CITY OF POMPANO BEACH FISCAL YEAR 2017

FUNDING FOR NON-FOR-PROFIT ORGANIZATIONS

| 1. | Mental Health Association of Southeast Florida |
|----|---|
| 2. | Mailing Address: 7145 W. Oakland Park Blvd. Lauderhill, FL 33313 |
| 3. | Date of Incorporation: November 1957 and updated May 1986 |
| | 3a. Does your corporation/organization fall within Section 501(c)(3) and Section 501(a) of the Internal Revenue Code? Yes X No (Please attach proof of tax exempt status) |
| 4. | Chief Executive Officer: Paul F. Jaquith, LCSW, CAP |
| | Official Title: President/CEO Telephone #: 954 746-2055 |
| 5. | Contact Person (if different from above): $\underline{N/A}$ |
| | Telephone #: |
| 6. | Provide a brief description of the organizations goals and objectives: |
| | The Mental Health Association works to promote mental wellness for all persons in the community. The goals are to educate the public about issues of mental health and illness; to promote preventions strategies that help persons with mental illness to live successfully in the community. Specific programs include free information and referral services, court approved and community based parent training, school based mentoring programs for children, services to families of children with severe mental illnesses, a range of free support groups, professional training, social and outreach services to persons with behavioral health issues and a consumer directed drop-in center serving adults throughout Broward County. |

Amount of funding requested: \$4,000

7.

ADDENDUM "1"

8. Provide a brief description of how City funds would be spent and identifying the community need(s) to be addressed. This should include what exactly will be provided and to how many people (City residents).

Over 1,500 Pompano residents are expected to be served and based on previous year's experiences this total will be more than met. The specific services will be Children's Prevention Programming, I'm Thumbody and Listen to Children which is resiliency skill building services for more than 350 children from Pompano Beach. Parenting services for at least 75 families/caregivers and recovery focused services and resources for at least 100 Pompano Beach residents with behavioral health diagnoses. Public education to over 1100 Pompano Beach residents.

9. How will the recommended funding compliment the array of City services currently being provided to City residents?

This project funds services not otherwise available to Pompano Beach residents. Resiliency skills are introduced to children in local public and charter schools. Children participate actively in education and mentoring and receive materials to take home to their families/caregivers. Parent training meets the needs of the Court and Child Net for families pursuing reunification following the loss of custody. Specialized supports are offered to families whose children have behavioral health challenges. Adult services include recovery programming hosted MHA's 9MusesArtCenter.

- 10. Will the recommended grant amount result in the leveraging of additional funds from the County, State, Federal or other foundations/agencies which require a local match like a contribution from the City of Pompano Beach? Yes X No
 - 10a. If yes, what is the ratio of this other funding to the City's recommended funding?

Funds will contribute to local match requirements of MHA's Broward Behavioral Health Coalition (BBHC) which specifies a 25% Local Match.

ADDENDUM "1"

11. Does your organization receive support from the County or other cities? Yes \underline{X} No $\underline{\hspace{1cm}}$

11a. If yes, please list the amount(s) and source(s).

County Funding:

Broward County Local Match \$27,249 (FY 16)

Broward County Service Funding \$133,901 (FY 16 Consumer Support)

\$145,078 (FY 16 Family Support, tent.)

Total County \$ 306,228 (FY 16)

City Funding:

Tamarac (anticipated) \$1,000 Coral Springs (anticipated) \$1,000 Lauderhill (anticipated) \$2,500

12. What percentage of your organization's budget is direct delivery of service as opposed to "overhead"? 92%

13. **PERFORMANCE MEASURES**

Please list below the various levels of service [performance measures] that your organization will be providing to residents of the City of Pompano Beach.

| | Most Recently Completed Year 2015 | Current Year Estimated 2016 | Next Year Proposed 2017 |
|--|---|-----------------------------------|-------------------------------|
| Total Persons Served | 10,000 | 10,000 | 10,000 |
| Number of Pompano Beach residents served | 3,512 | 5,902 | 2,400 |
| Children's Prevention I'm Thumbody and Listen to Children | 541 | 647 | 500 |
| Parent Training Classes, groups, individual and outreach | 256 | 133 | 100 |
| Consumer Support 9Muses, support groups and peer support | 410 | 1,083 | 150 |
| Public Education Publication (Connections Guides), public education, advocacy initiatives, media | 1,175+ | 1,175+ | 1,175+ |

ADDENDUM "1"

14. Agency Budget Information: Please note that Total Resources Available and Total Resources Allocated should be EQUAL for each fiscal year.

| | | Last Year Adopted 2016 | Current Year Proposed 2017 |
|--------------------------------|--|------------------------------|----------------------------------|
| Resource Available: | | | |
| City of Pompano Beach | | \$4,000 | \$4,000 |
| Federal Funding | | \$0 | \$0 |
| State Funding | | \$334,470 | \$449,470 |
| Other Local Government Funding | | \$355,858 | \$309,728 |
| Foundation Grants | | \$30,000 | \$30,000 |
| User Fees | | \$140,000 | \$160,000 |
| Other Revenue Sources | | \$442,182 | \$535,714 |
| Total Resources Available | | \$1,306,510 | \$1,488,912 |

| Resource Allocated: | | | |
|----------------------------------|-----------|-----|-------------|
| | | | |
| Salaries | \$839,69 | 5 | \$978,105 |
| Benefits | \$134,35 | 2 | \$186,500 |
| Supplies | \$10,000 | | \$10,000 |
| Contractual Services | \$54,000 | | \$54,000 |
| Capital Outlay [Equipment] | \$10,000 | | \$10,000 |
| Other | \$258,46 | 3 | \$250,307 |
| | | | |
| Total Resources Allocated | \$1,306,5 | 510 | \$1,488,912 |

• Please provide line item detail for expenses over \$10,000