs, accept referrals, and successfully establish a long-term relationship with a primary care medical home.

As a result, the Program has implemented a series of targeted adaptations, including evening and weekend staffing, piloting Patient Health Advocate shifts in emergency departments, deploying a National Health Corps member to complete one-year follow-up evaluations, creating a Client Advisory Council, introducing SMS (text)-based communication, and subscribing to a live medical translation service. These changes have significantly strengthened client engagement, improved outcomes, and enhanced the Program's overall impact. We do anticipate further Program adaptations, including the implementation of middleware software (Medplum) to connect our Salesforce database to the scheduling modules of participating clinic Electronic Health Record systems. This enhancement would reduce the amount of time between a client's enrollment into the Program and their first primary care appointment.

Looking ahead, these strategies will continue to play a central role in connecting and retaining clients in care. The initial patient assessment, which includes a measure of their understanding of primary care and their use of emergency departments for conditions best served in primary care, will be compared to responses at the end of the enrollment period, enabling the Program to track and report changes in patient knowledge and perception over time. Updates that will further drive referrals include a strong partnership with Healthlink JAX, the increase in minimum income to 300% from 250% (State of FL change signed by the Governor in

2024), and the recent expiration of the ACA's enhanced Premium Tax Credits in December 2025. We also anticipate additional volume increases from upcoming corporate campaigns as well as targeted marketing campaigns with Vector Media, if fully funded under this proposal.

(ii) In addition to connecting uninsured, under-resourced neighbors to a primary care medical home and helping remove barriers to access this care for a minimum of 3,000 new clients as described above, the JaxCareConnect team will use its proven techniques to increase health literacy for every client enrolled. During FY 2025, 68% of clients reported a decrease in utilization of an emergency department during their enrollment with JaxCareConnect, and 30% demonstrated increased awareness about seeking non-emergency care with a primary care provider. The team will build on this success to attain and demonstrate proposed outcomes.

(iii) A minimum of 7,500 neighbors will receive initial assessment support following referral, and a minimum of 3,000 will be enrolled and retained in primary care for at least one year following enrollment.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the *Jacksonville Ordinance Code*, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Program Budget Detail

Agency: We Care Jacksonville, Inc.

Program Name: JaxCareConnect (Duval Safety Net Collaboration)

Agency Fiscal Year End: September 30

BUDGET

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1 JCC Director	$87,550.00	$90,176.50	**$63,123.55**	$27,052.95	$0.00
2 JCC Associate Director	$0.00	$72,100.00	**$50,470.00**	$21,630.00	$0.00
3 JCC Administrative and Marketing Specialist	$47,741.00	$49,173.23	**$34,421.26**	$14,751.97	$0.00
4 JCC Manager, Patient Health Advocate	$60,415.00	$62,227.45	**$43,559.21**	$18,668.24	$0.00
5 JCC Patient Health Advocate (5)	$112,959.00	$232,660.85	**$131,362.60**	$101,298.25	$0.00
6 JCC Senior Intake Specialist	$0.00	$51,500.00	**$36,050.00**	$15,450.00	$0.00
7 JCC Intake Screener (3)	$69,163.00	$134,297.28	**$63,286.50**	$71,010.78	$0.00
8 WCJ Executive Director	$10,000.00	$15,000.00	**$15,000.00**	$0.00	$0.00
9 WCJ Director Business Operations	$12,960.00	$15,000.00	**$15,000.00**	$0.00	$0.00
10 WCJ Grants & Development Manager	$8,450.00	$10,000.00	**$10,000.00**	$0.00	$0.00
11 Health Advocacy Navigator	$46,560.12	$48,000.00	**$0.00**	$48,000.00	$0.00
12 Director of Development	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Employee Compensation	**$455,798.12**	**$780,135.31**	**$462,273.12**	**$317,862.19**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$35,800.00	$41,800.00	**$1,495.88**	$40,304.12	$0.00
Health Insurance - 02304	$80,188.00	$92,765.17	**$0.00**	$92,765.17	$0.00
Retirement - 02201	$0.00	$8,000.00	**$0.00**	$8,000.00	$0.00
Dental - 02301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Life Insurance - 02303	$0.00	$0.00	**$0.00**	$0.00	$0.00
Workers Compensation - 02401	$1,697.00	$2,697.00	**$0.00**	$2,697.00	$0.00
Unemployment Taxes - 02501	$850.00	$1,053.48	**$0.00**	$1,053.48	$0.00
**Other - (Payroll processing fees)	$12,700.00	$23,400.00	**$0.00**	$23,400.00	$0.00
Subtotal Taxes and Benefits	**$131,235.00**	**$169,715.65**	**$1,495.88**	**$168,219.77**	**$0.00**
Total Employee Compensation	**$587,033.12**	**$949,850.96**	**$463,769.00**	**$486,081.96**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$12,100.00	$12,732.00	**$0.00**	$12,732.00	$0.00
Telephone - 04181	$10,200.00	$14,640.00	**$0.00**	$14,640.00	$0.00
Utilities - 04301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Maintenance and Repairs - 04603	$0.00	$1,000.00	**$0.00**	$1,000.00	$0.00
Insurance Property & General Liability - 04502	$4,400.00	$6,000.00	**$0.00**	$6,000.00	$0.00
**Other - (Technology services)	$21,929.00	$97,462.00	**$36,231.00**	$61,231.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$2,440.00	$3,005.00	**$0.00**	$3,005.00	$0.00
Postage - 04101	$350.00	$1,525.00	**$0.00**	$1,525.00	$0.00
Printing and Advertising - 04801	$5,000.00	$7,150.00	**$0.00**	$7,150.00	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$1,400.00	$7,000.00	**$0.00**	$7,000.00	$0.00
Directors & Officers - Insurance - 04501	$1,100.00	$1,250.00	**$0.00**	$1,250.00	$0.00
Professional Fees & Services (not audit) - 03410	$3,001.00	$5,200.00	**$0.00**	$5,200.00	$0.00
Background Screening - 04938	$500.00	$500.00	**$0.00**	$500.00	$0.00
Office Equipment under $5,000 - 06403	$2,567.00	$4,772.50	**$0.00**	$4,772.50	$0.00
**Other - (Bus/Strat Plan, Audit, Prog eval & patient educatio	$31,533.00	$46,500.00	**$0.00**	$46,500.00	$0.00
Travel Expenses					
Local Mileage - 04021	$2,000.00	$3,500.00	**$0.00**	$3,500.00	$0.00
Parking & Tools - 04028	$0.00	$0.00	**$0.00**	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$1,488.00	$1,800.00	**$0.00**	$1,800.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Medical	$1,050.00	$1,250.00	**$0.00**	$1,250.00	$0.00
Client Educational	$1,000.00	$1,250.00	**$0.00**	$1,250.00	$0.00
Client Personal	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other (SMS Comms, Medical translation, transportation)	$16,850.00	$21,350.00	**$0.00**	$21,350.00	$0.00
Total Operating Expenses	**$118,908.00**	**$237,886.50**	**$36,231.00**	**$201,655.50**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Computers & Software - 06427	$4,687.50	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Capital Outlay	**$4,687.50**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Direct Expenses Total	**$710,628.62**	**$1,187,737.46**	**$500,000.00**	**$687,737.46**	**$0.00**
Percent of Budget	**-**	**100.0%**	**42.1%**	**57.9%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions

**All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types

Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, MARY ANGELA STRAIN, being duly sworn, do hereby state as follows:

1. Personal Information

- Name: M. ANGELA STRAIN
- Position/Title within Nonprofit: EXECUTIVE DIRECTOR
- Name of Nonprofit Organization: WE CARE JACKSONVILLE, INC
- Address of Nonprofit: 9615 PHILIPS HIGHWAY JACKSONVILLE FL 32207

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☑ No

If yes, list the name of the employee(s) and their position with your agency.

B. Are any members of your Board of Directors in one of these categories?
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☑ No

If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member: _____

_____

Nature of relationship: _____

_____

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.

M Angela Strain

Print Name: M. ANGELA STRAIN

STATE OF FLORIDA
COUNTY OF Duval

The foregoing instrument was acknowledged before me, by means of [✓] physical presence or [ ] online notarization, this 16th day of April 2026 by Mary Angela Strain as Executive Director of WECARE for Jacksonville, who is [✓] personally known to me or [ ] has produced identification and who took an oath.

Type of identification produced: FLIDL

Aziza Fisher

Notary Public, State of Florida

Notary Public State of Florida
Aziza Fisher
My Commission HH 666214
Expires 4/17/2029

Print Name: Aziza Fisher
Commission No. HH666214
My Commission Expires: 4/17/2029

*A list of persons in this category will be supplied upon request.

AGAPE COMMUNITY HEALTH CENTER, INC. d/b/a AGAPE FAMILY HEALTH – Interpretive Services and Labs Program (Duval Safety Net Collaboration)

FY 2026-2027 City Grant Proposal Term Sheet

Grant Recipient: Agape Community Health Center, Inc., d/b/a Agape Family Health ("Agape" or "Recipient")

Program Name: Interpretive Services & Labs Program (Duval Safety Net Collaboration) (the "Program")

City Funding Request: $166,666.66

Contract/Grant Term: October 1, 2026 – September 30, 2027

Any substantial change to this FY 2026-2027 City Grant Proposal Term Sheet (the "Term Sheet") or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

PROGRAM OVERVIEW:

Agape Community Health Center, Inc.'s Interpretive Services & Labs Program expands access to medically necessary language assistance and diagnostic testing for Duval County residents served through Agape. The Program is designed for patients who are indigent, qualify for the sliding fee scale, or are uninsured—populations that routinely delay or forego care when interpretation and lab costs are out of reach. By covering the cost of interpreter services (including in-person and telephonic/video interpretation as clinically appropriate) and essential laboratory testing ordered by a licensed provider, the Program removes two common barriers that prevent timely diagnosis, treatment initiation, and chronic disease management.

The need addressed is twofold: (1) limited English proficiency and other communication barriers that can compromise understanding of symptoms, diagnoses, medications, and follow-up instructions; and (2) inability to pay for ordered lab tests that confirm diagnoses, establish baselines, and monitor treatment (e.g., diabetes, hypertension, lipid disorders, infectious diseases, and other conditions commonly seen in primary care). Program goals and objectives for FY 2026-2027 are to: (a) improve equitable access to care by ensuring patients receive interpretation at point of service and during care coordination; (b) increase completion of provider-ordered labs for eligible patients so clinical decisions are based on timely, accurate results; (c) support early identification and improved control of chronic disease through appropriate testing and follow-up; and (d) reduce avoidable emergency department utilization by enabling earlier outpatient evaluation and treatment. This funding request is intended to cover programmatic expenses in FY 2026-2027, specifically the direct costs of interpreter services and laboratory testing for eligible patients.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

During FY 2026-2027, Agape Community Health Center will operate the Interpretive Services & Labs Program as an access-to-care support service embedded within Federally Qualified Health Center ("FQHC") clinical operations. Core activities include: (1) screening and documenting patient eligibility (indigent, sliding fee scale, or uninsured) at registration or point of service; (2) identifying language and communication needs and arranging qualified interpretation (in-person and/or telephonic/video) for clinical visits, care coordination, and follow-up as needed; (3) covering the cost of provider-ordered, medically necessary laboratory testing for eligible patients, including coordinating specimen collection, routing orders/results, and communicating results to patients in their preferred language; (4) providing patient navigation and reminders to promote timely lab completion and return visits; (5) managing interpreter and laboratory vendor relationships, invoicing, and quality assurance; and (6) tracking utilization, timeliness, and documentation in the electronic health record ("HER") and related billing/finance systems to support reporting and compliance.

Program deliverables for the Grant Term (October 1, 2026–September 30, 2027) will include: (a) documented interpreter services provided for eligible patient encounters, including modality used and language; (b) documented laboratory tests covered by the Program for eligible patients, including type of test/panel and date of completion; (c) improved completion of provider-ordered labs through reminders and navigation support; and (d) monthly reconciliation of interpreter and laboratory invoices to verify services were delivered to eligible patients and were medically necessary/order-based. Performance will be monitored through EHR documentation and internal tracking reports, including measures such as number of encounters supported with interpretation, number of lab orders covered, and timeliness of lab completion and result communication.

PROGRAM COSTS/PAYMENT TERMS:

The cost to operate the Interpretive Services & Labs Program ranges between $12,000–$15,000 per month. Using an average monthly cost of $13,500, the estimated annual Program cost is approximately $162,000 (October 1, 2026–September 30, 2027), depending on patient volume, interpreter modality, languages requested, and the type/quantity of medically necessary laboratory tests ordered by providers. The City funding request amount of $166,666.66 is intended to cover up to approximately 12 months of average Program costs at this utilization level (i.e., about $13,889 per month on average across the Grant Term), providing stable capacity to deliver interpreter services and cover ordered lab testing for eligible indigent, sliding fee scale, and uninsured patients. City funds will be used only for direct Program expenses, including qualified interpreter services (in-person and telephonic/video) and provider-ordered laboratory testing for eligible patients. Payment terms and invoicing will follow the executed contract requirements, with documentation maintained to demonstrate eligibility, services delivered, and alignment with the approved Program budget.

PROGRAM IMPACT & REPORTING:

Agape will attain the Program's FY 2026-2027 goals and objectives by embedding interpreter coordination and lab-access support into standard FQHC workflows (registration, clinical visits, care coordination, and results follow-up). Implementation will include screening and documenting eligibility; identifying language needs and securing qualified interpretation at point of care; covering the cost of provider-ordered, medically necessary laboratory testing for eligible patients; and providing reminders/navigation to support timely completion of labs and return visits. Progress will be measured through EHR documentation and internal tracking reports, including: (i) number of eligible patient encounters supported with interpretation (by language and modality); (ii) number and type of lab tests covered; (iii) lab completion rate for covered orders; (iv) timeliness of lab completion and result communication; and (v) care-continuity indicators such as reduced missed appointments related to communication barriers and reduced avoidable emergency department utilization when outpatient evaluation and diagnostics are completed on time.

- More patient encounters completed with effective communication through qualified interpretation, supporting informed consent, medication adherence, and follow-up.
- Higher completion of provider-ordered laboratory testing for eligible patients, enabling timely diagnosis, treatment initiation, and chronic disease monitoring.
- Faster care progression from visit to testing to results communication (in the patient's preferred language), reducing delays that can worsen health conditions.
- Reduced avoidable emergency department utilization for non-emergent conditions by improving access to outpatient evaluation, diagnostics, and follow-up.

If applicable, achievements from the year immediately preceding this funding request will be reported using the same measures above (e.g., interpreter encounters delivered, labs covered and completed, and timeliness of result

communication), along with narrative examples of how interpretation and diagnostic access supported timely care. For FY 2026-2027, Agape anticipates serving approximately 800 Duval County residents through this Program.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the *Jacksonville Ordinance Code*, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Program Budget Detail

Agency:
Agape Community Health Center, Inc. d/b/a Agape Family Health

Program Name:
Interpretive Services & Labs

Agency Fiscal Year End:
December 31

BUDGET

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1	$0.00	$0.00	**$0.00**	$0.00	$0.00
2	$0.00	$0.00	**$0.00**	$0.00	$0.00
3	$0.00	$0.00	**$0.00**	$0.00	$0.00
4	$0.00	$0.00	**$0.00**	$0.00	$0.00
5	$0.00	$0.00	**$0.00**	$0.00	$0.00
6	$0.00	$0.00	**$0.00**	$0.00	$0.00
7	$0.00	$0.00	**$0.00**	$0.00	$0.00
8	$0.00	$0.00	**$0.00**	$0.00	$0.00
9	$0.00	$0.00	**$0.00**	$0.00	$0.00
10	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Employee Compensation	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Health Insurance - 02304	$0.00	$0.00	**$0.00**	$0.00	$0.00
Retirement - 02201	$0.00	$0.00	**$0.00**	$0.00	$0.00
Dental - 02301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Life Insurance - 02303	$0.00	$0.00	**$0.00**	$0.00	$0.00
Workers Compensation - 02401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Unemployment Taxes - 02501	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Total Employee Compensation	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$0.00	$0.00	**$0.00**	$0.00	$0.00
Telephone - 04181	$0.00	$0.00	**$0.00**	$0.00	$0.00
Utilities - 04301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Maintenance and Repairs - 04603	$0.00	$0.00	**$0.00**	$0.00	$0.00
Insurance Property & General Liability - 04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Postage - 04101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Printing and Advertising - 04801	$0.00	$0.00	**$0.00**	$0.00	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$0.00	**$0.00**	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$166,666.66	$166,666.66	**$166,666.66**	$0.00	$0.00
Background Screening - 04938	$0.00	$0.00	**$0.00**	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Travel Expenses					
Local Mileage - 04021	$0.00	$0.00	**$0.00**	$0.00	$0.00
Parking & Tools - 04028	$0.00	$0.00	**$0.00**	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Medical	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Educational	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Personal	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Operating Expenses	**$166,666.66**	**$166,666.66**	**$166,666.66**	**$0.00**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Computers & Software - 06427	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Capital Outlay	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Direct Expenses Total	**$166,666.66**	**$166,666.66**	**$166,666.66**	**$0.00**	**$0.00**
Percent of Budget	**-**	**100.0%**	**100.0%**	**0.0%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
****All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types**

Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, Mia L. Jones, being duly sworn, do hereby state as follows:

1. Personal Information

- Name: Mia L. Jones
- Position/Title within Nonprofit: Chief Executive Officer
- Name of Nonprofit Organization: Agape Community Health Center, Inc.
- Address of Nonprofit: 120 King Street, Jacksonville, FL 32204

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☑ No

If yes, list the name of the employee(s) and their position with your agency.

B. Are any members of your Board of Directors in one of these categories?
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☑ No

If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member: _____

_____

Nature of relationship: _____

_____

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.

_____

Print Name: Mia L. Jones

STATE OF FLORIDA
COUNTY OF Duval

The foregoing instrument was acknowledged before me, by means of [X] physical presence or [ ] online notarization, this 14 day of April 2026, by Mia L Jones as Chief Executive Officer for Agape Community Health Center, who is [X] personally known to me or [ ] has produced identification and who took an oath.

Type of identification produced: _____

_____

Notary Public, State of Florida

AMBER B. WILLIAMS
Notary Public
State of Florida
Comm# HH616779
Expires 12/22/2028

Print Name: Amber B. Williams
Commission No. HH616779
My Commission Expires: 12/22/2028

*A list of persons in this category will be supplied upon request.

WEST JAX OUTREACH, INC. D/B/A COMMUNITY HEALTH OUTREACH –
Duval Safety Net Collaboration

FY 2026-2027 City Grant Proposal Term Sheet

Grant Recipient: West Jax Outreach, Inc. d/b/a Community Health Outreach ("CHO" or "Recipient")

Program Name: Duval Safety Net Collaboration (the "Program")

City Funding Request: $166,666.66

Contract/Grant Term: October 1, 2026 – September 30, 2027

Any substantial change to this FY 2026-2027 City Grant Proposal Term Sheet (the "Term Sheet") or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

PROGRAM OVERVIEW:

CHO operates in West Jacksonville within the 32210 zip code, which has a three-year reduced life expectancy compared to the overall city of Jacksonville, according to the Robert Wood Johnson Foundation. CHO understands that an individual's living environment can significantly influence their opportunities for a long and healthy life. This is often due to factors such as access to stable housing, quality education, good employment, food availability, and access to affordable, quality healthcare.

Since its inception in 1988 through St. Peter's Episcopal Church as a clothing closet, CHO has evolved into an independent entity that directly addresses these pressing needs. CHO's Healing Hands Medical & Dental Clinic serves uninsured individuals and those living at or below 200% of the federal poverty level. Additionally, The Baby Luv Center and the Lord's Pantry offer vital support to Jacksonville's most vulnerable residents who are in temporary or permanent poverty situations. With the partnership of JaxCare Connect, CHO is able to fulfill the healthcare needs of thousands of uninsured adults in Duval County by providing them with a primary care medical home. JaxCare Connect is well-positioned to promote CHO and other network organizations, as it understands both the offerings of the clinics and the needs of patients.

CHO's programs and services aim to prevent unnecessary emergency room visits, strengthen families, improve quality of life, and provide economic stability for those who cannot afford services elsewhere. Collaborating with partners such as HealthLink Jax enables CHO to direct individuals to assistance after hours and during holidays. Over the previous fiscal year, CHO experienced a surge in service demand across its three core programs. The organization currently provides healthcare to more than 1,500 medical and dental patients each year. As the only permanent, no-cost dental clinic for adults in Jacksonville, CHO faces a critical service gap; the current waitlist has swelled to several thousand individuals, underscoring an urgent need for expanded capacity. The healthcare programs include primary care (chronic disease management and well-woman care), wellness services (nutrition and smoking cessation), and essential dental care (exams, X-rays, cleanings, fillings, extractions, and limited root canals. Thanks to our partnership with WeCare Jacksonville, specialty care, diagnostics, and lab services are also provided on a complimentary basis for CHO's patients.

In addition to the medical and dental clinic, CHO supplies infant care items each week to approximately 50-75 mothers with infants and children up to four years old through The Baby Luv Center. In 2025, CHO distributed diapers, hygienic wipes, and formula to over 2,600 mothers at no cost. To enhance food access for community members, mothers visit The Lord's Pantry on the CHO campus to "shop" for nutritious food options for their families after visiting The Baby Luv Center. This service is also made available to Duval County senior citizens,

military veterans, and individuals with disabilities once a week during a designated time to accommodate their specific needs with dignity and assistance. In 2025, over 15,00 individuals and families received food assistance.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

Goal 1:
During the 2026-2027 fiscal year, CHO will continue to provide access to care for medical and dental patients by:

1) Recruiting five additional volunteer healthcare providers (seven were recruited in 2025-2026).
2) Expanding community-based partnerships with organizations, Love Without Limits (unsheltered service assistance/referrals) and The Care Pantry (toiletries, feminine hygiene and household products).
3) Executing a National Dental Hygiene Month in collaboration with the local chapter of the NE Florida Dental Hygienists' Association (for one day of targeted dental cleanings).

Goal 2:
Community outreach efforts allow an organization to provide awareness/education on services directly to potential patients/clients, and also to fellow community partners. CHO will:

4) Expand awareness of the services provided by conducting quarterly outreach activities and health education with area community partners, while also promoting HealthLink Jax in the clinic and in the field.
5) Provide training opportunities to at least ten (10) health profession students to ensure a steady pipeline of healthcare workers receive an integrated (medical/dental) experience in Jacksonville.

PROGRAM COSTS/PAYMENT TERMS:

CHO's annual funding sources include grants, individual and church contributions, an annual fundraising event, and corporate donations. Current and prior funding supporters include: The Delores Bar Weaver Legacy Funds, The Terry Family Foundation, The Community Foundation for NE Florida, Baptist Health, the State of Florida appropriations managed by the Florida Association of Free and Charitable Clinics, Florida Blue Foundation, The Rotary Club Foundation of Jacksonville, and others.

Please see the attached FY 2026-2027 Program Budget form for additional details.

PROGRAM IMPACT & REPORTING:

To ensure the five (5) aforementioned objectives within the two (2) goals are achieved, in addition to the use of CHO's electronic health records systems where applicable, the following measures will be taken:

1) Track through the Florida Department of Health Sovereign Immunity program – verify the number of providers from baseline
2) Track through two (2) additional community partners through onsite activities during scheduled programs and events
3) Track through attendance of a future planned program with the National Dental Hygienists' Association Jacksonville Chapter and Feeding NE Florida
4) Goal is to conduct a minimum of four (4) outreach events during the reporting period while also distributing HealthLink Jax materials
5) Work directly with area health professions academic programs to track and sign off on students from Fortis College, Florida State College at Jacksonville, Jacksonville University, RC Health Services for EMTs, etc.

To ensure programmatic achievements, CHO will provide a quarterly report to the Mayor's Office Health Team, as requested, detailing the number of residents served, diagnoses, and referrals from JaxCareConnect.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the *Jacksonville Ordinance Code*, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Program Budget Detail

Agency: WestJax Outreach Inc. d/b/a Community Health Outreach
Program Name: Duval County Safety Net Collaboration
Agency Fiscal Year End: December 31

BUDGET

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1 Chief Executive Officer	$20,000.00	$35,000.00	**$20,000.00**	$15,000.00	$0.00
2 Clinic Coordinator	$10,000.00	$35,000.00	**$20,000.00**	$15,000.00	$0.00
3 Operations Coordinator	$10,000.00	$20,000.00	**$20,000.00**	$0.00	$0.00
4 Front Desk/Referral Specialist	$10,000.00	$32,000.00	**$20,000.00**	$12,000.00	$0.00
5 Administrative Specialist	$20,000.00	$0.00	**$0.00**	$0.00	$0.00
6 Pantry Assistant	$10,000.00	$20,000.00	**$20,000.00**	$0.00	$0.00
7 Primary Care Provider	$0.00	$0.00	**$0.00**	$0.00	$0.00
8 Bookeeper	$0.00	$0.00	**$0.00**	$0.00	$0.00
9 Development Coordinator	$0.00	$0.00	**$0.00**	$0.00	$0.00
10 Dental Assistant	$20,000.00	$3,000.00	**$0.00**	$3,000.00	$0.00
Subtotal Employee Compensation	**$100,000.00**	**$145,000.00**	**$100,000.00**	**$45,000.00**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$0.00	$24,710.00	**$0.00**	$24,710.00	$0.00
Health Insurance - 02304	$0.00	$0.00	**$0.00**	$0.00	$0.00
Retirement - 02201	$0.00	$0.00	**$0.00**	$0.00	$0.00
Dental - 02301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Life Insurance - 02303	$0.00	$0.00	**$0.00**	$0.00	$0.00
Workers Compensation - 02401	$1,050.00	$1,100.00	**$1,100.00**	$0.00	$0.00
Unemployment Taxes - 02501	$2,300.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$3,350.00**	**$25,810.00**	**$1,100.00**	**$24,710.00**	**$0.00**
Total Employee Compensation	**$103,350.00**	**$170,810.00**	**$101,100.00**	**$69,710.00**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$0.00	$0.00	**$0.00**	$0.00	$0.00
Telephone - 04181	$7,000.00	$0.00	**$0.00**	$0.00	$0.00
Utilities - 04301	$15,000.00	$17,500.00	**$15,000.00**	$2,500.00	$0.00
Maintenance and Repairs - 04603	$3,000.00	$17,999.66	**$3,166.66**	$14,833.00	$0.00
Insurance Property & General Liability - 04502	$25,000.00	$45,000.00	**$45,000.00**	$0.00	$0.00
**Other - (waste management, mortgage interest)	$0.00	$16,600.00	**$0.00**	$16,600.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$10,916.67	$10,000.00	**$0.00**	$10,000.00	$0.00
Postage - 04101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Printing and Advertising - 04801	$0.00	$10,000.00	**$0.00**	$10,000.00	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Directors & Officers - Insurance - 04501	$2,400.00	$2,400.00	**$2,400.00**	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$0.00	$42,680.00	**$0.00**	$42,680.00	$0.00
Background Screening - 04938	$0.00	$0.00	**$0.00**	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (biohazard, tax/lic, software, meals/ent, bank chgs,	$0.00	$28,060.00	**$0.00**	$28,060.00	$0.00
Travel Expenses					
Local Mileage - 04021	$0.00	$2,500.00	**$0.00**	$2,500.00	$0.00
Parking & Tools - 04028	$0.00	$0.00	**$0.00**	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$0.00	$2,000.00	**$0.00**	$2,000.00	$0.00
Client Medical	$0.00	$2,000.00	**$0.00**	$2,000.00	$0.00
Client Educational	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Personal	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other (Baby Luv supplies, dental supplies)	$0.00	$17,000.00	**$0.00**	$17,000.00	$0.00
Total Operating Expenses	**$63,316.67**	**$213,739.66**	**$65,566.66**	**$148,173.00**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Computers & Software - 06427	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Capital Outlay	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Direct Expenses Total	**$166,666.67**	**$384,549.66**	**$166,666.66**	**$217,883.00**	**$0.00**
Percent of Budget	**-**	**100.0%**	**43.3%**	**56.7%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
**All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types

Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, Robert F. Thomas, being duly sworn, do hereby state as follows:

1. Personal Information

- Name: Rob Thomas, DrPH, MBA
- Position/Title within Nonprofit: CEO
- Name of Nonprofit Organization: WestJax Outreach dba Community Health Outreach
- Address of Nonprofit: 5126 Timuquana Rd Jacksonville, FL 32210

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

If yes, list the name of the employee(s) and their position with your agency.

B. Are any members of your Board of Directors in one of these categories?
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member: _____

_____

Nature of relationship: _____

_____

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.

Dr. Rob Thomas

Print Name: Rob Thomas, DrPH, MBA

STATE OF FLORIDA
COUNTY OF Duval

The foregoing instrument was acknowledged before me, by means of [✓] physical presence or [ ] online notarization, this 16th day of April 2026, by Dr. Robert F. Thomas as Officer for WestJax Outreach dba Community Health Outreach, who is [ ] personally known to me or [✓] has produced identification and who took an oath.

Type of identification produced: FL DL

Chenoa Cruz

Notary Public, State of Florida

CHENOA CRUZ
MY COMMISSION # HH 745582
EXPIRES: December 26, 2029

Print Name: Chenoa Cruz
Commission No. HH 745582
My Commission Expires: 12/26/2029

*A list of persons in this category will be supplied upon request.

MUSLIM AMERICAN SOCIAL SERVICES, INC. – Duval Safety Net Collaboration

FY 2026-2027 City Grant Proposal Term Sheet

Grant Recipient: Muslim American Social Services, Inc. ("MASS" or "Recipient")

Program Name: Duval Safety Net Collaboration (the "Program")

City Funding Request: $166,666.67

Contract/Grant Term: October 1, 2026 – September 30, 2027

Any substantial change to this FY 2026-2027 City Grant Proposal Term Sheet (the "Term Sheet") or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

PROGRAM OVERVIEW:

MASS is on a mission to create health equity by providing continuity of care to the underserved community in Northeast Florida. With a commitment to accessibility and affordability, MASS seeks support for its Critical Healthcare and Food as Medicine Initiatives. This funding will expand the reach of the Food as Medicine Program and strengthen the MASS Unified Healthcare Program, addressing the rising challenges faced by individuals with chronic diseases and food insecurities. Duval County ranks 47th of the 67 Florida Counties with health outcomes.

MASS Unified Health Services Program: Complications from uncontrolled diabetes and chronic hypertension contribute to frequent emergency department visits, straining healthcare resources and increasing costs. The Program is designed to eliminate unnecessary Emergency Department Visits. By addressing the root causes of emergency visits, the program will reduce the burden on healthcare systems and minimize associated costs for individuals and the community by providing access to high-quality, comprehensive healthcare services to uninsured indigent Duval County residents. FY26-27 funding will cover programmatic operating expenses.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

Our Program scope is to increase access to and delivery of high-quality, no-cost healthcare for the uninsured population of Northeast Florida. Our broad goal will be to see at least 1,400 individual patients over one year.

Our specific objectives in reaching this goal are as follows:

1. 40% of those patients will be new patients that have not utilized MASS Clinics services before.
2. 20% of those patients will come from hospital referrals, helping to reduce the use of the Emergency Department in our local hospitals.
3. 40% of those patients will come from populations identified in the Community Health Needs Assessment that had the highest rates of Chronic Diseases in Duval County.

In summary, the Program's scope and deliverables are a comprehensive approach to increasing healthcare access, diversifying the patient base, reducing reliance on emergency services, and addressing specific health challenges within the community. The intended impact is not only on individual patient outcomes but also on the overall health and well-being of the uninsured population in Northeast Florida. The timeline for these deliverables will be 12 months after receipt of funding.

PROGRAM COSTS/PAYMENT TERMS:

The Program budget detail is attached. MASS continues to have support from additional local foundations, including Baptist Health, Riverside Hospital Foundation, Islamic Relief, Florida Associate of Free Charitable Clinic and private donation.

PROGRAM IMPACT & REPORTING:

i) MASS Clinic utilizes Electronic Medical Records to track our patients' health, giving us the ability to monitor patient data even after they leave our facility to seek treatment with external specialists. Our information management system allows us to track the demographic information of our patients and if they utilized our services before, this will allow us to track our progress with obtaining new patients and which of these patients are coming from populations identified in the Community Health Needs Assessment who had the highest rates of chronic diseases. This data will be tracked and then compared to our outlined objectives above on a quarterly basis to ensure we are on track to meet or exceed our goals and objectives.

ii) MASS draws its patients from the most impoverished areas of Duval County. Many MASS patients are travelling between half-hour and an hour to access services. Over that distance, many pass one, two or three hospitals to reach MASS.

ZipCode Group	Unique Patients	Percentage
HZ 1 - Urban Core	102	7.99%
HZ 2 - Greater Arlington	641	50.20%
HZ 3 - Southeast	236	18.48%
HZ 4 - Southwest	124	9.71%
HZ 5 - Outer Rim	98	7.67%
HZ 6 - Beaches	34	2.66%
Neighboring Counties	42	3.29%
Grand Total	1,277	100.00%

iii) A minimum of 1,400 individuals will receive services from MASS clinic within one year of the Program start date.

iv) MASS will provide quarterly reports to the Mayor's Office Health Team as requested, detailing the number of residents served, diagnoses, and referrals received through JaxCareConnect, ensuring transparency, accountability, and ongoing collaboration with city health initiatives.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the *Jacksonville Ordinance Code*, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Program Budget Detail

Agency:
Muslim American Social Services, Inc.
Program Name:
Duval County Safety Net Collaboration
Agency Fiscal Year End:
December 31
BUDGET

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1 Executive Director (1FTE)	$85,000.00	$93,500.00	**$10,000.00**	$83,500.00	$0.00
2 Chief Operating Officer (1 FTE)	$70,000.00	$77,000.00	**$18,367.67**	$58,632.33	$0.00
3 Patient Care Coordinators (4) Part-time position	$80,000.00	$88,000.00	**$25,000.00**	$63,000.00	$0.00
4 Healthcare Provider (7) Part-time position	$156,100.00	$171,710.00	**$47,300.00**	$124,410.00	$0.00
5 Administrative Support (10) Part-time position	$250,680.00	$275,748.00	**$54,000.00**	$221,748.00	$0.00
6	$0.00	$0.00	**$0.00**	$0.00	$0.00
7	$0.00	$0.00	**$0.00**	$0.00	$0.00
8	$0.00	$0.00	**$0.00**	$0.00	$0.00
9	$0.00	$0.00	**$0.00**	$0.00	$0.00
10	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Employee Compensation	**$641,780.00**	**$705,958.00**	**$154,667.67**	**$551,290.33**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$48,133.50	$52,946.85	**$12,000.00**	$40,946.85	$0.00
Health Insurance - 02304	$0.00	$0.00	**$0.00**	$0.00	$0.00
Retirement - 02201	$0.00	$0.00	**$0.00**	$0.00	$0.00
Dental - 02301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Life Insurance - 02303	$0.00	$0.00	**$0.00**	$0.00	$0.00
Workers Compensation - 02401	$3,500.00	$3,850.00	**$0.00**	$3,850.00	$0.00
Unemployment Taxes - 02501	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$51,633.50**	**$56,796.85**	**$12,000.00**	**$44,796.85**	**$0.00**
Total Employee Compensation	**$693,413.50**	**$762,754.85**	**$166,667.67**	**$596,087.18**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$0.00	$0.00	**$0.00**	$0.00	$0.00
Telephone - 04181	$15,000.00	$16,500.00	**$0.00**	$16,500.00	$0.00
Utilities - 04301	$18,000.00	$19,800.00	**$0.00**	$19,800.00	$0.00
Maintenance and Repairs - 04603	$0.00	$0.00	**$0.00**	$0.00	$0.00
Insurance Property & General Liability - 04502	$3,500.00	$3,850.00	**$0.00**	$3,850.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$25,000.00	$27,500.00	**$0.00**	$27,500.00	$0.00
Postage - 04101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Printing and Advertising - 04801	$0.00	$0.00	**$0.00**	$0.00	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$0.00	**$0.00**	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$17,000.00	$18,700.00	**$0.00**	$18,700.00	$0.00
Background Screening - 04938	$0.00	$0.00	**$0.00**	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Travel Expenses					
Local Mileage - 04021	$6,000.00	$6,600.00	**$0.00**	$6,600.00	$0.00
Parking & Tools - 04028	$0.00	$0.00	**$0.00**	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Medical	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Educational	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Personal	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Operating Expenses	**$84,500.00**	**$92,950.00**	**$0.00**	**$92,950.00**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Computers & Software - 06427	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Capital Outlay	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Direct Expenses Total	**$777,913.50**	**$855,704.85**	**$166,667.67**	**$689,037.18**	**$0.00**
Percent of Budget	**-**	**100.0%**	**19.5%**	**80.5%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
**All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types

Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, Shah Faisal Sayed, being duly sworn, do hereby state as follows:

1. Personal Information

- Name: Shah Faisal Sayed
- Position/Title within Nonprofit: Executive Director
- Name of Nonprofit Organization: Muslim American Social Services
- Address of Nonprofit: 2251, St. Johns Bluff Rd. S, Jacksonville, FL 32246

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

If yes, list the name of the employee(s) and their position with your agency.

B. Are any members of your Board of Directors in one of these categories?
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member:_____

_____

Nature of relationship:_____

_____

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.

_____

Print Name: Shah Faisal Sayed

STATE OF FLORIDA
COUNTY OF Duval

The foregoing instrument was acknowledged before me, by means of [ ] physical presence or [ ] online notarization, this 13 day of March 2024 by Faisal Sayed. as _____ for _____, who is [✓] personally known to me or [ ] has produced identification and who took an oath.

Type of identification produced: D.L

_____
Notary Public, State of Florida
Print Name: Hafez Assali
Commission No. _____
My Commission Expires: _____

HAFEZ ASSALI
Notary Public-State of Florida
Commission # HH 347796
My Commission Expires
January 23, 2027

*A list of persons in this category will be supplied upon request.

MISSION HOUSE, INC. – Mission House Clinic Program (Duval Safety Net Collaboration)

FY 2026-2027 City Grant Proposal Term Sheet

Grant Recipient: Mission House, Inc. ("Mission House" or "Recipient")

Program Name: Mission House Clinic Program (Duval Safety Net Collaboration) (the "Program")

City Funding Request: $166,667

Contract/Grant Term: October 1, 2026 – September 30, 2027

Any substantial change to this FY 2026-2027 City Grant Proposal Term Sheet (the "Term Sheet") or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

PROGRAM OVERVIEW:

Program Description: Mission House is one of the only six completely free clinics in Northeast Florida's free and charitable clinic network that provides primary medical care, including prescriptions, completely free of charge**.** In FY 2025, we served 333 unique patients at 1,566 clinic visits, all who have no health insurance, are within 300% of the federal poverty level, and may or may not be housed. These patients also often experience a multitude of co-occurring complex diagnoses resulting from the socio-economic circumstances in which they find themselves, making the work that we do in caring for these patients much more imperative. Duval County has roughly 11.7% or 120,000 people who are uninsured, according to the City of Jacksonville (Get Covered Jax, 2025). While Get Covered Jax has made a significant impact in reducing overall uninsured status for Duval residents without Mission House's Clinic Program, uninsured patients would rely on emergency room services across the county. This scenario increases undue stress by giving patients huge medical bills they likely will never be able to pay, and straining hospital and community resources. Additionally, many of our patients also often have to make difficult choices between food or medicine or choosing to go to work while sick or visiting a doctor. Mission House has served patients likes this for the last twenty-five years, providing the "safety-net"; access to free primary and specialty medical care.

The Program Goals and Objectives: Mission House's Clinic Program services are targeted toward providing free primary care and prescriptions to uninsured, housed or unhoused, adults in Duval County with income of 300% of the federal poverty level.

Mission House's Clinic Program goals and objectives are as follows:

1. Sustain patient visit access at 2 extended-day primary care clinic days per week, and one specialty day per week as currently operating after last year's expansion.
2. Increase number of new patients enrolled by 10% of last year's goal: Increase annual patients served goal from 300 to 330 unduplicated individuals.
3. Maintain 1,500 clinic patient visits per year.
4. Improve health outcomes for patients by providing access to free prescription medications.

Mission House is increasing its goal from last year (300) for the number of patients we are able to serve through this funding by 10% (from 300 to 330 unduplicated individuals served) in FY 2026-2027, as well as increase the number of clinic visits from 1,000 (2025 goal) to maintain at our last year actual of 1500.

We are anticipating serving 3330 unduplicated individuals, of which, on average, will be composed of 60% male and 40% female clients; 70% will be Hispanic, 25% white, 5% various other races and ethnicities. The anticipated age of the clients served will be comprised of approximately 300 patients between the ages of 35 and 55, 75 patients over the age of 55, and 50 patients under the age of 35. A majority of our patients have no income or are extremely low income.

The funds requested from the City of Jacksonville will be utilized for programmatic expenses. Refer to the Program Scope of Work and Deliverables section below and the attached Program budget for additional details.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

List of Activities/Description of Program:

Mission House's Clinic Program will utilize the funds awarded from the City of Jacksonville to ensure the full operational capacity of the Program and attainment of expansion goals and objectives. The City funds requested will cover expenses related to the salaried positions (all prorated) of Executive Director, Physician's Assistant, Clinic Director, and two full-time medical assistants. Direct operational expenses include a prorated portion of the utility bills (water, power, sewer and garbage) and a prorated portion of the offsite accounting services (not audit). The Program budget also includes direct expenses for patients, a prorated portion of the annual cost of patient medication (prescription and over-the-counter medications not accessible for patients due to financial constraints). Transportation for patients to the clinic lacking reliable transportation has also been included.

The specific activities will be provided to the targeted population as follows (Note: ***All services rendered are under the supervision of a Board-Certified Physician)***:

- **Internal medicine:** Services rendered specialize in adult medicine, and are specially trained to solve diagnostic problems, manage severe long-term illnesses, and help patients with multiple, complex chronic conditions.
- **Diagnosis and treatment of illness:** Determination, interpretation and treatment protocols and activities occur. Further assessment of any conditions noted during a screening and the provision of any medically necessary treatment services.
- **Management of chronic illnesses such as asthma, diabetes, and high blood pressure:** Chronic disease management involves managing the symptoms of a long-term disease, thereby allowing patients to have a better quality of life. Through managing the client's chronic disease, our medical interventions can help slow down the progression of the client's disease and help control the symptoms.
- **Referrals to specialist services through WeCare Jacksonville:** Linkage and coordination of services with Medical Specialists as identified during health screenings.
- **Free Prescriptions:** Mission House Clinic, through our partnership with various sources, is able to provide many prescriptions for free for our patients on the same day as their visit. Medication is dispensed by a licensed pharmacist.

PROGRAM COSTS/PAYMENT TERMS:

- Total cost to operate the Program: $600,688

All other funding for the Mission House Clinic will come from general operating funds of Mission House through donations, fundraising and community support, with the following additional grant funds anticipated for FY 26/27 for the Clinic:

- Florida Association of Free and Charitable Clinics: $70,000

- Mayo Clinic- healthy food initiative/sponsorship: 50,000
- State of Florida State Appropriation (already submitted): $72,000 for mental health

PROGRAM IMPACT & REPORTING:

i. **Description of how program goals and objectives will be attained:** The goals and objectives will be attained through completed, medical service delivery and documentation of services. To ensure accurate measurement and reporting, Mission House utilizes Athenahealth software to track service delivery and demographics served. This software is a healthcare technology and offers also offers tools for patient engagement, population health management, and care coordination. Our Clinic Director and Medical Assistants will schedule and do intake for all new and recurring patients. The Clinic Director also finalizes all schedules and provides referrals to WeCare Jax and outside agencies and processes application for the Patient Assistance Program for pharmaceuticals. Patients will be seen by either volunteer physicians from Mayo Clinic or by our full-time Physician's Assistant. The Executive Director ("ED") is responsible for the overall management of the agency, dedicating 100% of his time to oversight of reporting requirements regarding the Clinic, along with human resource and payroll processing for the clinical portion of Mission House. The ED along with Clinic Director also attends medical meetings, does outreach and development and advocates for clinical services and expansion to outside key stakeholders. Mission House also works with other non-profit providers to maximize our overall impact in improving the medical conditions of the most vulnerable populations within our community. We have excellent partnerships with WeCare Jax, Vision Is Priceless, Mayo Clinic, the Emannuel Project and Baptist Health, all of which help us to connect our patients to the medical care they need outside of our scope of services.

ii. **Program Achievements last year:** In FY 2025, Mission House served 333 unique individual patients through 1,566 clinical visits. Mission House provided 5010 (valued at over $1 million) prescription medications in FY 2025.

iii. **Residents to be served and projected Program impact:** In FY 2025, Mission House provided 1,566 clinic visits to over 330 unduplicated individuals, all who have no health insurance, who are within 300% of the federal poverty level, and may or may not be housed. Through our services we are reducing the demand on emergency room services and the tax paying community by $4,500,000 annually *($3,000 estimated cost for an ER visit x 1566 clinic visits in FY 2025-$166,666.66 in City of Jacksonville Clinic funding*). The anticipated number of patients to be served during this requested funding cycle is 330 unduplicated individuals. In addition, we anticipate maintaining 1,500 clinic visits year over year.

Mission House will provide a quarterly report to the Mayor's Office Health Team as requested of number of residents served, diagnosis, and referrals from JaxCareConnect.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the *Jacksonville Ordinance Code*, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Program Budget Detail

Agency:
Mission House, Inc.
Program Name:
Mission House Clinic (Duval Safety Net Collaboration)
Agency Fiscal Year End:
December 31
BUDGET

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1 Physician Assistant	$30,690.00	$100,000.00	**$50,000.00**	$50,000.00	$0.00
2 Clinic Director	$20,790.00	$64,000.00	**$30,000.00**	$34,000.00	$0.00
3 Medical Assistant (2 FTEs)	$0.00	$80,500.00	**$40,000.00**	$40,500.00	$0.00
4 Executive Director	$38,940.00	$60,750.00	**$13,500.00**	$47,250.00	$0.00
5 Director of Grants & Development	$23,925.00	$40,000.00	**$0.00**	$40,000.00	$0.00
6 Administrative Coordinator	$19,000.00	$26,000.00	**$0.00**	$26,000.00	$0.00
7 Clinic Care Coordinator	$2,160.00	$0.00	**$0.00**	$0.00	$0.00
8	$0.00	$0.00	**$0.00**	$0.00	$0.00
9	$0.00	$0.00	**$0.00**	$0.00	$0.00
10	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Employee Compensation	**$135,505.00**	**$371,250.00**	**$133,500.00**	**$237,750.00**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$0.00	$28,400.00	**$0.00**	$28,400.00	$0.00
Health Insurance - 02304	$0.00	$42,000.00	**$0.00**	$42,000.00	$0.00
Retirement - 02201	$0.00	$11,138.00	**$0.00**	$11,138.00	$0.00
Dental - 02301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Life Insurance - 02303	$0.00	$0.00	**$0.00**	$0.00	$0.00
Workers Compensation - 02401	$0.00	$4,800.00	**$0.00**	$4,800.00	$0.00
Unemployment Taxes - 02501	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$0.00**	**$86,338.00**	**$0.00**	**$86,338.00**	**$0.00**
Total Employee Compensation	**$135,505.00**	**$457,588.00**	**$133,500.00**	**$324,088.00**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$0.00	$0.00	**$0.00**	$0.00	$0.00
Telephone - 04181	$0.00	$5,100.00	**$0.00**	$5,100.00	$0.00
Utilities - 04301	$0.00	$26,000.00	**$13,000.00**	$13,000.00	$0.00
Maintenance and Repairs - 04603	$0.00	$14,000.00	**$0.00**	$14,000.00	$0.00
Insurance Property & General Liability - 04502	$0.00	$14,000.00	**$0.00**	$14,000.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$0.00	$2,000.00	**$0.00**	$2,000.00	$0.00
Postage - 04101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Printing and Advertising - 04801	$0.00	$0.00	**$0.00**	$0.00	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$0.00	$2,000.00	**$0.00**	$2,000.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$800.00	**$0.00**	$800.00	$0.00
Professional Fees & Services (not audit) - 03410	$0.00	$18,000.00	**$8,100.00**	$9,900.00	$0.00
Background Screening - 04938	$0.00	$0.00	**$0.00**	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Audit)	$0.00	$9,000.00	**$0.00**	$9,000.00	$0.00
Travel Expenses					
Local Mileage - 04021	$0.00	$0.00	**$0.00**	$0.00	$0.00
Parking & Tools - 04028	$0.00	$0.00	**$0.00**	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Medical (medication)	$0.00	$36,000.00	**$10,000.00**	$26,000.00	$0.00
Client Educational	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Personal	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other (transportation)	$0.00	$16,200.00	**$2,067.00**	$14,133.00	$0.00
Total Operating Expenses	**$0.00**	**$143,100.00**	**$33,167.00**	**$109,933.00**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Computers & Software - 06427	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Capital Outlay	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Direct Expenses Total	**$135,505.00**	**$600,688.00**	**$166,667.00**	**$434,021.00**	**$0.00**
Percent of Budget	**-**	**100.0%**	**27.7%**	**72.3%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
****All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types**

Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, Lucas Seilhymer, being duly sworn, do hereby state as follows:

1. Personal Information

- Name: Lucas Seilhymer
- Position/Title within Nonprofit: Executive Director
- Name of Nonprofit Organization: Mission House
- Address of Nonprofit: 800 Shetter Ave, Jacksonville Beach

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☑ No

If yes, list the name of the employee(s) and their position with your agency.

B. Are any members of your Board of Directors in one of these categories?
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☑ No

If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member: _____

_____

Nature of relationship: _____

_____

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.

Lucas Seilhymer

Print Name: Lucas Seilhymer

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me, by means of [ ] physical presence or [ ] online notarization, this 20th day of May 2024, by Lucas Seilhymer as Executive Director for Mission House, who is [✓] personally known to me or [ ] has produced identification and who took an oath.

Type of identification produced: ID

Notary Public State of Florida
Amanda Hampton
My Commission HH 644079
Expires 2/24/2029

Amanda Hampton
Notary Public, State of Florida
Print Name: Amanda Hampton
Commission No. HH644079
My Commission Expires: 2/24/29

*A list of persons in this category will be supplied upon request.

I. M. SULZBACHER CENTER FOR THE HOMELESS, INC. – Duval Safety Net Collaboration

FY 2026-2027 City Grant Proposal Term Sheet

Grant Recipient: I.M. Sulzbacher Center for the Homeless, Inc. ("Sulzbacher" or "Recipient")

Program Name: Duval Safety Net Collaboration (the "Program")

City Funding Request: $166,666

Contract/Grant Term: October 1, 2026 – September 30, 2027

Any substantial change to this FY 2026-2027 City Grant Proposal Term Sheet (the "Term Sheet") or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

PROGRAM OVERVIEW:

The Duval County Safety Net Collaboration ("DCSNC") collaborative formed the JaxCareConnect initiative to ensure every resident of Duval County has access to high-quality, comprehensive healthcare – regardless of insurance status or ability to pay.

DCSNC Goal: Improve access to health care for uninsured and under-resourced neighbors by providing connection to care while removing barriers to accessing a primary care medical home for uninsured neighbors living at or below 250% of the Federal Poverty Level in Duval County. FY 26-27 City funding will cover programmatic operating expenses.

As a Federally Qualified Health Center ("FQHC"), Sulzbacher's goal of providing quality comprehensive health services to those in need regardless of insurance status or ability to pay is clearly aligned with the DCSNC mission. Sulzbacher's service array includes primary health care, dental care, vision screening, mental health counseling and treatment, and substance abuse treatment. Sulzbacher has been providing health services to the homeless and disenfranchised in Jacksonville since 1995. Sulzbacher has three clinic locations in downtown Jacksonville, Jacksonville Beach, and the Brentwood community, as well as mobile outreach teams. This Program will greatly expand health services in Jacksonville by enhancing Sulzbacher's ability to assess care needs, determine patient eligibility, and make referrals to the most appropriate primary care or specialty care provider in line with patient needs. This funding will cover programmatic expenses related to direct patient services.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

Through this Program Sulzbacher will expand its efforts to enroll patients in insurance providers they may be eligible for, conduct assessments to determine patient care needs and determine the appropriate care provider, providing both direct care and linkage to specialty care as warranted.

The Medical Eligibility Coordinator screens and enrolls patients in various insurance programs. This person educates patients on various insurances based on their qualifications, assists patients and families with enrollment paperwork, and conducts patient follow up.

The Case Manager will assist in linking clinic patients to other services they may need, ensuring and assist clients in obtaining additional services they may require outside of the immediate medical sphere, such as enrollment in SSI/SSDI benefits, TANF, housing, entry into an ALF, etc.

The Dental Front Desk Coordinator is the first point of contact for patients, handles scheduling, insurance, and financial matters, maintain patient records, and ensure smooth daily operations and a positive patient experience.

The Patient Services Coordinator will pre-screen patients for procedures and specialized care from physicians. This includes booking and referral management with providers both inside and outside of Sulzbacher, as appropriate.

Objective 1: Provide access to primary health care for a minimum of 500 uninsured and under-resourced neighbors within one year.

Objective 2: A minimum of 25% of clients assigned to a medical home at Sulzbacher will not only access primary care, but will also access mental health, substance use treatment, case management, dental care and/or optometry as applicable to improve overall health outcomes and non-emergency care.

Objective 3: Provide application support and guidance for 200 individuals to access healthcare services, whether internal to Sulzbacher or other sliding fee scale clinics, private or government sponsored healthcare.

Objective 4: Provide 200 patient referrals to other members of the DCSNC Program within one year.

PROGRAM COSTS/PAYMENT TERMS:

Staff working directly on the DCSNC Program to enhance health access and patient referral and care coordination to appropriate providers include an Eligibility Coordinator, a Case Manager, a Dental Front Desk Coordinator, and a Patient Services Coordinator. The Director of Dental Services and the Director of Medical Services will both devote time to Program oversight.

One (1) Eligibility Coordinator = $29,952
One (1) Dental Eligibility Coordinator = $29,952
One (1) Case Manager = $17,171.48
One (1) Dental Front Desk Coordinator = $25,698.40
One (1) Patient Services Coordinator = $25,698.40
One (1) Director of Dental Services = $4,531.36
One (1) Director of Medical Services = $3,780

Benefits for the above positions = $86,129.25, of which $29,194.41 are included in this request. Additionally, $687.95 will be spent on local travel expenses. Please see the attached Budget for additional details.

PROGRAM IMPACT & REPORTING:

The Director of Dental Services and Director of Medical Services will oversee the Program. They will measure results as compared to goals via reports from the AthenaHealth Electronic Health Record, reporting on patients assessed for insurances, number of referrals and number of patients referred internally or externally, and linkages to other services, such as SSI/SSDI, ALF, etc. Program progress, success, and barriers will be discussed during regular Health Services Team meetings.

In calendar year 2025, the Sulzbacher clinics provided primary care services to 3,377 patients, dental care to 1,802 patients, mental health care to 1,088 patients, vision screening to 650 patients, and enabling services (outreach, eligibility, medical case management, patient education) to 3,225 patients. Services were provided during 26,027 clinic visits during the 2025 calendar year.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the *Jacksonville Ordinance Code*, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Program Budget Detail

Agency:
I.M. Sulzbacher Center for the Homeless, Inc.
Program Name:
Duval Safety Net Collaboration
Agency Fiscal Year End:
June 30

BUDGET

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1 Eligibility Coordinator	$38,862.45	$37,440.00	**$29,952.00**	$7,488.00	$0.00
2 Dental Eligibility Coordinator	$0.00	$37,440.00	**$29,952.00**	$7,488.00	$0.00
3 Dental Front Desk Coordinator	$28,537.60	$36,712.00	**$25,698.40**	$11,013.60	$0.00
4 Patient Services Coordinator	$29,981.60	$36,712.00	**$25,698.40**	$11,013.60	$0.00
5 Case Manager	$26,063.86	$53,660.88	**$17,171.48**	$36,489.40	$0.00
6 Director of Dental Services	$3,301.42	$113,284.08	**$4,531.36**	$108,752.72	$0.00
7 Director of Medical Services	$2,445.99	$94,500.12	**$3,780.00**	$90,720.12	$0.00
8	$0.00	$0.00	**$0.00**	$0.00	$0.00
9	$0.00	$0.00	**$0.00**	$0.00	$0.00
10	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Employee Compensation	**$129,192.92**	**$409,749.08**	**$136,783.64**	**$272,965.44**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$9,883.26	$31,345.80	**$10,463.95**	$20,881.85	$0.00
Health Insurance - 02304	$23,526.03	$54,250.78	**$18,552.64**	$35,698.14	$0.00
Retirement - 02201	$2,946.31	$532.67	**$177.82**	$354.85	$0.00
Dental - 02301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Life Insurance - 02303	$0.00	$0.00	**$0.00**	$0.00	$0.00
Workers Compensation - 02401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Unemployment Taxes - 02501	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$36,355.60**	**$86,129.25**	**$29,194.41**	**$56,934.84**	**$0.00**
Total Employee Compensation	**$165,548.52**	**$495,878.33**	**$165,978.05**	**$329,900.28**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$0.00	$0.00	**$0.00**	$0.00	$0.00
Telephone - 04181	$0.00	$0.00	**$0.00**	$0.00	$0.00
Utilities - 04301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Maintenance and Repairs - 04603	$0.00	$0.00	**$0.00**	$0.00	$0.00
Insurance Property & General Liability - 04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Postage - 04101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Printing and Advertising - 04801	$0.00	$0.00	**$0.00**	$0.00	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$0.00	**$0.00**	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$0.00	$0.00	**$0.00**	$0.00	$0.00
Background Screening - 04938	$0.00	$0.00	**$0.00**	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Travel Expenses					
Local Mileage - 04021	$675.00	$687.95	**$687.95**	$0.00	$0.00
Parking & Tools - 04028	$0.00	$0.00	**$0.00**	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Medical	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Educational	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Personal	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Operating Expenses	**$675.00**	**$687.95**	**$687.95**	**$0.00**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Computers & Software - 06427	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Capital Outlay	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Direct Expenses Total	**$166,223.52**	**$496,566.28**	**$166,666.00**	**$329,900.28**	**$0.00**
Percent of Budget	**-**	**100.0%**	**33.6%**	**66.4%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
**All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types

Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, Cindy Funkhouser, being duly sworn, do hereby state as follows:

1. Personal Information

- Name: Cindy Funkhouser
- Position/Title within Nonprofit: Chief Executive Officer
- Name of Nonprofit Organization: I.M. Sulzbacher Center for the Homeless, Inc.
- Address of Nonprofit: 611 E. Adams Street, Jacksonville, FL 32202-2847

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

If yes, list the name of the employee(s) and their position with your agency.

B. Are any members of your Board of Directors in one of these categories?
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member: _____

_____

Nature of relationship: _____

_____

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.

Cindy Funkhouser

Print Name: Cindy Funkhouser

STATE OF FLORIDA
COUNTY OF Duval

The foregoing instrument was acknowledged before me, by means of [✓] physical presence or [ ] online notarization, this 14th day of April 2026, by Cindy Funkhouser as CEO for T.M. Sulzbacher Center for the Homeless, who is [X] personally known to me or [ ] has produced identification and who took an oath.

Type of identification produced: N/A

Notary Public State of Florida
Todd Mays
My Commission HH 663450
Expires 4/13/2029

Notary Public, State of Florida

Print Name: Todd May
Commission No. HH 663450
My Commission Expires: 4/13/2029

*A list of persons in this category will be supplied upon request.

VOLUNTEERS IN MEDICINE JACKSONVILLE, INC. – Duval Safety Net Collaboration

FY 2026-2027 City Grant Proposal Term Sheet

Grant Recipient: Volunteers in Medicine Jacksonville, Inc. ("VIMJAX" or "Recipient")

Program Name: Duval Safety Net Collaboration (the "Program")

City Funding Request: $166,666.66

Contract/Grant Term: October 1, 2026 – September 30, 2027

Any substantial change to this FY 2026-2027 City Grant Proposal Term Sheet (the "Term Sheet") or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

PROGRAM OVERVIEW:

Program Description

Volunteers in Medicine Jacksonville, Inc. ("VIMJAX") is a free clinic for the working uninsured in Jacksonville, Florida. As one of seven clinics in the Duval County Safety Net Collaborative, we serve as a critical access point for individuals who fall into the ALICE demographic—those who are Asset Limited, Income Constrained and Employed—and who are often ineligible for public assistance yet unable to afford private insurance. Each month, over 300 dedicated volunteers deliver a wide range of services, including primary care, 18 medical specialties, mental health counseling, cancer screenings, vision care, and free prescription medications. Our clinic functions as a medical home for patients, helping to reduce preventable emergency room visits and improve long-term health outcomes. With more than 100,000 uninsured residents in Jacksonville, the need for accessible, community-based healthcare continues to grow. Informed by the Critical Quality of Life Access to Care Report and in response to a broader decline in healthcare spending at the state and national levels, we are hopeful that the City of Jacksonville will recognize this need and provide funding to expand our services.

Program Goals and Objectives

We estimate we will serve an additional 15% or approximately an additional 300 individuals as a result of this funding for Fiscal Year 2026-2027. In addition, this will result in increased patient visits; last year we averaged about 4 visits per patient.

Funding Request

The City funding will go to the delivery of services, transportation, marketing our services and providing all of the screenings, medications and doctors' visits necessary to keep our patients healthy, working, and out of expensive emergency rooms.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

City funding will directly support the delivery of essential healthcare services to Jacksonville's working uninsured—keeping residents healthy, employed, and out of costly emergency rooms. Funds will cover a portion (15%–33%) of salaries and benefits for key clinical and operational staff, including our Medical Director, Clinical Director, RN, and Director of Volunteers. Additional support will fund direct patient care expenses such as transportation, imaging, medications, screenings, eyeglasses, and electronic medical records. Outreach efforts will be strengthened through partial support of our Outreach Manager's salary and marketing budget to increase community awareness and engagement. Operational needs including rent, utilities, medical supplies, and cleaning will also be partially funded to ensure a safe, efficient care environment. VIMJAX will provide quarterly

reports to the Mayor's Office Health Team detailing patient volume, diagnoses, and referrals, ensuring transparency and measurable impact.

PROGRAM COSTS/PAYMENT TERMS:

VIMJAX operates on an October–September fiscal year, with a current cost per patient visit of just $297.17—a fraction of the cost of an emergency room visit. This year, we anticipate 9,000 patient visits, with an estimated 15% increase (1,200 additional visits) driven by our partnerships with JaxCareConnect and HealthLink Jax.

Thanks to our volunteer-powered model, we will deliver over $4 million in healthcare services—without accepting any federal funds. Nearly two-thirds of our operational capacity comes from donated service hours by physicians, nurses, researchers, and support staff. If these patients sought care in emergency rooms instead, the cost to the system would exceed $37 million.

We are proud to be supported by mission-aligned funders, including:

- Florida Association of Free and Charitable Clinics – $235,000
- Baptist Health – $75,000
- Jim Moran Foundation – $120,000
- Riverside Hospital Foundation – $50,000
- Delores Barr Weaver Endowment Fund – $24,000 annually
- Plus, generous private donors and community events

With continued support from the City of Jacksonville, we can expand this high-impact, cost-effective model to serve even more residents in need—keeping them healthy, working, and out of crisis care.

PROGRAM IMPACT & REPORTING:

VIMJAX uses eClinicalWorks, a robust electronic health record system, to track and report patient outcomes including the number of individuals receiving physician visits, screenings, vision care, and counseling sessions. From October through March 30, 2026, we served 1,022 individuals across 4,159 visits, including 273 new patients.

With support from the City of Jacksonville, we project a 15% increase in patient volume, reaching an additional 300 individuals and generating approximately 1,200 more visits. These are not just numbers, they represent working residents who will stay healthy, avoid costly emergency care, and remain active contributors to our local economy. The ripple effects are profound: healthy individuals are more likely to maintain employment and housing, experience healthier pregnancies, raise thriving children, and avoid interactions with the criminal justice system. Your investment in this program is an investment in public health, economic stability, and community resilience.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the *Jacksonville Ordinance Code*, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Program Budget Detail

Agency:
Volunteers in Medicine Jacksonville, Inc.

Program Name:
Duval Safety Net Collaboration

Agency Fiscal Year End:
September 30

BUDGET

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1 Medical Director	$91,400.00	$91,400.00	**$13,710.00**	$77,690.00	$0.00
2 Clinical Director	$95,000.00	$95,000.00	**$14,250.00**	$80,750.00	$0.00
3 Chief Operating Officer	$100,000.00	$100,000.00	**$15,000.00**	$85,000.00	$0.00
4 Outreach Manager	$60,000.00	$60,000.00	**$20,000.00**	$40,000.00	$0.00
5 Clinical Manager	$70,000.00	$70,000.00	**$10,500.00**	$59,500.00	$0.00
6 Director of Volunteers	$64,000.00	$64,000.00	**$9,600.00**	$54,400.00	$0.00
7	$0.00	$0.00	**$0.00**	$0.00	$0.00
8	$0.00	$0.00	**$0.00**	$0.00	$0.00
9	$0.00	$0.00	**$0.00**	$0.00	$0.00
10	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Employee Compensation	**$480,400.00**	**$480,400.00**	**$83,060.00**	**$397,340.00**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$36,030.00	$36,030.00	**$5,404.50**	$30,625.50	$0.00
Health Insurance - 02304	$54,126.40	$54,126.40	**$8,119.26**	$46,007.14	$0.00
Retirement - 02201	$0.00	$0.00	**$0.00**	$0.00	$0.00
Dental - 02301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Life Insurance - 02303	$0.00	$0.00	**$0.00**	$0.00	$0.00
Workers Compensation - 02401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Unemployment Taxes - 02501	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$90,156.40**	**$90,156.40**	**$13,523.76**	**$76,632.64**	**$0.00**
Total Employee Compensation	**$570,556.40**	**$570,556.40**	**$96,583.76**	**$473,972.64**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$177,012.00	$177,012.00	**$26,551.80**	$150,460.20	$0.00
Telephone - 04181	$6,072.00	$6,072.00	**$910.80**	$5,161.20	$0.00
Utilities - 04301	$10,500.00	$10,500.00	**$1,620.00**	$8,880.00	$0.00
Maintenance and Repairs - 04603	$9,800.00	$9,800.00	**$1,470.00**	$8,330.00	$0.00
Insurance Property & General Liability - 04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$16,500.00	$16,500.00	**$2,475.00**	$14,025.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$12,000.00	$12,000.00	**$1,800.00**	$10,200.00	$0.00
Postage - 04101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Printing and Advertising - 04801	$37,030.00	$37,030.00	**$13,707.20**	$23,322.80	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$0.00	**$0.00**	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$0.00	$0.00	**$0.00**	$0.00	$0.00
Background Screening - 04938	$0.00	$0.00	**$0.00**	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$34,572.00	$34,572.00	**$5,185.80**	$29,386.20	$0.00
Travel Expenses					
Local Mileage - 04021	$7,652.00	$7,652.30	**$1,147.80**	$6,504.50	$0.00
Parking & Tools - 04028	$0.00	$0.00	**$0.00**	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Medical	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Educational	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Personal	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other (trans/bus pass, imaging tests, medications, eye glas	$101,430.00	$101,430.00	**$15,214.50**	$86,215.50	$0.00
Total Operating Expenses	**$412,568.00**	**$412,568.30**	**$70,082.90**	**$342,485.40**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Computers & Software - 06427	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Capital Outlay	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Direct Expenses Total	**$983,124.40**	**$983,124.70**	**$166,666.66**	**$816,458.04**	**$0.00**
Percent of Budget	**-**	**100.0%**	**17.0%**	**83.0%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
**All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types

Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, Jennifer Ryan, being duly sworn, do hereby state as follows:

1. Personal Information

- Name: Jennifer Ryan
- Position/Title within Nonprofit: CEO
- Name of Nonprofit Organization: Volunteers in Medicine, Jacksonville
- Address of Nonprofit: 3728 Philips Highway #34 Jacksonville, FL 32207

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

If yes, list the name of the employee(s) and their position with your agency.

B. Are any members of your Board of Directors in one of these categories?
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member: _____

_____

Nature of relationship: _____

_____

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.

Jennifer Ryan

Print Name: Jennifer Ryan

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me, by means of [X] physical presence or [ ] online notarization, this 29th day of April 202_, by Jennifer Ryan as CEO for Volunteers in Medicine Jacksonville, Inc., who is [X] personally known to me or [ ] has produced identification and who took an oath.

Type of identification produced: _____

Mary S. Nussbaum
Notary Public, State of Florida

MARY S. NUSSBAUM
Commission # HH 334238
Expires December 8, 2026

Print Name: Mary S. Nussbaum
Commission No. ~~GG~~ HH 334
My Commission Expires: 12/8/2026

*A list of persons in this category will be supplied upon request.

JACKSONVILLE HISTORICAL SOCIETY, INC. – History Center Campus Renovations Project

FY 2026-2027 City Grant Proposal Term Sheet

Grant Recipient: Jacksonville Historical Society, Inc. d/b/a The Jacksonville History Center ("JHS" or "Recipient")

Project Name: History Center Campus Renovations (the "Project")

City Funding Request: $200,000

Contract/Grant Term: October 1, 2026 – September 30, 2027

Any substantial change to this FY 2026-2027 City Grant Proposal Term Sheet (the "Term Sheet") will require City Council approval.

PROJECT OVERVIEW:

Phase I of the Jacksonville History Center campus improvements at 314 and 318 Palmetto Street will focus on hardscaping and will include design, engineering and construction of paved surface parking and drainage improvements, courtyard walkways, and entrance driveway improvements. This City funding request is intended to cover capital expenses for the Project, specifically development of hardscape plans and site engineering for improvements, including surface water drainage, that would fall within the grant amount. Phase II would focus on landscaping. Total project estimate: $1,000,000.

PROJECT SCOPE OF WORK AND DELIVERABLES:

During the past two years, the Jacksonville History Center campus has been under renovation of its two buildings, which included presence of heavy equipment, dumpsters, and many vehicles on the hardscape as well as on much of the landscape, resulting in a very rough and unsightly visitor experience. Although the campus was fenced and gated within the past five years, there has been very little planned landscaping over the past four decades. These capital improvements will enhance the visitor experience to the Jacksonville History Center and provide a safe environment on the campus exterior. Visitors include not just those who visit the History Center programs and events, but those who park for events in the Sports & Entertainment District.

PROJECT COSTS/PAYMENT TERMS:

Please see the attached Project budget for additional details. Other funding sources include $250,000 of JHS funds and an additional $550,000 in private foundations and donors.

PROJECT IMPACT & REPORTING:

Project Goals & Objectives – The goal is to create a safe and welcoming environment to encourage visitation to the Jacksonville History Center, beginning with the grounds and parking. Measurement will be done through event surveys to include rating the exterior environment.

Project Achievements – JHS is aware that parking on property is suboptimal. While adequate for events requiring up to 80-90 spaces, the current environment is unstable. The terrain is uneven and parking is unpaved and unmarked.

Number Served and Project Impact – JHS routinely welcomes upwards of 70-80 vehicles parked for its own programs and events. Additionally, the property provides parking for events at venues throughout the Eastside

Sports and Entertainment District, such as the VyStar Veterans Memorial Arena, the VyStar Baseball Park, and EverBank Stadium. For such events, the property can accommodate up to 90 vehicles. Providing a safe, clean and stable environment will enhance the parking event.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Project and the provision of services shall be subject to the terms and conditions of any contract entered into between the City and Recipient, including but not limited to any terms and conditions deemed necessary or appropriate by the Office of General Counsel for the Project and expenditure of City funds. Recipient shall use the City funds for the Project in accordance with the City Council approved Term Sheet and Project budget. The City's Contract Administrator may amend this Term Sheet or the approved Project budget consistent with the Project's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Project budget line-items will require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Project Budget Detail

Agency:	
The Jacksonville Historical Society, Inc.	
Program Name:	**Agency Fiscal Year End:**
History Center Campus Renovations	**September 30**

BUDGET

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1	$0.00	$0.00	**$0.00**	$0.00	$0.00
2	$0.00	$0.00	**$0.00**	$0.00	$0.00
3	$0.00	$0.00	**$0.00**	$0.00	$0.00
4	$0.00	$0.00	**$0.00**	$0.00	$0.00
5	$0.00	$0.00	**$0.00**	$0.00	$0.00
6	$0.00	$0.00	**$0.00**	$0.00	$0.00
7	$0.00	$0.00	**$0.00**	$0.00	$0.00
8	$0.00	$0.00	**$0.00**	$0.00	$0.00
9	$0.00	$0.00	**$0.00**	$0.00	$0.00
10	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Employee Compensation	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Health Insurance - 02304	$0.00	$0.00	**$0.00**	$0.00	$0.00
Retirement - 02201	$0.00	$0.00	**$0.00**	$0.00	$0.00
Dental - 02301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Life Insurance - 02303	$0.00	$0.00	**$0.00**	$0.00	$0.00
Workers Compensation - 02401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Unemployment Taxes - 02501	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Total Employee Compensation	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$0.00	$0.00	**$0.00**	$0.00	$0.00
Telephone - 04181	$0.00	$0.00	**$0.00**	$0.00	$0.00
Utilities - 04301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Maintenance and Repairs - 04603	$0.00	$0.00	**$0.00**	$0.00	$0.00
Insurance Property & General Liability - 04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Postage - 04101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Printing and Advertising - 04801	$0.00	$0.00	**$0.00**	$0.00	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$0.00	**$0.00**	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$0.00	$0.00	**$0.00**	$0.00	$0.00
Background Screening - 04938	$0.00	$0.00	**$0.00**	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Travel Expenses					
Local Mileage - 04021	$0.00	$0.00	**$0.00**	$0.00	$0.00
Parking & Tools - 04028	$0.00	$0.00	**$0.00**	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Medical	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Educational	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Personal	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Operating Expenses	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Computers & Software - 06427	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Building Renovations)	$200,000.00	$1,000,000.00	**$200,000.00**	$800,000.00	$0.00
Total Capital Outlay	**$200,000.00**	**$1,000,000.00**	**$200,000.00**	**$800,000.00**	**$0.00**
Direct Expenses Total	**$200,000.00**	**$1,000,000.00**	**$200,000.00**	**$800,000.00**	**$0.00**
Percent of Budget	**-**	**100.0%**	**20.0%**	**80.0%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
****All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types**

Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, Alan J. Bliss, being duly sworn, do hereby state as follows:

1. Personal Information

- Name: Alan J. Bliss
- Position/Title within Nonprofit: CEO
- Name of Nonprofit Organization: The Jacksonville Historical Society, Inc.
- Address of Nonprofit: 314 Palmetto Street, Jacksonville FL 32202

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☑ No

If yes, list the name of the employee(s) and their position with your agency.

B. Are any members of your Board of Directors in one of these categories?
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☑ No

If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member: _____

_____

Nature of relationship: _____

_____

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.

_____

Print Name: Alan Bliss

STATE OF FLORIDA
COUNTY OF Duval

The foregoing instrument was acknowledged before me, by means of [✓] physical presence or [ ] online notarization, this 20th day of May 2026, by Alan J. Bliss as CEO for The Jacksonville Historical Society, Inc., who is [✓] personally known to me or [ ] has produced identification and who took an oath.

Type of identification produced: _____

Katherine A. Hallock
Notary Public, State of Florida

Print Name: _____
Commission No.: _____
My Commission Expires: _____

KATHERINE A. HALLOCK
MY COMMISSION # HH 607953
EXPIRES: October 29, 2028

*A list of persons in this category will be supplied upon request.

IN THE WORD INTERNATIONAL, INC. – OutEast Community Center Project

FY 2026-2027 City Funding Agreement Term Sheet

Grant Recipient: In the Word International, Inc. ("Recipient")

Project Name: OutEast Community Center Project (the "Project")

City Funding Request: $300,000

Contract Term: October 1, 2026 – September 30, 2027

Any substantial change to this FY 2026-2027 City Funding Agreement Term Sheet (the "Term Sheet") or a budget change not within 10% of the attached Project budget line-items will require City Council approval.

The initial contract term shall be from October 1, 2026, through September 30, 2027. The contract may be renewed for up to two (2) additional one-year terms, contingent upon Council approval and the availability of City funds for continued support of the Project. In the event of an extension or renewal as provided herein, any funds remaining unexpended at the end of the initial contract term or any extension or renewal term, may be carried forward into a subsequent contract term, subject to the City's agreement in its sole discretion.

The initial contract term shall be eligible for a no-cost, administrative extension of up to six (6) months, in the City's sole discretion, in the event Recipient is unable to expend the full amount of awarded funds within the initial contract term.

PROJECT OVERVIEW:

The OutEast Community Center Project will support the construction of a new community facility in Jacksonville's Historic Eastside neighborhood. The center will serve as a vibrant hub where residents can access resources, attend events, and build community. Listed on the National Register of Historic Places, the Eastside is a historically significant area currently lacking a centralized space for civic and social connection. The Program's goal is to address this gap and contribute to neighborhood revitalization.

The total cost of the construction Project is $2,300,000. Of this, the City of Jacksonville is contributing $300,000 to support building construction, with the remaining $2,000,000 being raised from private donations and other public grants.

PROJECT SCOPE OF WORK AND DELIVERABLES:

- Facility Construction – Design and construct a new multi-use community center reflective of the Historic Eastside's identity and community needs.
- Architectural Design – Collaborate with professional architects to ensure the building honors the cultural and historic significance of the neighborhood.
- Permitting and Site Preparation – Complete all required planning and development stages for construction.
- Fundraising and Community Engagement (non-City funded) – Seek matching funds and engage residents and stakeholders in the development process.

PROJECT COSTS/PAYMENT TERMS:

The estimated construction budget is $2,300,000, with $300,000 in funding provided by the City of Jacksonville and the balance secured from other funding sources.

The City's $300,000 contribution will be disbursed in four equal installments of $75,000 each. Funds will be released in advance of expenditures, with each subsequent installment contingent upon submission and approval of documentation showing how the previous disbursement was spent. This includes invoices, receipts, and other supporting financial records. If adequate documentation is not provided, Recipient will be required to return the unaccounted or unapproved portion of the funds to the City.

PROJECT IMPACT & REPORTING:

The construction of the OutEast Community Center will result in a new, permanent facility serving the Historic Eastside community. Once operational, the community center is anticipated to improve quality of life by offering programs and services driven by resident input. Impact during the contract term will be measured through milestones such as:

- Completion of construction phases on schedule
- Procurement of architectural and construction services
- Achievement of matching fundraising goals
- Community engagement metrics and advisory board establishment

ADDITIONAL REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Project and the provision of services shall be subject to the terms and conditions of any contract entered into between the City and Recipient, including but not limited to any terms and conditions deemed necessary or appropriate by the Office of General Counsel for the Project and expenditure of City funds. Recipient shall use the City funds for the Project in accordance with the City Council approved Term Sheet and Project budget. The City's Contract Administrator may amend this Term Sheet or the approved Project budget consistent with the Project's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Project budget line-items will require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Project Budget Detail

Agency:	
In the Word International, Inc.	
Program Name:	**Agency Fiscal Year End:**
OutEast Community Center Project	**December 31**

BUDGET

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1	$0.00	$0.00	**$0.00**	$0.00	$0.00
2	$0.00	$0.00	**$0.00**	$0.00	$0.00
3	$0.00	$0.00	**$0.00**	$0.00	$0.00
4	$0.00	$0.00	**$0.00**	$0.00	$0.00
5	$0.00	$0.00	**$0.00**	$0.00	$0.00
6	$0.00	$0.00	**$0.00**	$0.00	$0.00
7	$0.00	$0.00	**$0.00**	$0.00	$0.00
8	$0.00	$0.00	**$0.00**	$0.00	$0.00
9	$0.00	$0.00	**$0.00**	$0.00	$0.00
10	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Employee Compensation	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Health Insurance - 02304	$0.00	$0.00	**$0.00**	$0.00	$0.00
Retirement - 02201	$0.00	$0.00	**$0.00**	$0.00	$0.00
Dental - 02301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Life Insurance - 02303	$0.00	$0.00	**$0.00**	$0.00	$0.00
Workers Compensation - 02401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Unemployment Taxes - 02501	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Total Employee Compensation	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$0.00	$0.00	**$0.00**	$0.00	$0.00
Telephone - 04181	$0.00	$0.00	**$0.00**	$0.00	$0.00
Utilities - 04301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Maintenance and Repairs - 04603	$0.00	$0.00	**$0.00**	$0.00	$0.00
Insurance Property & General Liability - 04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Postage - 04101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Printing and Advertising - 04801	$0.00	$0.00	**$0.00**	$0.00	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$0.00	**$0.00**	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$0.00	$125,000.00	**$0.00**	$125,000.00	$0.00
Background Screening - 04938	$0.00	$0.00	**$0.00**	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Travel Expenses					
Local Mileage - 04021	$0.00	$0.00	**$0.00**	$0.00	$0.00
Parking & Tools - 04028	$0.00	$0.00	**$0.00**	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Medical	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Educational	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Personal	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Operating Expenses	**$0.00**	**$125,000.00**	**$0.00**	**$125,000.00**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$175,000.00	**$0.00**	$175,000.00	$0.00
Computers & Software - 06427	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Building renovations)	$0.00	$2,000,000.00	**$300,000.00**	$1,700,000.00	$0.00
Total Capital Outlay	**$0.00**	**$2,175,000.00**	**$300,000.00**	**$1,875,000.00**	**$0.00**
Direct Expenses Total	**$0.00**	**$2,300,000.00**	**$300,000.00**	**$2,000,000.00**	**$0.00**
Percent of Budget	**-**	**100.0%**	**13.0%**	**87.0%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
****All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types**

Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, Harry L. Williams, II, being duly sworn, do hereby state as follows:

1. Personal Information

- Name: Harry L. Williams, II
- Position/Title within Nonprofit: Founding Pastor
- Name of Nonprofit Organization: In-the Word International
- Address of Nonprofit: 925 Spearing Street, Jacksonville, FL 32206

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☑ No

If yes, list the name of the employee(s) and their position with your agency.

B. Are any members of your Board of Directors in one of these categories?
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☑ No

If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member: _____

_____

Nature of relationship: _____

_____

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.

Harry L Williams II

Print Name: HARRY L WILLIAMS II

STATE OF FLORIDA
COUNTY OF Duval

The foregoing instrument was acknowledged before me, by means of [✓] physical presence or [ ] online notarization, this 4 day of JUNE 2026 by Harry L. Williams II as Pastor for In-the-Word International, who is [ ] personally known to me or [ ] has produced identification and who took an oath.

Type of identification produced: FL Driver's License

Matthew Dan Kirkland

Notary Public, State of Florida

MATTHEW DAN KIRKLAND
Notary Public, State of Florida
Commission# HH 450295
My comm. expires Oct. 28, 2027

Print Name: Matthew Dan Kirkland
Commission No. HH 450295
My Commission Expires: 10-28-2027

*A list of persons in this category will be supplied upon request.

UNITED WAY OF NORTHEAST FLORIDA – Eviction Diversion Program

FY 2026-2027 City Grant Proposal Term Sheet

Grant Recipient: United Way of Northeast Florida, Inc. ("United Way" or "Recipient")

Program Name: Eviction Diversion Program (the "Program")

City Funding Request: $1,000,000

Contract/Grant Term: October 1, 2026 – September 30, 2027

Any substantial change to this FY 2026-2027 City Grant Proposal Term Sheet (the "Term Sheet") or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

PROGRAM OVERVIEW:

In partnership with the City of Jacksonville, The LJD Jewish Family & Community Services, Inc., Jacksonville Area Legal Aid, the Fourth Judicial Circuit Court, and the Duval County Clerk's Office, United Way of Northeast Florida, Inc. serves as the fiscal agent for the first-of-its-kind Eviction Diversion Program in Jacksonville. It is the first stand-alone, court-integrated, statutorily compliant eviction diversion program in the State of Florida. Implemented following the work of Mayor Deegan and the City Council's Special Committee on Critical Quality of Life Issues (CQLI), the Collaborative takes an innovative housing-based approach to homelessness. Through early intervention in the eviction process, we provide qualifying tenants with comprehensive wrap-around supports including legal assistance, emergency rental assistance, access to food, and community referrals to keep residents housed before an eviction can escalate and overcome their financial emergency to achieve self-sustainability.

Duval County is the eviction filing capital in Florida, with 15,166 evictions filed through Duval County's Court in 2023. The lessons learned from the Jacksonville Eviction Diversion Collaborative have found that not only is eviction diversion through emergency rental assistance more effective but is also the fiscally responsible strategy to mitigate homelessness. Program results show that 82% of participating households successfully achieve housing stabilization, avoiding eviction, and remaining housed. Beyond housing stability, eviction diversion provides financial stability for individuals and families, allowing them to maintain employment, education, credit ratings, ability to secure future housing, and overall well-being. It also reduces the burden on emergency shelters, healthcare systems, and social services, fostering healthier and more resilient communities.

The Jacksonville Eviction Diversion Collaborative aims to serve approximately 210 families and decrease the number of evictions filed. Approximately 130 families will also receive utility assistance. According to Princeton University's Eviction Lab, over the last 12 months there have been 14,566 filings in Jacksonville, which is a 2% increase from filings in 2023-2024.

Applicants must meet the following requirements to be eligible for receipt of financial assistance through the Eviction Diversion Program. Documentation is required to confirm eligibility.

Eligible applicants must be:

- A U.S. Citizen or Legal Resident Alien
- A resident of Duval County (including the Beaches and Town of Baldwin)
- Delinquent on the payment of rent, certain utilities and/or home energy costs, resulting in the potential for non-payment notice and resulting filing of an eviction in Duval County

- Part of an “Eligible household” is defined as follows:
- Household must include one (1) or more individuals who are obligated to pay rent on a residential dwelling in Duval County; and

United Way and its partners must also validate that one (1) or more individuals within the household:

- Is a child under the age of 18 years, a senior citizen over the age of 60 years, a veteran, or a disabled adult.
- Experienced a temporary reduction in household income, incurred significant costs, or experienced other financial hardship and can attest to such in writing.
- Can demonstrate an imminent risk of homelessness as evidenced by an eviction notice being filed with the Duval County Clerk of Court.
- Can demonstrate an imminent risk of homelessness as evidenced by landlord appearing at Duval County Courthouse to prepare for the personal filing of an eviction lawsuit.
- The household has a household income that is equal to or below the ALICE threshold based on household composition.
- Any household receiving Eviction Diversion Funds, mitigating immediate risk of homelessness, will clearly be able to demonstrate their ability to financially remain self-sufficient after funds have been disbursed.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

The Jacksonville Eviction Diversion Program’s innovative design and infrastructure proactively intervene and prevents eviction by embedding dedicated eviction diversion facilitators within the Fourth Judicial Circuit in Duval County. Positioned within the Court Administration, two full-time (2) dedicated case managers (facilitators) will swiftly identify eligible eviction cases, applying established criteria to minimize evictions. Their roles involve thorough screening to assess a tenant's ability to meet future rent obligations once housing assistance resolves current arrears, and processes disbursements payments directly to landlords. Up to four months of rent and/or utility payments will be provided to ensure a family reaches stability and is not evicted. Working closely with litigants, attorneys, and Judges' offices, the facilitators will coordinate all assistance efforts, reporting directly to the Trial Court Administrator and Administrative County Court Judge. Additionally, tenants are referred to local service providers as needed, offering comprehensive support services and a housing stability case plan aimed at fostering self-sustainability. This coordinated approach aims to divert evictions effectively before default judgments occur, ensuring a streamlined and impactful eviction diversion process, and supporting a coordinated approach to community resources for resident self-sustainability. The facilitators will spend 100% of their time coordinating this Program, ensuring clients meet Program criteria, contacting landlords, facilitating payment of rent or utilities to stabilize the family, making referrals to additional services needed for family stabilization, maintaining records, and tracking outcomes.

Jacksonville Area Legal Aid (JALA) will undertake a range of essential activities to fulfill its role in ensuring families can maintain stable housing. JALA will conduct thorough assessments of cases to determine the legal grounds and potential defenses available to tenants facing eviction. This involves providing legal consultations to tenants, reviewing lease agreements, eligibility for housing subsidies, and identifying any violations of housing laws or tenant rights. JALA's attorneys will then offer legal representation to tenants as needed, representing them in court proceedings and advocating for their rights and interests before judges. Additionally, JALA will work proactively to negotiate agreements between landlords and tenants, seeking alternatives to eviction such as repayment plans or lease modifications. Throughout the process, JALA will provide ongoing legal support and guidance to empower families to assert their rights and navigate the complexities of the eviction process effectively. Ultimately, JALA's efforts will aim to secure favorable outcomes for tenants, ensuring they can remain stably housed in their homes and avoid the devastating consequences of eviction.

As the leading organization, United Way will provide continuous monitoring and evaluation of the Program's impact and effectiveness, regularly convening partners to ensure seamless Program operations. United Way will lead on ensuring Program is in full compliance with all requirements outlined by the City of Jacksonville including reporting, document retention, evaluation and financial management. In partnership with United Way, all collaborative partners will leverage funding sources and continue to advocate and seek out additional funding from public/private resources for direct client assistance and Program sustainability, thereby expanding its reach and impact in preventing evictions within the community.

Results Statement:
United Way and its partners will evaluate the effectives of the initiative at diverting evictions through measurement and reporting of the following metrics:

- Number of families who avoid eviction and remain in their homes
- Number of families remain in their same homes 6 months after receiving eviction diversion assistance according to JEA utility records
- Number of community referrals for each participant
- Attempts will be made to contact individuals who no longer remain in their homes six months after receiving eviction diversion funding to determine the cause of their move
- Number of landlords who proactively seek eviction diversion assistance for their renters

PROGRAM COSTS/PAYMENT TERMS:

- **$733,231.63** of funding will be used for rent and utility payments made directly to landlords and utility companies for the purpose of diverting eviction cases and keeping the family stably housed.
- **$211,768.37** of funding will be used for (3.5) court administration-based Facilitators @ 100% of time plus fringe and benefits
- The remaining **$55,000** will be used for telephone expenses for United Way of Northeast Florida

Please see the attached FY 2026-2027 Program Budget form for additional details.

PROGRAM IMPACT & REPORTING:

Data Collection/Records Retention
United Way and its partners will collect information from each applicant/household and retain records for a minimum of five years on the following:

- Address of the rental unit;
- Name, address, tax identification number or DUNS number, as applicable, for landlord;
- Amount and percentage of monthly rent covered by City Funds;
- Total amount of each type of assistance (*i.e.*, rent, rental arrears) provided to each household;
- Amount of outstanding rental arrears for each household;
- Number of months of rental payments for which City Funds are provided;
- Household income and number of individuals in the household;
- Gender, race, and ethnicity for the primary applicant for assistance;
- Copy of signed rental agreement;
- Ledger of rental payments provided by Landlord;
- Property Appraiser Ownership Confirmation;
- Rental Assistance Application Signed by Tenant and Landlord

Fraud Detection System
United Way and its partners will collect a signed lease identifying the property and tenant, a ledger of payments by Tenant to Landlord, and a signed rental assistance agreement on which the Tenant and Landlord attest to the

amount owed to the Landlord and that the Landlord does not live in the property nor is a relative of the Tenant. Landlord will be verified as owner of the rental property address on the lease via review of property appraiser data. All cases where fraud is identified or suspected will be referred to Jacksonville Area Legal Aid for review and potential referral for prosecution. Any instances where Landlord is not verified as owner of the property or the ledger of rental payments and signed Rental Assistance Agreement are not in agreement, rental or utility assistance will not be paid, and Landlord will be reported to Jacksonville Sheriff's Office, City of Jacksonville and Office of Inspector General.

United Way and its partners will participate in fraud detection training provided by the City of Jacksonville and Jewish Family and Community Services will utilize case management and document storage software.

Evaluation

United Way and its partners will evaluate the effectives of the Program at diverting evictions through measurement and reporting of the following metrics:

- Number of families who avoid eviction and remain in their homes
- Number of families remain in their same homes 6 months after receiving eviction diversion assistance according to JEA utility records
- Attempts will be made to contact individuals who no longer remain in their homes six months after receiving eviction diversion funding to determine the cause of their move
- Number of landlords who proactively seek eviction diversion assistance for their renters

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the *Jacksonville Ordinance Code*, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Program Budget Detail

Agency:	
United Way of Northeast Florida, Inc.	
Program Name:	**Agency Fiscal Year End:**
Eviction Diversion	**June 30**

BUDGET

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1 Eviction Diversion Facilitator (3.5)	$160,000.00	$171,125.00	**$171,125.00**	$0.00	$0.00
2	$0.00	$0.00	**$0.00**	$0.00	$0.00
3	$0.00	$0.00	**$0.00**	$0.00	$0.00
4	$0.00	$0.00	**$0.00**	$0.00	$0.00
5	$0.00	$0.00	**$0.00**	$0.00	$0.00
6	$0.00	$0.00	**$0.00**	$0.00	$0.00
7	$0.00	$0.00	**$0.00**	$0.00	$0.00
8	$0.00	$0.00	**$0.00**	$0.00	$0.00
9	$0.00	$0.00	**$0.00**	$0.00	$0.00
10	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Employee Compensation	**$160,000.00**	**$171,125.00**	**$171,125.00**	**$0.00**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$11,212.00	$12,644.00	**$12,644.00**	$0.00	$0.00
Health Insurance - 02304	$21,831.12	$21,844.33	**$21,844.33**	$0.00	$0.00
Retirement - 02201	$3,843.60	$4,187.56	**$4,187.56**	$0.00	$0.00
Dental - 02301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Life Insurance - 02303	$72.48	$72.48	**$72.48**	$0.00	$0.00
Workers Compensation - 02401	$1,575.36	$1,810.62	**$1,810.62**	$0.00	$0.00
Unemployment Taxes - 02501	$24.63	$84.38	**$84.38**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$38,559.19**	**$40,643.37**	**$40,643.37**	**$0.00**	**$0.00**
Total Employee Compensation	**$198,559.19**	**$211,768.37**	**$211,768.37**	**$0.00**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$0.00	$0.00	**$0.00**	$0.00	$0.00
Telephone - 04181	$76,000.00	$55,000.00	**$55,000.00**	$0.00	$0.00
Utilities - 04301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Maintenance and Repairs - 04603	$0.00	$0.00	**$0.00**	$0.00	$0.00
Insurance Property & General Liability - 04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Postage - 04101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Printing and Advertising - 04801	$0.00	$0.00	**$0.00**	$0.00	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$0.00	**$0.00**	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$0.00	$0.00	**$0.00**	$0.00	$0.00
Background Screening - 04938	$0.00	$0.00	**$0.00**	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Travel Expenses					
Local Mileage - 04021	$0.00	$0.00	**$0.00**	$0.00	$0.00
Parking & Tools - 04028	$0.00	$0.00	**$0.00**	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$750,177.80	$701,125.01	**$701,125.01**	$0.00	$0.00
Client Utilities	$106,589.89	$32,106.62	**$32,106.62**	$0.00	$0.00
Client Food	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Medical	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Educational	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Personal	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Operating Expenses	**$932,767.69**	**$788,231.63**	**$788,231.63**	**$0.00**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Computers & Software - 06427	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Capital Outlay	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Direct Expenses Total	**$1,131,326.88**	**$1,000,000.00**	**$1,000,000.00**	**$0.00**	**$0.00**
Percent of Budget	**-**	**100.0%**	**100.0%**	**0.0%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
****All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types**

Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, Melanie Patz, being duly sworn, do hereby state as follows:

1. Personal Information

- Name: Melanie Patz
- Position/Title within Nonprofit: President and CEO
- Name of Nonprofit Organization: United Way of Northeast Florida
- Address of Nonprofit: 550 Water Street; Suite 5; Jacksonville, FL 32202

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☑ No

If yes, list the name of the employee(s) and their position with your agency.

B. Are any members of your Board of Directors in one of these categories?
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☑ Yes ☐ No

If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member: Rudolph Jamison Jr., Ed.D.

Nature of relationship: Executive Director of the Jacksonville Human Rights Commission, City of Jacksonville

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.

Melanie Patz

Print Name: Melanie Patz

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me, by means of [ ] physical presence or [ ] online notarization, this 20th day of JANUARY 2026, by MELANIE PATZ as CEO for UNITED WAY OF NORTHEAST FLORIDA, who is [X] personally known to me or [ ] has produced identification and who took an oath.

Type of identification produced: _____

Notary Public, State of Florida

Print Name:
Commission No.
My Commission Expires:

Notary Public State of Florida
Aretha I Franklin
My Commission HH 490286
Expires 6/3/2028

*A list of persons in this category will be supplied upon request.

JACKSONVILLE URBAN LEAGUE, INC. –
Community and Veteran Empowerment Center Construction Project

FY 2026-2027 City Funding Agreement Term Sheet

Grant Recipient: Jacksonville Urban League, Inc. ("JUL" or "Recipient")

Project Name: Community and Veterans Empowerment Center Construction (the "Project")

City Funding Request: $1,000,000 in FY 2026-2027

Contract/Grant Term: October 1, 2026 – September 30, 2027

Any substantial change to this FY 2026-2027 City Funding Agreement Term Sheet (the "Term Sheet") or a budget change not within 10% of the attached Project budget line-items will require City Council approval.

The initial contract term shall be from October 1, 2026 through September 30, 2027. The contract may be renewed for up to three (3) additional one-year terms upon mutual agreement of the parties, contingent upon City Council approval and the availability of City funds for continued support of the Project. In the event of an extension or renewal as provided herein, any funds remaining unexpended at the end of the initial contract term or any extension or renewal term, may be carried forward into a subsequent contract term, subject to the City's agreement in its sole discretion.

The initial contract term shall be eligible for a no-cost, administrative extension of up to six (6) months, in the City's sole discretion, in the event Recipient is unable to expend the full amount of awarded funds within the initial contract term.

PROJECT OVERVIEW:

The Jacksonville Urban League ("JUL"), a nonprofit founded in 1947 and an affiliate of the National Urban League, is designing and constructing the Community and Veterans Empowerment Center, a 7,000 sf civic and service center located in the Durkeeville area of Jacksonville at 1265 Kings Road.

The Community and Veterans Empowerment Center ("CVEC") is a multipurpose, technology-focused community resource center designed to advance economic opportunity, health and wellness, lifelong learning, business development, and civic engagement for residents of Jacksonville. The facility will also feature a technology enabled First Coast Veterans Legacy Gallery that preserves and shares the stories, service, and contributions of veterans from across Northeast Florida. By serving as a convening space for public, private, nonprofit, educational, and community partners, the CVEC will strengthen neighborhood revitalization, expand access to opportunity, foster community connections, and create an inspiring destination where residents, veterans, families, entrepreneurs, and community organizations can learn, connect, and thrive together.

The Project was cited by a key drafter of the Durkeeville Revitalization Study funded by the City of Jacksonville as a catalytic anchor project advancing the Study by supporting economic development, cultural heritage preservation, community wellness, neighborhood revitalization, and community-led investment at the strategic gateway of Kings Road and Myrtle Avenue.

PROJECT SCOPE OF WORK AND DELIVERABLES:

Facility Development and Activation

- Complete construction, site development, furnishing, and technology installation for the CVEC.
- Develop flexible, ADA-accessible spaces designed to support workforce development, health and wellness programming, entrepreneurship activities, community engagement, and educational events.
- Install technology infrastructure, digital learning resources, and interactive exhibits, including the First Coast Veterans Legacy Gallery.
- Ensure compliance with all applicable zoning, permitting, safety, and accessibility requirements.

Economic Opportunity and Workforce Development

- Provide space and support for workforce readiness training, digital literacy, career exploration, job placement activities, and employer engagement.
- Host entrepreneurship education, small business development workshops, mentoring, and resource navigation for aspiring and existing business owners.

Health, Wellness, and Community Engagement

- Provide space for wellness education, behavioral health awareness activities, telehealth access opportunities, and community health initiatives delivered in partnership with public and private organizations.
- Support community meetings, civic engagement activities, educational programs, and collaborative initiatives that strengthen neighborhood connections and quality of life.

Veterans Legacy and Community Heritage

- Develop and maintain the First Coast Veterans Legacy Gallery, featuring technology-enabled exhibits that preserve and share the stories, service, and contributions of veterans from Northeast Florida.
- Host educational, cultural, and community events that honor military service and strengthen intergenerational connections.

Partnership and Community Convening

- Serve as a collaborative gathering place for nonprofit, educational, government, healthcare, business, and community organizations working to expand opportunity and improve outcomes for Jacksonville residents.

PROJECT COSTS/PAYMENT TERMS:

Total Project Cost: $5,119,645

- Construction: $4,499,645
- Furniture, Fixtures and Technology: $620,000

Project Funding Sources:

- Federal HUD Grant: $2,000,000
- City of Jacksonville request: $1,000,000 in FY 2027
- JUL Economic and Community Development Foundation: $500,000
- Estimated Private/Corporate Donors: $1,119,645 (fundraising campaign)

City funds will be disbursed on a reimbursement basis based on construction milestones and documented expenditures approved by the City, with quarterly reporting and monitoring by JUL.

PROJECT REPORTING:
Key Metrics to be Reported:

- Construction milestones, expenditures, and local contractor participation;
- Number of community members served per program area;
- Number of workforce development milestones;
- Frequency and attendance at public events, forums, and wellness sessions;
- Mental health referrals and healing support sessions conducted; and
- Volunteer and stakeholder engagement statistics.

ADDITIONAL REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Project and the provision of services shall be subject to the terms and conditions of any contract entered into between the City and Recipient, including but not limited to any terms and conditions deemed necessary or appropriate by the Office of General Counsel for the Project and expenditure of the City funds. Recipient shall use the City funds for the Project in accordance with the City Council approved Term Sheet and Project budget. The City's Contract Administrator may amend this Term Sheet or the approved Project budget consistent with the Project's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Project budget line-items will require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Project Budget Detail

Agency:	
Jacksonville Urban League, Inc.	
Program Name:	**Agency Fiscal Year End:**
Community & Veterans Empowerment Center Construction	**September 30**

BUDGET

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1	$0.00	$0.00	**$0.00**	$0.00	$0.00
2	$0.00	$0.00	**$0.00**	$0.00	$0.00
3	$0.00	$0.00	**$0.00**	$0.00	$0.00
4	$0.00	$0.00	**$0.00**	$0.00	$0.00
5	$0.00	$0.00	**$0.00**	$0.00	$0.00
6	$0.00	$0.00	**$0.00**	$0.00	$0.00
7	$0.00	$0.00	**$0.00**	$0.00	$0.00
8	$0.00	$0.00	**$0.00**	$0.00	$0.00
9	$0.00	$0.00	**$0.00**	$0.00	$0.00
10	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Employee Compensation	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Health Insurance - 02304	$0.00	$0.00	**$0.00**	$0.00	$0.00
Retirement - 02201	$0.00	$0.00	**$0.00**	$0.00	$0.00
Dental - 02301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Life Insurance - 02303	$0.00	$0.00	**$0.00**	$0.00	$0.00
Workers Compensation - 02401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Unemployment Taxes - 02501	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Total Employee Compensation	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$0.00	$0.00	**$0.00**	$0.00	$0.00
Telephone - 04181	$0.00	$0.00	**$0.00**	$0.00	$0.00
Utilities - 04301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Maintenance and Repairs - 04603	$0.00	$0.00	**$0.00**	$0.00	$0.00
Insurance Property & General Liability - 04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Postage - 04101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Printing and Advertising - 04801	$0.00	$0.00	**$0.00**	$0.00	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$0.00	**$0.00**	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$109,433.50	$0.00	**$0.00**	$0.00	$0.00
Background Screening - 04938	$0.00	$0.00	**$0.00**	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Travel Expenses					
Local Mileage - 04021	$0.00	$0.00	**$0.00**	$0.00	$0.00
Parking & Tools - 04028	$0.00	$0.00	**$0.00**	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Medical	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Educational	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Personal	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Operating Expenses	**$109,433.50**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$150,000.00	**$0.00**	$150,000.00	$0.00
Computers & Software - 06427	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Building Construction)	$0.00	$2,710,392.00	**$1,000,000.00**	$1,710,392.00	$0.00
Total Capital Outlay	**$0.00**	**$2,860,392.00**	**$1,000,000.00**	**$1,860,392.00**	**$0.00**
Direct Expenses Total	**$109,433.50**	**$2,860,392.00**	**$1,000,000.00**	**$1,860,392.00**	**$0.00**
Percent of Budget	**-**	**100.0%**	**35.0%**	**65.0%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
****All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types**

Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, Richard Danford, Jr., being duly sworn, do hereby state as follows:

1. Personal Information

- Name: Richard Danford, Jr.
- Position/Title within Nonprofit: President
- Name of Nonprofit Organization: Jacksonville Urban League
- Address of Nonprofit: 903 West Union St. Jacksonville, FL 32204

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

If yes, list the name of the employee(s) and their position with your agency.

B. Are any members of your Board of Directors in one of these categories?
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☒ No

If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member: _____

_____

Nature of relationship: _____

_____

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.

Richard Danford Jr

Print Name: Richard Danford, Jr.

STATE OF FLORIDA
COUNTY OF Duval

The foregoing instrument was acknowledged before me, by means of [✓] physical presence or [ ] online notarization, this 8th day of June 2026, by Richard Danford Jr. as President for Jacksonville Urban League, who is [ ] personally known to me or [✓] has produced identification and who took an oath.

Type of identification produced: FIDL

DARNA SMITH
Notary Public - State of Florida
Commission # HH 669287
My Comm. Expires Jun 8, 2029

Notary Public, State of Florida

Print Name: Darna Smith
Commission No. HH669287
My Commission Expires: 2029

*A list of persons in this category will be supplied upon request.

AGAPE COMMUNITY HEALTH CENTER, INC. d/b/a AGAPE FAMILY HEALTH –
Integrated and Accessible Primary & Behavioral Health Care Services

FY 2026-2027 City Grant Proposal Term Sheet

Grant Recipient: Agape Community Health Center, Inc., d/b/a Agape Family Health ("Agape" or "Recipient")

Program Name: Integrated and Accessible Primary & Behavioral Health Care Services (the "Program")

City Funding Request: $121,724

Contract/Grant Term: October 1, 2026 – September 30, 2027

Any substantial change to this FY 2026-2027 City Grant Proposal Term Sheet (the "Term Sheet") or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

PROGRAM OVERVIEW:

Agape's Integrated and Accessible Primary & Behavioral Health Care Services program (the "Program") provides coordinated, co-located primary care and behavioral health services to Duval County residents in six zip codes (32204, 32208, 32216, 32218, 32244, and 32277). The Program serves a demographically diverse patient population with high rates of undiagnosed and uncontrolled hypertension and diabetes. The Program's goals are to promote health, prevent avoidable complications (including stroke and heart attack), and improve access to high-quality, integrated care for income-eligible patients regardless of ability to pay. This work is a priority because, out of Florida's 67 counties, Duval ranks #41 in health outcomes.[1] City funding is intended to support programmatic expenses through an intergovernmental transfer ("IGT") paid to the State to draw down Low-Income Pool ("LIP") funding for Federally Qualified Health Center ("FQHC") services.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

During the Grant Term (October 1, 2026 –September 30, 2027), the Program will deliver integrated primary care and behavioral health services focused on chronic disease prevention and management for the Program's adult patient population. Core activities include: scheduling and care coordination (including rescheduling and reminder outreach); patient intake and flow management; comprehensive assessments (biomedical, social, emotional, and behavioral health histories); team-based care and joint care planning; development of individualized treatment plans; documentation in a single electronic health record; patient education at the point of care; brief psychotherapy and case management as clinically indicated; referrals and linkages to social services; and post-visit follow-up to support adherence and continuity of care. Deliverables include: (1) improved clinic workflow (including reduced waiting time after check-in); (2) standardized identification of disease risk and protective factors; (3) measurable care plan objectives documented for applicable patients; and (4) establishment and routine reporting of key performance indicators (e.g., hypertension control, diabetes control, and screening/diagnosis for prediabetes when indicated). Deliverables will be tracked from the point of service encounter through six months following the initial service period for each patient, as clinically appropriate.

PROGRAM COSTS/PAYMENT TERMS:

The City's requested funding of $121,724 will be used solely as the Program's IGT payment to the State to support the LIP funding mechanism for FQHC services. The City IGT is expected to draw down additional state Low-Income Pool ("LIP") funding administered by the Florida Agency for Health Care Administration ("AHCA"), as reflected in Table 1. Recipient acknowledges that the LIP drawdown amount is subject to State and federal

requirements and program rules and may vary based on AHCA determinations. City funds under this request will not be used for capital expenses. Recipient will expend City funds in accordance with the City Council-approved budget, this Term Sheet, and applicable contract requirements.

Table 1: Other funding sources applied for or contributed to this Program

FUNDING TYPE	COJ MATCH	MATCH DESCRIPTION	AHCA STATE	TOTAL FUNDING
LIP	$121,724	Initial Local Intergovernmental Transfer	$162,811	$284,535
		Sub-Total Impact		
TOTAL	**$121,724**		**$162,811**	**$284,535**

$121,724 will be used as Agape's IGT to support FQHC LIP funding through AHCA. Agape anticipates receiving an additional $162,811 in state LIP funds based on this IGT, for total Program support of $284,535. Combined funds will support uncompensated care, emergency room diversion, diagnostic services, and preventive care for vulnerable Duval County residents.

PROGRAM IMPACT & REPORTING:

The Program will attain its goals through proactive outreach, integrated team-based care, use of health informatics, and routine monitoring of clinical and operational metrics. Key measures will include (as applicable to the patient population served): hypertension control, blood glucose control, and screening/diagnosis of prediabetes for patients who are overweight or obese. Quantitative data extracted from the electronic health record will be used to establish baselines and measure changes over time. For example, hypertension control ("HC") is defined as systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg. Agape will track the percentage of patients with hypertension who achieve HC and will report progress based on pre-treatment baseline values and follow-up measurements captured during the Grant Term. During the year immediately preceding this request, the Program contributed to reductions in inappropriate/non-emergent emergency room utilization by supporting timely, appropriate use of primary and behavioral health services. The anticipated number of Duval County residents to be served during the Grant Term is 800. Projected impact on participants includes:

KPI	Definition / Method	Reporting Approach
Hypertension control	Systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg.	% of patients with hypertension meeting the control threshold; compare baseline to follow-up during the grant term (EHR-based).
Blood glucose control (diabetes)	Clinical indicator(s) captured in the EHR (e.g., HbA1c and/or other clinically appropriate measures) for patients with diabetes.	Report baseline and follow-up performance for the Program's adult patient population served during the grant term.
Prediabetes screening/diagnosis (as indicated)	Screening/diagnosis for patients who are overweight or obese, consistent with clinical guidelines and Program protocols.	Report counts and/or % of eligible patients screened and results captured in the EHR during the grant term.

- Fewer sick days,
- More time for quality family interactions, productivity, and leisure,
- Less time and fewer dollars for unmanaged chronic disease states, and
- Proactive control of poor health habits that culminate in advanced and debilitating disease processes.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the *Jacksonville Ordinance Code*, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Program Budget Detail

Agency:
Agape Community Health Center, Inc. d/b/a Agape Family Health

Program Name:
Integrated and Accessible Primary & Behavioral HC Svcs

Agency Fiscal Year End:
December 31

BUDGET

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1	$0.00	$0.00	**$0.00**	$0.00	$0.00
2	$0.00	$0.00	**$0.00**	$0.00	$0.00
3	$0.00	$0.00	**$0.00**	$0.00	$0.00
4	$0.00	$0.00	**$0.00**	$0.00	$0.00
5	$0.00	$0.00	**$0.00**	$0.00	$0.00
6	$0.00	$0.00	**$0.00**	$0.00	$0.00
7	$0.00	$0.00	**$0.00**	$0.00	$0.00
8	$0.00	$0.00	**$0.00**	$0.00	$0.00
9	$0.00	$0.00	**$0.00**	$0.00	$0.00
10	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Employee Compensation	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Health Insurance - 02304	$0.00	$0.00	**$0.00**	$0.00	$0.00
Retirement - 02201	$0.00	$0.00	**$0.00**	$0.00	$0.00
Dental - 02301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Life Insurance - 02303	$0.00	$0.00	**$0.00**	$0.00	$0.00
Workers Compensation - 02401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Unemployment Taxes - 02501	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Total Employee Compensation	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$0.00	$0.00	**$0.00**	$0.00	$0.00
Telephone - 04181	$0.00	$0.00	**$0.00**	$0.00	$0.00
Utilities - 04301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Maintenance and Repairs - 04603	$0.00	$0.00	**$0.00**	$0.00	$0.00
Insurance Property & General Liability - 04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Postage - 04101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Printing and Advertising - 04801	$0.00	$0.00	**$0.00**	$0.00	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$0.00	**$0.00**	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$0.00	$0.00	**$0.00**	$0.00	$0.00
Background Screening - 04938	$0.00	$0.00	**$0.00**	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Travel Expenses					
Local Mileage - 04021	$0.00	$0.00	**$0.00**	$0.00	$0.00
Parking & Tools - 04028	$0.00	$0.00	**$0.00**	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Medical	$121,723.86	$284,535.00	**$121,724.00**	$162,811.00	$0.00
Client Educational	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Personal	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Operating Expenses	**$121,723.86**	**$284,535.00**	**$121,724.00**	**$162,811.00**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Computers & Software - 06427	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Capital Outlay	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Direct Expenses Total	**$121,723.86**	**$284,535.00**	**$121,724.00**	**$162,811.00**	**$0.00**
Percent of Budget	**-**	**100.0%**	**42.8%**	**57.2%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
**All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types

Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, Mia L. Jones, being duly sworn, do hereby state as follows:

1. Personal Information

- Name: Mia L. Jones
- Position/Title within Nonprofit: Chief Executive Officer
- Name of Nonprofit Organization: Agape Community Health Center, Inc.
- Address of Nonprofit: 120 King Street, Jacksonville, FL 32204

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☑ No

If yes, list the name of the employee(s) and their position with your agency.

B. Are any members of your Board of Directors in one of these categories?
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

☐ Yes ☑ No

If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member: _____

_____

Nature of relationship: _____

_____

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.

_____

Print Name: Mia L. Jones

STATE OF FLORIDA
COUNTY OF Duval

The foregoing instrument was acknowledged before me, by means of [X] physical presence or [ ] online notarization, this 14 day of April 2026, by Mia L Jones as Chief Executive Officer for Agape Community Health Center, who is [X] personally known to me or [ ] has produced identification and who took an oath.

Type of identification produced: _____

_____

Notary Public, State of Florida

AMBER B. WILLIAMS
Notary Public
State of Florida
Comm# HH616779
Expires 12/22/2028

Print Name: Amber B. Williams
Commission No. HH616779
My Commission Expires: 12/22/2028

*A list of persons in this category will be supplied upon request.

FAMILY SUPPORT SEVICES OF NORTH FLORIDA, INC. – Center of Hope

FY 2026-2027 Grant Proposal Term Sheet

Grant Recipient: Family Support Services of North Florida, Inc. ("FSS" or "Recipient")

Program Name: Center of Hope (the "Program")

City Funding Request: $350,000

Any substantial change to this FY 2026-2027 Grant Proposal Term Sheet (the "Term Sheet") or the attached Program budget will require City Council approval.

CONTRACT/GRANT TERM:

The initial contract term shall be from October 1, 2026, through September 30, 2027. The contract may be renewed for up to two (2) additional one-year terms, contingent upon the availability of City funds, including appropriations by the City Council or funding lawfully allocated by the Mayor to continue the Program. All renewals and extensions are subject to review and approval by the Jacksonville Procurement Awards Committee.

Recipient shall also be eligible for a no-cost extension to the initial contract term of up to six (6) months, at the discretion of the City, in the event Recipient is unable to expend the full amount of awarded funds within the initial contract term.

Kids Hope Alliance (KHA) shall have the discretion to increase the total Program award by up to ten percent (10%) to support Program expansion, contingent upon available, lawfully appropriated funds and demonstrated achievement of performance goals. KHA may also reduce the contract amount at its discretion if performance goals are not met.

Any substantial alteration of this Term Sheet that changes the fundamental purpose of the Program or repurposes funds for uses not contemplated in the attached Program budget shall require City Council approval. Reallocations among budget line items and adjustments to performance measures that remain consistent with the Program's approved purpose may be approved administratively by KHA as the managing department.

MANAGING CITY DEPARTMENT:

KHA shall be the managing department responsible for oversight of this grant.

PROGRAM OVERVIEW:

Family Support Services of North Florida, Inc. ("FSS") respectfully requests $350,000 in City funding to support the community infrastructure and capacity necessary to sustain and expand the Center of Hope model throughout Jacksonville.

The Center of Hope Program is a neighborhood-based family resource center model that transforms existing City of Jacksonville Parks, Recreation and Community Services facilities into vibrant community hubs where residents, partners, and organizations work together to address neighborhood priorities. These centers provide welcoming spaces for community engagement, resource navigation, leadership development, food and diaper distribution, community gardens, family activities, and partner-delivered services.

A cornerstone of the model is the partnership between FSS and the City of Jacksonville Parks, Recreation and Community Services Department. By leveraging existing community centers and public assets, the Center of Hope Program brings new life, resources, partnerships, and opportunities into community spaces while expanding Parks and Recreation's commitment to family, friends, and fun.

This funding request is not intended to support direct programming. Rather, the funding will provide the staffing, systems, technology, infrastructure, and community engagement capacity necessary to coordinate partnerships, engage residents, identify community priorities, and create the conditions for long-term community investment.

Programs and services delivered through Center of Hope locations will be determined through resident engagement and funded separately through public, private, philanthropic, healthcare, corporate, and community partnerships. The City funding will create the foundation that allows those investments to be successfully leveraged and coordinated within neighborhoods.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

During FY 2026-2027, FSS will strengthen and expand the Center of Hope Program model through three primary areas of work:

1. **Community Infrastructure Development**
   Establish and maintain the staffing, technology, operational systems, equipment, furnishings, and facility enhancements necessary to develop and maintain high-quality community resource centers. Activities include office and technology upgrades, data and intake systems, community meeting spaces, signage, communications infrastructure, and operational readiness activities.

2. **Community Engagement & Resident Leadership**
   Conduct ongoing community engagement activities to ensure residents guide future investments and programming priorities. Activities include community surveys, listening sessions, neighborhood assessments, community forums, stakeholder meetings, task force meetings, and resident leadership development opportunities.

3. **Partnership Development & Resource Leveraging**
   Build and coordinate partnerships that bring additional resources, services, and investments into neighborhoods. Center of Hope staff will cultivate relationships with nonprofit organizations, healthcare providers, workforce development agencies, educational institutions, businesses, faith communities, and philanthropic organizations to support future programming identified by residents.

Whenever possible, project expenditures will be directed toward local contractors, vendors, consultants, facilitators, and community-based businesses to support neighborhood economic activity and community ownership.

PROGRAM COSTS:

Personnel & Organizational Capacity
Funding will support salaries and fringe benefits for staff responsible for community engagement, partnership development, resident leadership activities, resource coordination, center operations, and expansion planning. These positions are essential to maintaining existing Centers of Hope while building the capacity necessary for future growth.

Community Infrastructure & Professional Services
Funding will support the infrastructure and professional services necessary to establish and maintain high-quality community resource centers through the Program, including:

- Office and technology equipment
- IT infrastructure and data systems
- Facility and operational improvements
- Furniture and community space enhancements
- Cleaning, maintenance, and site readiness activities
- Community outreach and engagement materials
- Intake, referral, and resource navigation infrastructure
- Professional consulting and technical assistance services
- Community planning, facilitation, and stakeholder engagement support

This investment is designed to strengthen the Center of Hope platform rather than fund direct services. By providing the infrastructure necessary to coordinate community resources, the City funding will significantly enhance FSS's ability to leverage additional investments from partners including the Community Foundation for Northeast Florida, Baptist Health, Sunshine Health, Magnolia Project, Feeding Northeast Florida, the Diaper Bank of Northeast Florida, Goodwill, corporate partners, philanthropic foundations, and state and local funders.

Please see the attached FY 2027 Program budget sheet for details.

PAYMENT TERMS:

Payments under this grant shall follow a pay-for-performance model. FSS will bill monthly based on a units-of-service/deliverable budget, with each activity invoiced at a fixed rate per session, per event, per item as applicable. Payments will be contingent upon submission of adequate documentation substantiating the delivery of services as required by KHA.

Recipient is eligible to receive an advance of up to twenty-five percent (25%) of the total grant award. This advance will be deducted from subsequent monthly reimbursements. Recipient may elect to begin repayment of the advance starting with the first reimbursement request but must begin no later than the sixth (6th) month of the initial contract term. The full amount of the advance must be repaid by the eleventh (11th) month of the initial contract term.

Any portion of the advance not fully repaid by the end of the initial contract term must be returned to the City prior to the release of any additional grant funds.

The City, including but not limited to the Council Auditor’s Office, reserves the right to audit Recipient’s financial records at any time during or after the grant term to ensure that funds are being spent appropriately and in accordance with this Term Sheet and the approved scope of work.

PROGRAM IMPACT & REPORTING:

Success will be measured by the Center of Hope's increased capacity to engage residents, strengthen partnerships, and attract additional community investments.

Performance measures will include:

- Number of residents engaged through surveys, forums, and community meetings
- Number of community partnerships established or strengthened

- Number of stakeholder and task force meetings conducted
- Number of resident leaders and community ambassadors engaged
- Number of local vendors, contractors, and businesses utilized
- Completion of operational and infrastructure improvements
- Amount of leveraged funding, in-kind support, and partner investments secured

The most significant long-term outcome of this investment will be the creation of sustainable community hubs capable of attracting and coordinating ongoing resources based on priorities identified by residents themselves. By strengthening the underlying infrastructure of the Center of Hope model, the funding will enable FSS and its partners to bring additional programming, services, and investments into neighborhoods while ensuring those resources are community-driven, responsive, and sustainable.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to the terms and conditions of any contract entered into between the City and Recipient, as well as all applicable regulations deemed appropriate by the Kids Hope Alliance, including but not limited to, Chapters 77 and 126 of the Jacksonville Ordinance Code. Recipient shall use the City funds for the Program in accordance with the City Council-approved Term Sheet and Program budget. KHA may work with Recipient to amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to the scope or intent of the Program shall require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Program Budget Detail

Agency:	
Family Support Services of North Florida, Inc.	
Program Name:	**Agency Fiscal Year End:**
Center of Hope	**June 30**

	BUDGET		Funding Partners		
Categories and Line Items	**Current Year Prg Budget FY 2025-2026**	**Total Est. Cost of Program FY 2026-2027**	**City of Jacksonville (City Grant)**	**Federal/ State & Other Funding**	**All Other Program Revenues**
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1 Executive Director 100% salary	$0.00	$116,544.50	**$116,544.50**	$0.00	$0.00
2 Operations Manager 100% salary	$0.00	$58,710.00	**$58,710.00**	$0.00	$0.00
3 FTE Family Support Navigators 100% salary	$0.00	$51,503.30	**$51,503.30**	$0.00	$0.00
4 PTE Community Engagement Ambassadors 100% salary	$0.00	$21,424.00	**$21,424.00**	$0.00	$0.00
5	$0.00	$0.00	**$0.00**	$0.00	$0.00
6	$0.00	$0.00	**$0.00**	$0.00	$0.00
7	$0.00	$0.00	**$0.00**	$0.00	$0.00
8	$0.00	$0.00	**$0.00**	$0.00	$0.00
9	$0.00	$0.00	**$0.00**	$0.00	$0.00
10	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Employee Compensation	**$0.00**	**$248,181.80**	**$248,181.80**	**$0.00**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$0.00	$18,895.91	**$18,895.91**	$0.00	$0.00
Health Insurance - 02304	$0.00	$40,800.00	**$40,800.00**	$0.00	$0.00
Retirement - 02201	$0.00	$7,445.45	**$7,445.45**	$0.00	$0.00
Dental - 02301	$0.00	$1,445.76	**$1,445.76**	$0.00	$0.00
Life Insurance - 02303	$0.00	$198.00	**$198.00**	$0.00	$0.00
Workers Compensation - 02401	$0.00	$2,732.77	**$2,732.77**	$0.00	$0.00
Unemployment Taxes - 02501	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$0.00**	**$71,517.89**	**$71,517.89**	**$0.00**	**$0.00**
Total Employee Compensation	**$0.00**	**$319,699.69**	**$319,699.69**	**$0.00**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$0.00	$0.00	**$0.00**	$0.00	$0.00
Telephone - 04181	$0.00	$0.00	**$0.00**	$0.00	$0.00
Utilities - 04301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Maintenance and Repairs - 04603	$0.00	$0.00	**$0.00**	$0.00	$0.00
Insurance Property & General Liability - 04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Postage - 04101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Printing and Advertising - 04801	$0.00	$0.00	**$0.00**	$0.00	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$0.00	**$0.00**	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$0.00	$30,300.31	**$30,300.31**	$0.00	$0.00
Background Screening - 04938	$0.00	$0.00	**$0.00**	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Travel Expenses					
Local Mileage - 04021	$0.00	$0.00	**$0.00**	$0.00	$0.00
Parking & Tools - 04028	$0.00	$0.00	**$0.00**	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Medical	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Educational	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Personal	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Operating Expenses	**$0.00**	**$30,300.31**	**$30,300.31**	**$0.00**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Computers & Software - 06427	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Capital Outlay	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Direct Expenses Total	**$0.00**	**$350,000.00**	**$350,000.00**	**$0.00**	**$0.00**
Percent of Budget	**-**	**100.0%**	**100.0%**	**0.0%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
****All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types**

MANAGED ACCESS TO CHILD HEALTH, INC. – H.O.P.E. Court

FY 2026-2027 Grant Proposal Term Sheet

Grant Recipient: Managed Access to Child Health, Inc. ("Recipient")

Program Name: H.O.P.E. Court ("H.O.P.E. Court" or the "Program")

City Funding Request: $300,000

Any substantial change to this FY 2026-2027 Grant Proposal Term Sheet (the "Term Sheet") or the attached Program budget will require City Council approval.

CONTRACT/GRANT TERM:

The initial contract term shall be from October 1, 2026, through September 30, 2027. The contract may be renewed for up to two (2) additional one-year terms, contingent upon the availability of City funds, including appropriations by the City Council or funding lawfully allocated by the Mayor to continue the Program. All renewals and extensions are subject to review and approval by the Jacksonville Procurement Awards Committee.

Recipient shall also be eligible for a no-cost extension to the initial contract term of up to six (6) months, at the discretion of the City, in the event Recipient is unable to expend the full amount of awarded funds within the initial contract term.

Kids Hope Alliance (KHA) shall have the discretion to increase the total Program award by up to ten percent (10%) to support Program expansion, contingent upon available, lawfully appropriated funds and demonstrated achievement of performance goals. KHA may also reduce the contract amount at its discretion if performance goals are not met.

Any substantial alteration of this Term Sheet that changes the fundamental purpose of the Program or repurposes funds for uses not contemplated in the attached Program budget shall require City Council approval. Reallocations among budget line items and adjustments to performance measures that remain consistent with the Program's approved purpose may be approved administratively by KHA as the managing department.

MANAGING CITY DEPARTMENT:

KHA shall be the managing department responsible for oversight of this grant.

PROGRAM OVERVIEW:

Managed Access to Child Health, Inc. operates the H.O.P.E. (Helping Our Youth Pursue Excellence) Court Program which is a component of the Duval County Diversion System of Care designed to provide justice-involved youth with individualized treatment, rehabilitation, and community-based support as an alternative to traditional juvenile justice sanctions. The purpose of the Program is to promote accountability while reducing recidivism through coordinated, evidence-based interventions that address the underlying mental health, substance use, behavioral, educational, and family-related needs of youth.

H.O.P.E. Court serves threat assessment youth (public, private and charter school youth who have made active safety threats), systems-involved youth, and those with mental health issues who do not meet the criteria for the higher level of supervision required under the traditional high-supervision court model, but still require targeted intervention and support, including Diversion youth who requires additional support between the ages of 11 and 17 who present with mental health and/or substance use disorders and require intensive intervention services. Many of the youth served face complex challenges that require coordinated care across multiple systems, including behavioral health, education, juvenile justice, and family support services.

The Program goals and objectives are to improve youth behavioral health outcomes, increase family stability, strengthen educational engagement, reduce future justice system involvement, and connect youth and families to appropriate community-based supports. Through a multidisciplinary approach, youth are referred to services such as mental health treatment, substance use treatment, Family Functional Therapy (FFT), educational advocacy, mentorship, and other wrap-around behavioral health services based on individualized assessments. This Program was intentionally developed as a middle-ground option between Diversion and traditional H.O.P.E. Court. By providing early intervention and structured support, the Program assists Duval County residents by improving access to care, promoting rehabilitation, and preventing youth from progressing deeper into the juvenile justice system.

The requested FY 2026–2027 funding is intended to support programmatic expenses, including staffing, case management, therapeutic and supportive services, care coordination, youth engagement activities, and operational costs associated with implementing and sustaining treatment court programming and related intervention services.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

The Program operates using a *multidisciplinary team approach* to ensure coordinated, wraparound care that addresses the behavioral, social, educational, and family needs of each participant. Youth admitted into the Program receive a *comprehensive case plan* detailing their individualized treatment and service requirements.

Program services include, but are not limited to:

- **Court appearances when appropriate and multidisciplinary staffing** to review progress and ensure accountability.
- **Restorative Justice Circles** that focus on repairing harm, rebuilding relationships, increasing accountability, and strengthening community
- **Medication management** and **specialized therapeutic interventions** tailored to mental health and substance use needs, including psychiatric and psychological assessments and treatment.
- **Intensive care coordination and case management services** to integrate community-based supports and reduce the barriers to care.
- **Educational advocacy and intervention** to address school-related barriers and re-engagement (85% of justice involved youth are either on IEPs or in need of, and/or a grade level behind).
- **Employment preparation and development** to promote self-sufficiency and skill-building.
- **Parent training and support** to strengthen family functioning and promote sustained success.
- **Community Service Opportunities** to address reparations of harm and assist in restitution.

Upon completion of 80% of case plan requirements and no re-offenses, the H.O.P.E. Court team will recommend the youth for *graduation* from the Program.

PROGRAM COSTS/PAYMENT TERMS:

Payments under this grant shall follow a cost reimbursement model. Recipient will bill monthly based on proof of expenditures. Because Program participation is driven by court referrals and therefore participation may not be steady, this is determined the best method of payment to make these services available. Payments will be contingent upon submission of adequate documentation substantiating the delivery of services as required by KHA.

Recipient is eligible to receive an advance of up to twenty-five percent (25%) of the total grant award. This advance will be deducted from subsequent monthly reimbursements. Recipient may elect to begin repayment of the advance starting with the first reimbursement request but must begin no later than the sixth (6th) month of the

initial contract term. The full amount of the advance must be repaid by the eleventh (11th) month of the initial contract term.

Any portion of the advance not fully repaid by the end of the initial contract term must be returned to the City prior to the release of any additional grant funds.

The City, including but not limited to the Council Auditor's Office, reserves the right to audit Recipient's financial records at any time during or after the grant term to ensure that funds are being spent appropriately and in accordance with this Term Sheet and the approved scope of work.
Please see the attached FY 2027 Program budget sheet for details.

PROGRAM IMPACT & REPORTING:

The Program goals and objectives will be attained through a multidisciplinary, evidence-based approach that emphasizes individualized treatment planning, coordinated care, and ongoing monitoring of youth progress. Youth will receive comprehensive intake assessments to identify behavioral health, educational, family, and social service needs, followed by referrals to appropriate community-based services such as mental health treatment, substance use treatment, Family Functional Therapy (FFT), educational advocacy, mentorship, and wrap-around support services. Each youth will be assigned a dedicated case manager to support engagement, monitor compliance, and coordinate care throughout program participation. The Program will also maintain an active and accurate database to ensure quality programming, service monitoring, data integrity, and timely reporting of outcomes and participant progress.

Program success will be measured through established performance measures aligned with the questions: "How much did we do?", "How well did we do it?", and "Is anyone better off?" Outcome measures will include the number of youth served, Program service monitoring and engagement, the percentage of youth who successfully complete the Program, the percentage of youth with no new offenses post-Program completion, the percentage of youth with no new law violations during participation, and the percentage of youth maintaining or increasing school attendance during Program participation. Additional indicators will include improvements in mental health functioning, family stability, and youth participation in positive community engagement opportunities.

During the year immediately preceding this funding request, the Program would have successfully provided coordinated behavioral health and supportive services to justice-involved youth with complex mental health and substance use needs. The Program continued strengthening multidisciplinary collaboration among court personnel, behavioral health providers, educational advocates, and community stakeholders to improve youth outcomes and increase access to services. Through ongoing service coordination and intervention efforts, participating youth demonstrated progress in treatment engagement, school attendance, behavioral stabilization, and reduced justice system involvement.

Research consistently demonstrates that justice-involved youth are at significantly elevated risk for continued involvement in the juvenile justice system, with studies indicating recidivism rates that can exceed 85% among high-risk populations. In addition, national data reflects that nearly 98% of justice-involved youth have experienced one or more adverse childhood experiences (ACEs), including trauma, abuse, neglect, family instability, exposure to violence, mental health challenges, or substance misuse within the home. These underlying traumatic experiences substantially increase the likelihood of future delinquent behavior, substance abuse, school disengagement, and repeated justice system involvement. The Hope Court Program directly mitigates these risks by addressing the root causes that contribute to recidivism through a coordinated, multidisciplinary approach focused on mental health treatment, substance abuse intervention, trauma-informed care, family stabilization, educational advocacy, and intensive case management. By targeting the causal factors driving justice involvement, the program supports long-term behavioral change, improved youth functioning, and reduced likelihood of re-offense.

Historically, H.O.P.E. Court has reduced recidivism by 86% for high acuity youth. The Program is currently on track for similar outcomes for an increased number of youth, while intervening earlier.

For FY 2026–2027, the Program anticipates serving approximately 50 Duval County youth between the ages of 11 and 17. The projected impact includes increased access to behavioral health treatment and supportive services, reduced recidivism, improved school engagement and attendance, strengthened family functioning, enhanced community engagement, and improved long-term outcomes for justice-involved youth and their families.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to the terms and conditions of any contract entered into between the City and Recipient, as well as all applicable regulations deemed appropriate by the Kids Hope Alliance, including but not limited to, Chapters 77 and 126 of the Jacksonville Ordinance Code. Recipient shall use the City funds for the Program in accordance with the City Council-approved Term Sheet and Program budget. KHA may work with Recipient to amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to the scope or intent of the Program shall require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Program Budget Detail

Agency:
Managed Access to Child Health, Inc.
Program Name: **Agency Fiscal Year End:**
Hope Court (Jacksonville Journey Forward) **June 30**

BUDGET

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1 Project Director .40 FTE (T. Richardson)	$28,000.00	$28,840.00	**$28,840.00**	$0.00	$0.00
2 Case Manager 1 FTE (TBD)	$45,000.00	$45,000.00	**$45,000.00**	$0.00	$0.00
3 Case Manager .5 FTE (S. Wilcox)	$22,500.00	$23,500.00	**$23,500.00**	$0.00	$0.00
4 Principal Investigator .1 FTE (V. Waytowich)	$17,000.00	$17,510.00	**$17,510.00**	$0.00	$0.00
5	$0.00	$0.00	**$0.00**	$0.00	$0.00
6	$0.00	$0.00	**$0.00**	$0.00	$0.00
7	$0.00	$0.00	**$0.00**	$0.00	$0.00
8	$0.00	$0.00	**$0.00**	$0.00	$0.00
9	$0.00	$0.00	**$0.00**	$0.00	$0.00
10	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Employee Compensation	**$112,500.00**	**$114,850.00**	**$114,850.00**	**$0.00**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$8,606.00	$8,786.00	**$8,786.00**	$0.00	$0.00
Health Insurance - 02304	$28,416.00	$28,416.00	**$28,416.00**	$0.00	$0.00
Retirement - 02201	$10,125.00	$10,337.00	**$10,337.00**	$0.00	$0.00
Dental - 02301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Life Insurance - 02303	$0.00	$0.00	**$0.00**	$0.00	$0.00
Workers Compensation - 02401	$965.00	$985.00	**$985.00**	$0.00	$0.00
Unemployment Taxes - 02501	$300.00	$300.00	**$300.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$48,412.00**	**$48,824.00**	**$48,824.00**	**$0.00**	**$0.00**
Total Employee Compensation	**$160,912.00**	**$163,674.00**	**$163,674.00**	**$0.00**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$0.00	$0.00	**$0.00**	$0.00	$0.00
Telephone - 04181	$5,718.00	$6,534.00	**$6,534.00**	$0.00	$0.00
Utilities - 04301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Maintenance and Repairs - 04603	$0.00	$0.00	**$0.00**	$0.00	$0.00
Insurance Property & General Liability - 04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$2,883.00	$2,105.00	**$2,105.00**	$0.00	$0.00
Postage - 04101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Printing and Advertising - 04801	$0.00	$0.00	**$0.00**	$0.00	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$2,700.00	$1,250.00	**$1,250.00**	$0.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$0.00	**$0.00**	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$102,462.00	$102,962.00	**$102,962.00**	$0.00	$0.00
Background Screening - 04938	$0.00	$0.00	**$0.00**	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Membereship fees and subscriptions)	$2,875.00	$2,875.00	**$2,875.00**	$0.00	$0.00
Travel Expenses					
Local Mileage - 04021	$2,500.00	$3,000.00	**$3,000.00**	$0.00	$0.00
Parking & Tools - 04028	$0.00	$0.00	**$0.00**	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Medical	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Educational (Online court trainings)	$7,500.00	$7,500.00	**$7,500.00**	$0.00	$0.00
Client Personal	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other (Interpreter svcs, Plan of care/Treatment)	$10,100.00	$10,100.00	**$10,100.00**	$0.00	$0.00
Total Operating Expenses	**$136,738.00**	**$136,326.00**	**$136,326.00**	**$0.00**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Computers & Software - 06427	$2,350.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Capital Outlay	**$2,350.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Direct Expenses Total	**$300,000.00**	**$300,000.00**	**$300,000.00**	**$0.00**	**$0.00**
Percent of Budget	**-**	**100.0%**	**100.0%**	**0.0%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
****All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types**

UNIVERSITY OF NORTH FLORIDA/FLORIDA INSTITUTE OF EDUCATION –
Strengthening Opportunities to Achieve Reading Success (Jax S.O.A.R.S.) Program

FY 2026-2027 City Grant Proposal Term Sheet

Grant Recipient: University of North Florida/Florida Institute of Education ("Recipient")

Program Name: Strengthening Opportunities to Achieve Reading Success ("*Jax SOARS*" or the "Program")

City Funding Request: $700,000

Any substantial change to this FY 2026-2027 City Grant Proposal Term Sheet (the "Term Sheet") or the attached Program budget will require City Council approval.

CONTRACT/GRANT TERM:

The initial contract term shall be from October 1, 2026, through September 30, 2027. The contract may be renewed for up to two (2) additional one-year terms, contingent upon the availability of City funds, including appropriations by the City Council or funding lawfully allocated by the Mayor to continue the Program. All renewals and extensions are subject to review and approval by the Jacksonville Procurement Awards Committee.

Recipient shall also be eligible for a no-cost extension of the initial contract term of up to six (6) months, at the discretion of the City, in the event Recipient is unable to expend the full amount of awarded funds within the original contract term.

Kids Hope Alliance (KHA) shall have the discretion to increase the total Program award by up to ten percent (10%) to support Program expansion, contingent upon available, lawfully appropriated funds and demonstrated achievement of performance goals. KHA may also reduce the contract amount at its discretion if performance goals are not met.

Any substantial alteration of this Term Sheet that changes the fundamental purpose of the Program or repurposes funds for uses not contemplated in the attached Program budget shall require City Council approval. Reallocations among budget line items and adjustments to performance measures that remain consistent with the approved purpose may be approved administratively by KHA as the managing department.

MANAGING CITY DEPARTMENT:

KHA shall be the managing department responsible for oversight of this grant.

PROGRAM OVERVIEW:

Jax SOARS is a collaborative school-wide program designed to strengthen students' language and reading skills through increased enthusiasm, motivation, community-building, and family engagement. By providing a suite of evidence-based and engaging literacy-enrichment programming that complements in-school learning, *Jax SOARS* increases literacy-enriched engagement opportunities outside of instructional time for Preschool to Grade 5 students and their families enrolled in partner schools. *Jax SOARS* will be implemented at two partner elementary schools located in high-needs neighborhoods using an intentionally designed school-wide student- and family-focused hub serving up to 650 elementary students. The embedded hub functions as both a place-based neighborhood anchor and a coordinated partnership structure. This hub creates continuity across learning settings while expanding opportunities for students and families to engage in literacy-rich enrichment experiences designed to strengthen reading success.

The *Jax SOARS* partnership is implemented by the Florida Institute of Education ("FIE") at the University of North Florida serving as the coordinating entity, anchored by the City of Jacksonville, Jacksonville Journey Forward and the Jacksonville Kids Hope Alliance and includes the Duval County Public Schools, the Boys & Girls Clubs of Northeast Florida, and a private philanthropic child advocate. Together, these partners support a suite of evidence-based and engaging literacy experiences designed to complement in-school elementary learning. *Jax SOARS* is designed to increase literacy and reading enrichment and engagement opportunities outside of instructional time for preschool through grade 5 students and their families.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

The ***Jax SOARS*** Program is organized into three integrated strands of work designed to serve all students and families enrolled in two partner elementary schools and one evaluation component with activities designed to answer five evaluation questions.

- **Strand 1:** *Summer 2027 Connections*
- **Strand 2:** *Reimagined Family Engagement and Support* led by one qualified *Family Advocate;*
- **Strand 3**: *Westside Roots and Wings Literacy and Reading Hub* that includes two *school-hosted Jax SOARS Adventure Leagues* open to all students and their families enrolled in partner elementary schools led by two FIE Curriculum Facilities called *Travel Guides* with on-site supervision provided by the FIE Project Liaison.

- An **Evaluation Component** with activities designed to answer five evaluation questions.
    a) Do participating students have access to engaging reading materials and knowledge-building experiences?
    b) Do families access services and participate in family events and activities?
    c) Do families report increased opportunities to support their student's literacy success?
    d) Do participating students demonstrate increased literacy engagement and enthusiasm for reading?
    e) Do participating students demonstrate increased reading achievement as measured by changes in the standardized F.A.S.T. fall to spring ELA scores?

Jax SOARS is a schoolwide literacy and family engagement program designed to improve reading achievement, strengthens all students' motivation and enthusiasm for reading, increase family engagement in children's literacy development, and expand access to literacy-rich opportunities for children and families. Unlike traditional intervention programs that serve a limited number of students, Jax SOARS is designed to serve <u>*all students and their families*</u> enrolled in participating partner schools. The Program complements, *but does not replace*, standards-based classroom instruction by providing literacy enrichment opportunities, family engagement supports, and community-based literacy experiences outside of regular instructional time. *Jax SOARS* operates as integrated system of literacy enrichment, family engagement and support services, and community partnerships, designed to strengthen reading success from school, home, and community perspectives.

<u>Student Services</u>
Purpose: Provide schoolwide literacy enrichment opportunities designed to increase reading engagement, strengthen reading motivation, expand access to books and literacy experiences, and improve reading achievement among students attending ***Jax SOARS*** partner schools. **Description:** ***Jax SOARS*** literacy enrichment services provide students with opportunities to engage in meaningful reading experiences beyond the regular instructional day. Literacy enrichment activities are designed to complement classroom instruction while creating positive reading experiences that encourage students to view themselves as successful readers. Activities may include:

- Adventure League Mission Control Room experiences •.Literacy materials development

- Discovery Missions
- Blast-Off Missions
- Books and Bites Missions

• Literacy materials distribution
• Literacy-themed enrichment activities
• Reading milestone recognition

Deliverable: Implement literacy enrichment services/activities that provide students with increased opportunities to engage in reading, literacy-rich experiences, and independent reading outside of regular classroom instruction.

Family Engagement and Support Services

Purpose: Strengthen family engagement in student's literacy development and increase family participation in activities that support student learning and reading success.

Description: *Jax SOARS* family engagement and support services provide families with literacy resources, learning opportunities, information, and individualized support designed to strengthen the home-school partnership and increase family involvement in children's reading development. Activities may include:

- Family Mission Packets
- Family literacy activities
- Family Fun Literacy Nights
- Family outreach and recruitment
- Family Advocate services

• Family literacy materials distribution
• School transition supports
• Family information and education activities
• Family participation recognition activities
• Direct family support and referral services

Deliverable: Implement family engagement and support services designed to increase family participation in children's literacy development and strengthen family-school partnerships.

Recruitment, Participation, and Retention Services

Purpose: Maximize student and family participation, engagement, and sustained involvement in Jax SOARS literacy enrichment activities.

Description: ***Jax SOARS*** utilizes recruitment, engagement, recognition, and retention strategies designed to ensure broad participation among students and families and to encourage continued involvement throughout the program year.

Activities may include:

- Student recruitment campaigns • Recognition programs • Family recruitment activities
- Student leadership opportunities • Orientation and enrollment activities • Community awareness activities
- Attendance supports and follow-up • Engagement activities • Participation monitoring
- Student and family participation incentives

Deliverable: Implement recruitment, engagement, and retention strategies designed to maximize student and family participation in Jax SOARS activities.

Community Partnerships

Purpose: Strengthen collaboration among schools, families, community organizations, and literacy partners to expand literacy opportunities for students and families.

Description: Jax SOARS leverages community partnerships to increase access to literacy resources, coordinate services, and create a neighborhood-wide culture that supports reading and learning. Activities may Include

- Community literacy events
- Partnership development activities
- Participation monitoring and follow-up
- Partner coordination meetings
- School-community collaboration activities
- Literacy promotion activities

Deliverable: Coordinate community partnership activities that expand literacy opportunities and strengthen support systems for participating students and families.

Program Evaluation and Continuous Improvement

Purpose: Monitor implementation, assess program effectiveness, measure outcomes, and use data to support continuous program improvement.

Description: *Jax SOARS* utilizes ongoing evaluation and continuous improvement processes to assess participation, implementation quality, family engagement, and student outcomes. Evaluation findings are used to guide program refinement and improve effectiveness over time. Activities may Include

- Participation tracking
- Reading achievement analysis
- Success story collection
- Surveys and feedback collection
- Fidelity monitoring
- Program evaluation prep and implementation activities
- Data analysis and reporting
- Outcome reporting

Deliverable: Conduct evaluation, reporting, and continuous improvement activities and submit required reports to KHA.

FIE will maintain documentation and submit Monthly Progress Reports to KHA documenting Program activities, participation, and implementation documentation including photographs and sample materials. Activities may be modified, expanded, consolidated, or adapted during implementation in response to student enrollment changes, school needs, family needs, district initiatives, and continuous improvement findings, provided all activities remain aligned with the approved purpose of improving reading achievement, reading engagement, and family participation among students and families.

PROGRAM COSTS/PAYMENT TERMS:

Payments under this grant shall follow a pay-for-performance model. UNF/FIE will bill monthly based on a units-of-service/deliverable budget, with each activity invoiced at a fixed rate per session, per event, per item as applicable. Payments will be contingent upon submission of adequate documentation substantiating the delivery of services as required by KHA.

Recipient is eligible to receive an advance of up to twenty-five percent (25%) of the total grant award. This advance will be deducted from subsequent monthly reimbursements. Recipient may elect to begin repayment of the advance starting with the first reimbursement request but must begin no later than the sixth (6th) month of the initial contract term. The full amount of the advance must be repaid by the eleventh (11th) month of the initial contract term.

Any portion of the advance not fully repaid by the end of the initial contract term must be returned to the City prior to the release of any additional grant funds.

The City, including but not limited to the Council Auditor's Office, reserves the right to audit Recipient's financial records at any time during or after the grant term to ensure that funds are being spent appropriately and in accordance with this Term Sheet and the approved scope of work.

Cost to operate the Program: $700,000 for up to 650 elementary students. Estimated private donor: $60,000.

Please see the attached Budget form for additional details.

PROGRAM IMPACT & REPORTING:

Goal:

Improve participating students' reading achievement.

- **Will be attained**: All three strands work together to complement regular academic instruction to achieve this goal through schoolwide outside-instructional time literacy enrichment, family engagement, and reading motivation strategies.
- **Will be measured** by comparing fall to spring F.A.S.T. scores, participation rates, surveys, and family engagement metrics.

Achievements during the preceding year:

Analysis of combined student data from both schools, with grade levels aggregated, for students with complete Fall 2024 to Spring 2025 assessment records (n = 543) showed substantial reading growth across all five grade levels. Florida reports reading achievement across five performance levels, with Level 3 indicating on grade level, Levels 1 and 2 below grade level, and Levels 4 and 5 above grade level. Students with complete Fall to Spring assessment records (n = 543) showed substantial reading growth across all five grade levels. The percentage of students scoring at Level 1 decreased by more than half, while the number of students performing at Levels 4 and 5 increased substantially. For more detailed information see official report submitted to KHA on behalf of Journey Forward using the End of Year Report Template Updated 1/20/2026.

Jax SOARS participation rates increased throughout the year with about 94% of students enrolled in Adventure League at the end of year. Four family-focused literacy fun night events were held at each school with average attendance of 183 participants at each of the eight events. Families received a Family Literacy Bag with a book and materials to extend reading and conversations at home.

Anticipated number of residents served/projected Program impact:

Based on prior implementation experience, a $700,000 annual budget supports *Jax SOARS* services for approximately 650 students and their families. However, based on current enrollment projections and the implementation of the DCPS Consolidation Plan, the two *Jax SOARS* partner elementary schools are expected to enroll approximately 900–1,000 students and their families during the 2026–2027 school year. Actual enrollment will be confirmed following the opening of the school year. Program implementation activities and deliverables will be finalized using actual enrollment and participation data available at the beginning of the 2026–2027 school year.

The anticipated impact of the Program includes increased student engagement in reading, stronger family participation in literacy activities, expanded access to literacy-rich experiences, and improvement in reading achievement among participating students. Through school-wide literacy enrichment, family engagement, and family support services, *Jax SOARS* seeks to strengthen students' motivation to read, increase opportunities for reading practice and engagement outside instructional time, support families in fostering children's literacy development, and ultimately improve participating students' reading achievement.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to the terms and conditions of any contract entered into between the City and Recipient, as well as all applicable regulations deemed appropriate by the Kids Hope Alliance, including but not limited to, Chapters 77 and 126 of the Jacksonville Ordinance Code. Recipient shall use the City funds for the Program in accordance with the City Council-approved Term Sheet and Program budget. KHA may work with Recipient to amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to the scope or intent of the Program shall require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Program Budget Detail

Agency:	
University of North Florida/Florida Institute of Education	
Program Name:	**Agency Fiscal Year End:**
Strengthening Opportunities to Achieve Reading Success (Jax S.O.A.R.S) Program	**June 30**
	BUDGET

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1 FIE Curriculum Facilitator (1.0 FTE ea)	$0.00	$63,000.00	**$63,000.00**	$0.00	$0.00
2 FIE Curriculum Facilitator (1.0 FTE ea)	$0.00	$63,000.00	**$63,000.00**	$0.00	$0.00
3 FIE Project Liason (0.70 FTE)	$0.00	$61,690.00	**$61,690.00**	$0.00	$0.00
4 Assistant Director for Research (0.20 FTE)	$0.00	$18,656.00	**$18,656.00**	$0.00	$0.00
5 Research & Evaluation Specialist (0.375 FTE)	$0.00	$28,350.00	**$28,350.00**	$0.00	$0.00
6 Communications and Publications Specialist (0.12 FTE)	$0.00	$6,541.00	**$6,541.00**	$0.00	$0.00
7 Senior Financial Grants Specialist (0.62 FTE)	$0.00	$31,875.00	**$31,875.00**	$0.00	$0.00
8 FIE Program and Administrative Assistant (0.36 FTE)	$0.00	$20,442.00	**$20,442.00**	$0.00	$0.00
9 FIE Assessors	$0.00	$3,091.00	**$3,091.00**	$0.00	$0.00
10	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Employee Compensation	**$0.00**	**$296,645.00**	**$296,645.00**	**$0.00**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$0.00	$14,361.00	**$14,361.00**	$0.00	$0.00
Health Insurance - 02304	$0.00	$59,474.00	**$59,474.00**	$0.00	$0.00
Retirement - 02201	$0.00	$26,071.00	**$26,071.00**	$0.00	$0.00
Dental - 02301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Life Insurance - 02303	$0.00	$141.00	**$141.00**	$0.00	$0.00
Workers Compensation - 02401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Unemployment Taxes - 02501	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$0.00**	**$100,047.00**	**$100,047.00**	**$0.00**	**$0.00**
Total Employee Compensation	**$0.00**	**$396,692.00**	**$396,692.00**	**$0.00**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$0.00	$0.00	**$0.00**	$0.00	$0.00
Telephone - 04181	$0.00	$0.00	**$0.00**	$0.00	$0.00
Utilities - 04301	$0.00	$2,940.00	**$2,940.00**	$0.00	$0.00
Maintenance and Repairs - 04603	$0.00	$0.00	**$0.00**	$0.00	$0.00
Insurance Property & General Liability - 04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$0.00	$13,360.00	**$13,360.00**	$0.00	$0.00
Postage - 04101	$0.00	$3,000.00	**$3,000.00**	$0.00	$0.00
Printing and Advertising - 04801	$0.00	$1,000.00	**$1,000.00**	$0.00	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$0.00	**$0.00**	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$0.00	$113,980.00	**$113,980.00**	$0.00	$0.00
Background Screening - 04938	$0.00	$0.00	**$0.00**	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Travel Expenses					
Local Mileage - 04021	$0.00	$3,400.00	**$3,400.00**	$0.00	$0.00
Parking & Tools - 04028	$0.00	$0.00	**$0.00**	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Medical	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Educational	$0.00	$165,628.00	**$165,628.00**	$0.00	$0.00
Client Personal	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Operating Expenses	**$0.00**	**$303,308.00**	**$303,308.00**	**$0.00**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Computers & Software - 06427	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Capital Outlay	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Direct Expenses Total	**$0.00**	**$700,000.00**	**$700,000.00**	**$0.00**	**$0.00**
Percent of Budget	**-**	**100.0%**	**100.0%**	**0.0%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
****All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types**

YOUTH CRISIS CENTER, INC. – Residential Crisis Care/Touchstone Village Transitional Living

FY 2026-2027 Grant Proposal Term Sheet

Grant Recipient: Youth Crisis Center, Inc. ("YCC" or "Recipient")

Program Name: Residential Crisis Center/Touchstone Village Transitional Living (the "Program")

City Funding Request: $310,000

Any substantial change to this FY 2026-2027 Grant Proposal Term Sheet (the "Term Sheet") or the attached Program budget will require City Council approval.

CONTRACT/GRANT TERM:

The initial contract term shall be from October 1, 2026, through September 30, 2027. The contract may be renewed for up to two (2) additional one-year terms, contingent upon the availability of City funds, including appropriations by the City Council or funding lawfully allocated by the Mayor to continue the Program. All renewals and extensions are subject to review and approval by the Jacksonville Procurement Awards Committee.

Recipient shall also be eligible for a no-cost extension to the initial contract term of up to six (6) months, at the discretion of the City, in the event Recipient is unable to expend the full amount of awarded funds within the initial contract term.

The Kids Hope Alliance (KHA) shall have the discretion to increase the total Program award by up to ten percent (10%) to support Program expansion, contingent upon available, lawfully appropriated funds and demonstrated achievement of performance goals. KHA may also reduce the contract amount at its discretion if performance goals are not met.

Any substantial alteration of this Term Sheet that changes the fundamental purpose of the Program or repurposes funds for uses not contemplated in the attached Program budget shall require City Council approval. Reallocations among budget line items and adjustments to performance measures that remain consistent with the approved purpose may be approved administratively by KHA as the managing department.

MANAGING CITY DEPARTMENT:

KHA shall be the managing department responsible for oversight of this grant.

PROGRAM OVERVIEW:

In 1974 the Youth Crisis Center established the first runaway shelter, YCC has further developed the residential program to address complex needs including mental health, behavioral issues, academic instability, and family instability through a trauma-informed, Positive Youth Development approach. The residential crisis care program provides a short-term residential care and therapy for youth ages 10-17 who are truant, runaway, ungovernable, homeless, in-crisis, or at risk of human trafficking and other forms of violence. Many have experienced trauma, academic struggles, especially due to chronic absenteeism, and mental health concerns.

The Touchstone Village Transitional Living Program serves young adults ages 18-24 to address young adult homelessness, truancy, and mental health concerns using trauma-informed care, positive youth development and evidence-based practices. This comprehensive approach supports youth in crisis to transition from homelessness and instability toward education, employment, and independence. Referral sources include community agencies serving homeless populations, including self-referrals from young adults in need.

The City funding specifically work towards truancy issues facing Duval County students. Funding provides Youth Care Specialists, a case manager, and a truancy coordinator to assist with the programmatic needs listed above.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

Residential Crisis Care:

The Residential Crisis Care Program at YCC provides short-term residential care and therapy for youth ages 10–17 who are truant, runaway, ungovernable, homeless, in-crisis, or at risk of human trafficking and other forms of violence. Many have experienced trauma, academic struggles, especially due to chronic absenteeism, and mental health concerns.

Established in 1974 as Florida's first runaway shelter, YCC has further developed the residential program to address complex needs including mental health, behavioral issues, academic instability, and family instability through a trauma-informed, Positive Youth Development approach. Goals of the Program include improving academic performance and attendance, resolving the crisis while connecting youth to ongoing care, and supporting family reunification and re-integration into school. Youth may remain in the program for up to 35 days and receive weekly treatment team meetings with an emphasis on developmentally appropriate interventions and healthy coping skills. YCC collaborates with community partners such as DCPS, YMCA, Changing Homelessness, law enforcement, Cathedral Arts Project, Gift of Dance, and Hope at Hand.

Core Services:

- 24/7 residential care and supervision
- Mental health counseling (minimum twice weekly) including individual and family therapy
- Case management and family advocacy
- Onsite school with Duval County Public Schools educators
- Daily psycho-educational groups
- Nursing services and health screenings
- Transition planning, aftercare, and follow-up
- Recreational activities and community engagement

Touchstone Village:

YCC operates a nationally accredited housing program for homeless young adults ages 18–24. This Program addresses young adult homelessness, truancy, and mental health concerns using trauma-informed care, positive youth development, and evidence-based practices. This comprehensive approach supports youth in crisis to transition from homelessness and instability toward education, employment, and independence. Referral sources include community agencies serving homeless populations, including self-referrals from young adults in need.

Goals:

- Help young adults become self-sufficient and complete high school.
- Provide stable, safe housing to reduce truancy and other pre-delinquent risks.
- Support youth, especially those aging out of foster care or juvenile systems, experiencing mental health issues, or lacking life skills.

Core Services:

- Safe onsite housing with weekly inspections and monthly resident meetings.
- Screening, assessments, and individualized service planning.
- Life skills training (2+ sessions weekly) using the Casey Life Skills Assessment.
- Academic monitoring and school collaboration for attendance and support.

- Onsite mental health therapy, trauma screenings, evaluations, and psychiatric care (as needed).
- Support in daily living activities: banking, grocery shopping, Medicaid applications, appointments, etc.
- Touchstone residents have access to onsite food pantry (via Feeding Northeast Florida) and transportation (via JTA bus passes).
- Career development and future housing planning.
- Three months of aftercare support post-discharge, as needed.

PROGRAM COSTS:

Total Project Cost: $310,000
Project Funding Sources:
- City of Jacksonville Request: $310,000

Breakdown:

Youth Care Staff - $21 per hour x 2080 Hours – Full time	$43,680.00
Youth Care Staff - $21 per hour x 2080 Hours – full time	$43,680.00
Youth Care Staff - $21 per hour x 2080 Hours – full time	$43,680.00
Case Manager - Full time case manager	$46,800.00
Truancy Coordinator - Full time	$50,000.00
FICA	$17,429.76
Utilities - Portion of the overall utilities	$25,000.00
Overnight Security - Portion of Overnight Security Contract	$24,000.00
Insurance - Portion of Directors & Officers/Liability Insurance	$15,730.24

Please see the attached FY 2026-2027 Program Budget form for additional details.

PAYMENT TERMS:

Payments under this grant shall follow a pay-for-performance model. Youth Crisis Center will bill monthly based on a units-of-service/deliverable budget, with each activity invoiced at a fixed rate per session, per event, per item as applicable. Payments will be contingent upon submission of adequate documentation substantiating the delivery of services as required by KHA.

Recipient is eligible to receive an advance of up to twenty-five percent (25%) of the total grant award. This advance will be deducted from subsequent monthly reimbursements. Recipient may elect to begin repayment of the advance starting with the first reimbursement request but must begin no later than the sixth (6th) month of the initial contract term. The full amount of the advance must be repaid by the eleventh (11th) month of the initial contract term.

Any portion of the advance not fully repaid by the end of the initial contract term must be returned to the City prior to the release of any additional grant funds.

The City, including but not limited to the Council Auditor's Office, reserves the right to audit Recipient's financial records at any time during or after the grant term to ensure that funds are being spent appropriately and in accordance with this Term Sheet and the approved scope of work.

PROGRAM IMPACT & REPORTING:

Residential Crisis Care
- 95% Program completion

- 85% regularly attend school, 60 days post discharge
- 100% attend school during care
- 95% report satisfaction of services

Annual Outcomes:

- Serve 400 youth
- 95% complete the Program
- 85% regularly attend school 60 days post-discharge
- 100% attend school during care
- 95% of families report satisfaction with services

Touchstone Village Transitional Living

- 85% will increase life skills via improved post-test scores
- 80% of residents who have been in the program at least six months will show improvement in their overall behavioral health as evidenced by a decrease in the FARS (Functional Assessment Rating Scale) score by at least 1 point.
- Improved academic performance and reduced truancy.
- 100% of resident who are in the Program at least one month will receive employment skills training.

Target Population

- Serves 60 homeless or housing insecure young adults ages 18–19 annually.
- Focuses on youth under 19.
- At least 25% of participants are still in high school.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to the terms and conditions of any contract entered into between the City and Recipient, as well as all applicable regulations deemed appropriate by the Kids Hope Alliance, including but not limited to, Chapters 77 and 126 of the Jacksonville Ordinance Code. Recipient shall use the City funds for the Program in accordance with the City Council-approved Term Sheet and Program budget. KHA may work with Recipient to amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to the scope or intent of the Program shall require City Council approval.

FY2027 City Grant Application
Proposed Funding Period: FY 2026-2027

FY 2027 City Grant - Complete Program Budget Detail

Agency:	
Youth Crisis Center	
Program Name:	**Agency Fiscal Year End:**
Jax Journey Forward	**June 30**

BUDGET

Categories and Line Items	Current Year Prg Budget FY 2025-2026	Total Est. Cost of Program FY 2026-2027	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1 Youth Care Staff	$0.00	$43,680.00	**$43,680.00**	$0.00	$0.00
2 Youth Care Staff	$0.00	$43,680.00	**$43,680.00**	$0.00	$0.00
3 Youth Care Staff	$0.00	$43,680.00	**$43,680.00**	$0.00	$0.00
4 Case Manager	$0.00	$46,800.00	**$46,800.00**	$0.00	$0.00
5 Truancy Coordinator	$0.00	$50,000.00	**$50,000.00**	$0.00	$0.00
6	$0.00	$0.00	**$0.00**	$0.00	$0.00
7	$0.00	$0.00	**$0.00**	$0.00	$0.00
8	$0.00	$0.00	**$0.00**	$0.00	$0.00
9	$0.00	$0.00	**$0.00**	$0.00	$0.00
10	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Employee Compensation	**$0.00**	**$227,840.00**	**$227,840.00**	**$0.00**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$0.00	$17,429.76	**$17,429.76**	$0.00	$0.00
Health Insurance - 02304	$0.00	$0.00	**$0.00**	$0.00	$0.00
Retirement - 02201	$0.00	$0.00	**$0.00**	$0.00	$0.00
Dental - 02301	$0.00	$0.00	**$0.00**	$0.00	$0.00
Life Insurance - 02303	$0.00	$0.00	**$0.00**	$0.00	$0.00
Workers Compensation - 02401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Unemployment Taxes - 02501	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Subtotal Taxes and Benefits	**$0.00**	**$17,429.76**	**$17,429.76**	**$0.00**	**$0.00**
Total Employee Compensation	**$0.00**	**$245,269.76**	**$245,269.76**	**$0.00**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$0.00	$0.00	**$0.00**	$0.00	$0.00
Telephone - 04181	$0.00	$0.00	**$0.00**	$0.00	$0.00
Utilities - 04301	$0.00	$25,000.00	**$25,000.00**	$0.00	$0.00
Maintenance and Repairs - 04603	$0.00	$0.00	**$0.00**	$0.00	$0.00
Insurance Property & General Liability - 04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
General Expenses					
Office and Other Supplies - 05101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Postage - 04101	$0.00	$0.00	**$0.00**	$0.00	$0.00
Printing and Advertising - 04801	$0.00	$0.00	**$0.00**	$0.00	$0.00
Publications - 05216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Staff Training - 05401	$0.00	$0.00	**$0.00**	$0.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$15,730.24	**$15,730.24**	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$0.00	$24,000.00	**$24,000.00**	$0.00	$0.00
Background Screening - 04938	$0.00	$0.00	**$0.00**	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Travel Expenses					
Local Mileage - 04021	$0.00	$0.00	**$0.00**	$0.00	$0.00
Parking & Tools - 04028	$0.00	$0.00	**$0.00**	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	**$0.00**	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Utilities	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Food	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Medical	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Educational	$0.00	$0.00	**$0.00**	$0.00	$0.00
Client Personal	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Operating Expenses	**$0.00**	**$64,730.24**	**$64,730.24**	**$0.00**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	**$0.00**	$0.00	$0.00
Computers & Software - 06427	$0.00	$0.00	**$0.00**	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	**$0.00**	$0.00	$0.00
Total Capital Outlay	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Direct Expenses Total	**$0.00**	**$310,000.00**	**$310,000.00**	**$0.00**	**$0.00**
Percent of Budget	**-**	**100.0%**	**100.0%**	**0.0%**	**0.0%**

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions
****All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types**