

A. Executive Summary

Completed by nanprevost@gmail.com on 1/31/2024 9:20 PM

Case Id: 25262

Name: Remember Me NFP - 2024/25

Address: 11212 Regal Lane, Largo, FL 33774

A. Executive Summary

PLEASE READ: Before proceeding with the application, please [CLICK HERE](#) to review the Notice of Funding Availability and additional application information.

Once you have reviewed this document, please continue with the application below.

AGENCY INFORMATION

A.1. Agency Name

Remember Me NFP

A.2. Type of Organization

501(c)3 Nonprofit Corporation

If Other:

A.3. Mailing Address

11212 Regal Lane Largo, FL 33774

A.4. Contact Person

Nannette Prevost

A.5. Title

Founder/CEO

A.6. Telephone

(727) 213-4856

Phone Ext.

A.7. Email

nanprevost@gmail.com

A.8. Unique Entity ID

TD2TK5P37LG1

BILLING/INVOICE CONTACT

A.9. Name

Nannette Prevost

PROJECT INFORMATION

A.15. Project Title

Mental Health Programs

A.16. City of Largo Funds Requested

\$27,100.00

Public Services (Supportive Services) * must have a minimum of \$10,000 in funding request.
Public Facility Capital Projects-* must have a minimum of \$40,000 in funding request.

A.17. Type of Project:

- Homeless Shelter Services
- Non-Homeless Special Needs Services
- Rental Eviction Prevention Services
- Public Facility Capital Project-Improvements
- Public Facility Capital Project-Facility Expansion
- Public Facility Capital Project-Add New Facility
- Other

If Other

A.10. Email

nanprevost@gmail.com

A.11. Phone

(727) 213-4856

A.12. DATA/REPORTING CONTACT

A.12. Name

Nannette Prevost

A.13. Email

nanprevost@gmail.com

A.14. Phone

(727) 213-4856

B. Project Information

Completed by nanprevost@gmail.com on 2/13/2024 3:42 PM

Case Id: 25262

Name: Remember Me NFP - 2024/25

Address: 11212 Regal Lane, Largo, FL 33774

B. Project Information

Please provide the following information.

B.1. Project Purpose and Description- Describe the project and explain why the project is needed. This description should include the entire project, in addition to portions of the project not requested for funding from the City.

Provide data in support of the request. Examples: Energy improvements will reduce utility costs by X% annually, which allows an estimated \$_____ in operating funds for direct client services; or data shows a waiting list of # of people/deficiency in available space of # capacity to serve Largo residents

Programs in Largo library held monthly-Suicide Bereavement Support group (Suicide only) only class in Largo, State Certified with AFSP, also a lived experience to suicide.

Paws Up for Mental Health-for families and caregivers ages 6mo to 12 years of age. Music, literacy and puppets that establishes a mental care plan with a free mental health pledge book.

Paddle for Prevention-adaptive water sports for mental health for paraplegics with special paddle boards and kayaks held at the Clearwater Sailing Center-starts March 26 grand opening 2024. A 3 hour program that establishes a mental health plan with partnership with 988 Safety Plans Work, Guides are RN's with certifications in Open Water Rescue, CPR/ACLS, ASIST(Applied Suicide Interventional Skills Trained) 988,

Certified Adaptive Sports Abuse Prevention Trainer, NAMI Family to Family Peer Specialist, NAMI (Wrap) Mental Health Recovery & Wellness Recovery Action Plan, AFSP-American Foundation for Suicide Prevention State Facilitator for "Talk Saves Lives".

Free Narcan distributor with education

Free Suicide Prevention Kits-referrals with education with community partners of Pinellas

Goal: Improve mental and physical health to our paraplegic population, along with raising awareness, educating and decreasing substance abuse.

Increase the # of safety plans for suicide prevention

Increase mobility with usage of new muscle groups

Increase socialization

B.2. Describe the use that will be made of requested funds from the City of Largo. If the funding is being requested for specific staffing positions or specific components of a larger project, please provide these details and explain how this funding request ties in with the entire project.

Special tandem Kayaks, life vest, leashes, paddles, water bags, anchor-\$6391.60 able to service 8 people

\$10 pp goes to sailing school, service fee is \$100 pp . Staff-is one on one ratio with paraplegic \$100 for day

Paraplegic has a choice of Tandem Kayak or paddle board on the megalodon that holds 4 people in which caregiver may come along at no cost. This is a 3 hour tour along intercoastal at sailing school. They will paddle with guide 2 hours with 1 hour of mental health support group with education back at sailing school with light lunch provided.

Paws Up for Mental Health -\$150 per class up to 15 families

Suicide Bereavement Support -is free

B.3. Describe how the project meets one or more of the City of Largo's 2024-2025 priorities:

1) To provide housing, homeless, and special needs services

2) To add, expand or improve public facilities that will provide supportive services to low-and moderate households

Special needs service-Suicide Bereavement Support group only 2 offered in Pinellas County (Largo & Dunedin)

Paddle for Prevention-Paddle program for paraplegic and caregiver -first of it's kind, using different muscle groups, promotes mental and physical health.

Paws Up for Mental Health-for anyone visiting Largo Library, mental health, early education using music, sign language, literacy and puppets. Great for grandparents, dads and caregiver bonding. I get frequent visits from social services.

Free Narcan with education for drug prevention-opioid reversal (Crisis)

Locations are Largo Public Library, Va Bay Pines Hospital, Clearwater Sailing Center, Clearwater, Fl

B.4.

Provide information to substantiate the project as an “Eligible Activity” (described in the application instructions). Describe how the project, or the portion of the project funded by CDBG and/or SHIP, principally benefits low- and moderate-income Largo residents or low- and moderate-income areas in Largo (For CDBG clients/households whose annual income is less than or equal to 80% of area median income and for SHIP clients/households whose annual income is less than or equal to 140% of area median income).

Our programs are for anyone. Paddle for prevention the paraplegics fill out a health assessment by the mental health team at Bay Pines VA Hospital, and Remember Me will do the intake review at the Clearwater Sailing School. All participants must have full ability to use both arms and hands.

B.5. Describe the project area and client base that will benefit from this project (e.g. Citywide, countywide, Community Redevelopment District, homeless population, persons with HIV/AIDS, etc.)

Pinellas County-these programs are in Largo and Clearwater. Would love to do more in Community Redevelopment.

B.6. Project Area/Clients Served

Submitted projects must provide services and/or benefit City of Largo residents

a) Provide data on the clients/households served by your agency for the same or similar service as the current project will provide.

Clients/Households Served Prior Year	Number of Clients	% Low/Mod Clients
Total Clients Served with the same or similar service from October - September of the prior year:	980	0.00%
Of the Total Clients Served - the number of clients that were from Largo:	410	0.00%

b) Provide data on clients/households to be served by your agency for the proposed project.

Planned Program Year (Oct 2024-Sept 2025)	Number of Clients	% Low/Mode Clients
Total Estimated Clients/Households to be Served:	1,000	0.00%
Of the Total Estimated Served - number of Clients/Households from Largo	800	0.00%

B.7. Client Eligibility:

a) Does this project ONLY serve any of the following groups (check off which group it will serve):

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- Abused Children
- Battered Spouses
- Elderly Persons (62+)
- Homeless Persons
- Illiterate Adults
- Persons Living with AIDS
- Migrant Farm Workers
- Severely Disabled Adults
- This project is not limited to any of these groups.

b) If the project is NOT limited to serving one of the above groups, describe your agency’s method for collecting demographic and income data from the clients served by this project. For new projects, explain what process will be used to ensure at least 51% of the clients served are below 80% of area median income.

We use zip code for Narcan, Sign in sheet name address email and phone for rest

c) If the project is limited to serving one of the above groups, describe how the demographic data (race/ethnicity) is collected (also required for reporting for CDBG-funded projects).

open to all, all participants will fill out registration, and health assessment
 FI Charts and Data from Zero Suicide Partnership of Pinellas, NAMI and Bay Pines VA

B.8. Project/Program Outcomes

Describe the expected performance outcomes from the proposed project and any relevant performance measures or outcome data related to prior experience by the agency for the same or similar project/program (e.g. 50% of clients moved from shelter to permanent housing and it is anticipated that the proposed project will enable the agency to increase this outcome to 60% moved into permanent housing). *For homeless programs, the City will also pull data from PHMIS to review past outcomes.*

Report will be with Bay Pines VA Hospital and collaboration with Zero Suicide Partnership of Pinellas

B.9. Relocation

a) Will any residents be permanently displaced as part of this project?

No

If yes, explain

b) Residential Projects (*Applicants for residential projects only complete this section*)

i. Do/ will residents pay rent?

No

ii. If yes, how much and how are rents determined?

iii. Will residents receive rental subsidy/housing assistance?

No

iv. If residents will not pay rent, state the reason:

v. List the residential facilities and addresses of facilities presently operated by your agency

B.10. Specific Site Location

a) Has the project site(s) been selected

Yes

b) If yes, provide the address. For educational classes/seminars, please list the location(s) where the classes will be held:

Facility Name	Street Address	City	State	Zip
Clearwater Sailing Center	1001 Gulf Blvd	Clearwater	FL	33767
Bay Pines VA	Bay Pines Blvd	Bay Pines	FL	33744
Largo Public Library	120 Park Drive	Largo	FL	33771

B.11. Project Administration

a) Project Manager Name

Nannette Prevost

Title

CEO/Founder

B.12. Project-Specific Sections: Please complete the sections below that are applicable to your project.

DOWNPAYMENT ASSISTANCE ADMINISTRATION PROJECTS ONLY:

a) Describe your agency's experience with administering a downpayment assistance program. Include information regarding the agency's experience with completing Residential Income Certifications and underwriting.

b) Is your agency a HUD-Certified Housing Counseling agency? *Please attach HUD-certification in the Documents section of the application.*

c) Is your agency able to offer bi-lingual services for processing downpayment assistance?

d) Does your agency also provide HUD-certified homebuyer education and counseling services?

e) Is your agency located in the City of Largo, within close proximity to Largo, or has the ability to meet clients at a local location for accessibility to services?

f) The City utilizes an online software for its housing programs:

Would your agency be willing to utilize the web-based housing software if provided access?

g) Does the agency have the capability to securely upload documents into the software (scanner, etc.)?

HOUSING COUNSELING/EDUCATION SERVICES ONLY:

a) Is your agency a HUD-Certified Housing Counseling Agency? *Upload a copy of the HUD certification in the Documents section of the application*

b) Are the staff that will be providing the housing counseling and/or education HUD-certified? *Upload a copy of the HUD Certification in the Documents section of the application.*

c) Select which types of classes/counseling services for which your agency is requesting funding (select all that apply):

- Financial Fitness/Budgeting *(required for the City's downpayment programs)*
- Homebuyer Education Class *(required for the City's downpayment programs)*
- Homebuyer Housing Counseling (one-on-one) *(required for the City's downpayment programs)*
- Rental Counseling: Provide housing counseling for delinquent renters and/or tenants facing eviction.
- Foreclosure Prevention Counseling

d) Does your agency have all HUD requirements for the provision of homeownership counseling incorporated into its homebuyer education/housing counseling curriculum? (Deadline for compliance was January 14, 2017)

e) Describe the key components, format, and client follow-up used by your agency for the homebuyer education and/or housing counseling services requested in this application (describe each service separately if applying for more than one service):

HOMELESS SHELTER SERVICES ONLY

All homeless services applications should be focused on rapidly moving people into permanent housing (Housing First) and then wrapping supportive services around clients to help them successfully remain in permanent housing. Applications should also demonstrate how your agency has reduced barriers to access its services/programs.

a) Complete the Pinellas Homeless Leadership Board's [Housing First Survey](#) and upload it to the **F. Required Documents** section of this application.

b) Does your agency currently participate in the countywide Coordinated Entry System and enter client data into Pinellas Homeless Management Information System (PHMIS)?

c) Describe what steps, programs and/or methods will be used to prevent homelessness from recurring.

d) Using program data from PHMIS, provide data below on your agency's outcomes from the past PHMIS reporting year for the following:

- Total number of unduplicated clients served and time period of data
- Average VI-SPDAT score of clients served
- % of clients that exited to permanent housing/supportive housing
- % of clients housed that returned to homelessness in 6 months (recidivism rate)
- Average length in program
- % of clients who gained income (earned or unearned) during the time they were enrolled in this program

e) How will the funding requested to Largo be used to support maintaining/improving these outcomes?

f) Do your agency have priorities established to serve Pinellas County homeless residents or limitations on serving newer arrivals from outside the County?

CAPITAL IMPROVEMENTS PROJECTS ONLY

a) Provide a summary of the services provided/to be provided at this facility. Explain if the proposed improvements are limited to a certain service or all services provided at the facility.

b) Explain how the facility and programs based at the facility are geographically accessible to Largo residents. Include any accommodations made to improve accessibility, such as virtual options or in-home services as well.

c) Describe how the project meets the City's CDBG Goal: SUPPORTIVE SERVICES – Capital Improvements: Add, expand or improve public facilities that (will) provide supportive services predominantly to low- and moderate-

income clientele/households/areas that will help Largo residents physically, mentally and economically thrive in Largo. Projects that improve energy efficiency to enable service providers to more effectively use their operating funds toward client services, and/or projects that harden such facilities to improve disaster resiliency would also be supported. Projects that add/expand of emergency shelter services for families with minor children experiencing literal homelessness would also be supported.

d) Disaster Hardening/Energy Efficiency

Does the project include any disaster hardening components or energy efficiency improvements? Please click all that apply below and explain.

- Disaster Hardening
- Energy Efficiency Improvements
- N/A- No Hardening or Energy Components Included in Project Scope

e) Is the facility to be improved, expanded, or added located in Largo City Limits? Check the Property Appraiser website for the Tax Code. Tax Code is "LA" for Largo).

Please Explain

f) Capital projects located in a Special Flood Hazard Area will not be funded under this funding cycle. Is the property located in a Special Flood Hazard Area? (Without Base Flood Elevation: Flood Zone A, V or A99; with Base Flood Elevation: Zone AE, AO, AH, VE, AR or in a Regulatory Floodway)?

g) Are there any known environmental hazards on the project area (ex. located in a Brownfield, located near to a landfill)?

h) The agency must confirm with the jurisdiction that the property is located in that the proposed facility use is allowable. **Written confirmation (email or letter/zoning letter) must be uploaded in the Required Document section of the application.**

C. Timeline

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C. Timeline

Please provide the following information.

C.1 Project Timeline

Provide an implementation schedule. Include all project phases. (In order to ensure that project costs are reimbursable, or are eligible for direct payment, no costs that the agency plans to bill to Largo CDBG should be incurred until the formal agreement has been made based on the City's grant award).

Please review the Application Instructions regarding timeline for more guidance.

Phase	Beginning Date	Ending Date
Program/Services	03/26/2024	03/26/2024
Obtain Full Project Funding	03/26/2024	03/26/204y
Design/Scope of Work	M/d/yyyy	M/d/yyyy
Project Bid	M/d/yyyy	M/d/yyyy
Permitting	M/d/yyyy	M/d/yyyy
Construction	M/d/yyyy	M/d/yyyy

D. Budget & Funding

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Address: 11212 Regal Lane, Largo, FL 33774

D. Budget & Funding

Please provide the following information.

Public Services (Supportive Services) * must have a minimum of \$10,000 in funding request.

Public Facility Capital Projects-* must have a minimum of \$40,000 in funding request.

D.1. Project Budget

a) Include costs associated with this project (City Funds and Other Funding Sources)

Project Budget Line Item	Largo CDBG Funding	Other Funding Sources	Total Budget
Paws Up for mental health	\$1,800.00	\$3,000.00	\$1,800.00
Kayaks , life vest and gear	\$6,400.00	\$1,800.00	\$6,400.00
paraplegic for 9 months @100 pp	\$9,000.00	\$0.00	\$9,000.00
5 staff members	\$9,000.00	\$0.00	\$9,000.00
sailing school fee	\$900.00	\$0.00	\$900.00
Grand Total	\$27,100.00	\$4,800.00	\$27,100.00

b) Will this project generate program income?

Yes

c) Select what basis for payment is being requested:

Fee-for-Service:

Please List Each Activity and Associated Fee for Service (or hourly fee per client)

Fee-for-Service	Service Name
\$100.00	kayak/paddle board
\$150.00	Paws Up for mental health class

D.2. Funding Sources

a) List all funding sources to be used for the project. If other grant funds have/will be applied for, but the final allocation has not been determined, put these amounts in the "Funds Requested" column.

Funding Source(s)	Funds Requested	Funds Allocated
Clever Training	\$0.00	\$1,800.00
Denim & Diamond	\$0.00	\$3,000.00
Largo CDBG	\$27,100.00	\$0.00

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	\$27,100.00	\$4,800.00
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b) If the grant request is not fully funded, will the project still be viable, even if on a smaller scale? (Please explain)

Yes

Explain:

Yes , we don't buy as many kayaks and don't take as many paraplegics out

c) Project costs are reimbursed by the City on a monthly/quarterly basis. For public services, project costs are reimbursed by the City on a monthly or quarterly basis. For public facilities projects, project costs are typically reimbursed at the end of the project or up to 3 reimbursements for larger projects. Does the agency have the financial capacity to pay for the portion of the cost funded by City grant during the project and be reimbursed on a monthly/quarterly basis for public services?

Yes

d) Please indicate the frequency your agency will be remitting invoices. If awarded funding, public services reporting will be set up on the same schedule (e.g. monthly invoices will have monthly reporting). Reporting for public facilities will be quarterly.

Public Services-Monthly Invoicing

D.3. Audit Requirements

a) Does your agency's current year budget, or next year's anticipated budget, include \$750,000 or more in federal funding revenue? *If yes, a single or program-specific audit must be conducted at the end of your agency's fiscal year.*

No

b) Does your agency's current year budget, or next year's anticipated budget, include \$500,000 or more in state funding revenue? *If your agency is awarded SHIP funding and the answer to this question is "Yes", a single or program-specific audit must be conducted at the end of your agency's fiscal year.*

E. Agency Information

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E. Agency Information

Please provide a brief summary (no more than 1-2 paragraphs on each of the following topics regarding the agency).

E.1. Background/Program Experience (1-2 paragraphs only)

Include the length of time the agency has been in operation, the date of incorporation, the purpose of the agency, and the type of corporation. Describe the type of services provided, the agency's capabilities, the number of clients served, and license to operate (if appropriate).

Remember Me NFP is a nonprofit that was incorporated in February , 2021. Our mission is to help to educate, decrease the stigma and raise awareness for suicide prevention and drug overdose with mentorship.

We have a mobile mental health support van that travels anywhere in Pinellas County for support on Monday, Tuesday and Saturdays from 8am-8pm. We are a team of Doctors, Nurses, lived experiences to suicide, and area athletes. We are a free Narcan distributor with the Florida Dept. of Children & Families with education.

We are ASIST trained with AFSP-Applied Suicide Intervention Skills Trained
Family to Family Peer Specialist

Community Service Provider and registered with Bright Futures with Pinellas County Schools

We offer free Bereavement Support groups held at Largo Public Library monthly

Paws Up for Mental Health-free Mental health education that establishes a mental health pledge using music, literacy , dance and puppets for families and caregivers ages 2-12 @ Largo Public Library

Free suicide prevention kits with our community partners with education and referrals for mental health.

Paddle for Suicide Prevention water therapy support group

Our clients served in a year is 980 total 410 in Largo

E.2. Personnel/Staff Capacity(1-2 paragraphs only)

a) Briefly describe the agency's existing staff positions and qualifications, its capacity to carry out this project.

We are all volunteers: Our Board and volunteers: Nannette Prevost RN, Founder/CEO , Dr Richard Rodriguez, surgeon, Peggy Gustin-HR Manager, Jim Polacek -President of Silver Nail & Glass, Jacob Prevost- Pharmacist / USF 2024 : As a suicide prevention, education, intervention, and recovery program, our work is informed and delivered by mental health professionals who have extensive experience and expertise in the field. Our team of mental health professionals includes licensed therapists, lived experience to suicide , and social workers who have completed advanced training and certifications in suicide prevention and intervention. Mental health professionals such as doctors and nurses have extensive training and experience in mental health, and they provide a wide range of services to their patients. They can diagnose and treat mental illnesses, provide counseling, and prescribe medication when needed. They also have a deep understanding of the mental health challenges people face and can provide support to help people manage their mental health.

Another way that mental health programs are informed and delivered is through lived experience. People who have experienced mental health struggles themselves often have unique insights and perspectives that can be invaluable. They can share their experiences and provide support and guidance to others who are going through similar challenges. Lived experience can also help to reduce the stigma surrounding mental health and encourage more people to seek help.

Assist Applied Suicide Intervention skills training is another evidence-based mental health model that can be deployed in mental health programs. This training equips mental health professionals with the skills and knowledge to recognize the warning signs of suicide and intervene appropriately. Suicide prevention is a critical aspect of mental health, and the Assist training can help save lives.

b) Does the agency have a personal policy manual?

Yes

c) Does the agency have an Affirmative Action Plan?

Yes

d) Does the agency have a Grievance procedure?

Yes

E.3. Financial Capacity (1-2 paragraphs only)

Attach a copy of the agency's current operating budget, including revenues and expenditures. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures and audit requirements.

Profit and Loss

January 1 - February 12, 2024

Total

INCOME

Donation Income 828.25

WePay Donation Income 486.90

Total Income 1,315.15

COST OF GOODS SOLD

Cost of Items with Logo to Donate 53.77

Total Cost of Goods Sold 53.77

GROSS PROFIT 1,261.38

EXPENSES

Advertising & Marketing 119.53

Car & Truck 60.66

Dues & subscriptions 43.98

Legal & Professional Services 149.29

Office Supplies & Software 93.54

Rent & Lease 480.00

Total Expenses 947.00

NET OPERATING INCOME 314.38

NET INCOME \$314.3

Balance Sheet

As of February 12, 2024

Total

ASSETS

Current Assets

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Bank Accounts

Chase Bus Ckg x7618 29,554.68

Total Bank Accounts 29,554.68

Total Current Assets 29,554.68

Fixed Assets

Accumulated Depreciation -13,123.66

Furniture & Fixtures 2,099.92

Paddle Board Assets 13,657.36

Vehicles 70,689.35

Total Fixed Assets 73,322.97

TOTAL ASSETS \$102,877.65

LIABILITIES AND EQUITY

Liabilities

Current Liabilities

Credit Cards

Chase Bus CC x7975 670.82

Total Credit Cards 670.82

Other Current Liabilities

Payable to Shareholder 995.41

Total Other Current Liabilities 995.41

Total Current Liabilities 1,666.23

Total Liabilities 1,666.23

Equity

Retained Earnings 100,897.04

Net Income 314.38

Total Equity 101,211.42

TOTAL LIABILITIES AND EQUITY \$102,877.6

E.4. Monitoring (1-2 paragraphs only)

Briefly describe how you will monitor progress in implementing the program. Describe how funding and related project costs will be tracked separately in the agency and how the agency will ensure that expenses are not paid from duplicate sources. Describe who will be responsible for monitoring progress.

Through online registration with the Clearwater Sailing Center, Bay Pines VA hospital and Event registration created by our Facebook Social Media page, our website and in person registration forms.,

Evidence-based mental health models such as Assist, Certified AFSP State Facilitators, NAMI Peer to Peer Family specialists, and the Wrap model are valuable tools in mental health programs. By working together, mental health professionals and evidence-based models can help support individuals in managing their mental health and living fulfilling lives.

We have adapted SAMHSA’s working definition of recovery which means: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Based on individual client needs, our program offers evidence-based services that are critical to the survival and well-being of those seeking our services. In summary, we offer case management, coaching and mentoring, advocacy, prevention education/training, community-based referrals.

- Case Management ● Private Coaching and Mentoring ● Advocacy ● Prevention Education and Training
- Community-Based Resources and Referrals ● Crisis Intervention

Our accountant will monitor the funding and expenses along with our usage of the Grant Hub platform.

E.5. Insurance/Bonding/Worker's Compensation (1-2 paragraphs only)

State whether or not the agency has liability insurance coverage, in what amount, and with what insuring agency. State whether the agency pays all payroll taxes and worker's compensation as required by Federal and state laws. State whether or not the agency has fidelity bond coverage for principle staff who handle the agency's accounts, in what amount and with what insuring agency.

We have liability insurance with Starkweather & Shepley with a 3 million amount. General board members, water liability and volunteers. In addition to that we are under the Clearwater Sailing School policy and Bay Pines VA policy with coverage.

F. Required Documents

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F. Required Documents

Please provide the following information.

Documentation



Organizational Chart *Required

_Neon Green and Purple Friendly Professional Messenger App Organizational Chart (1).pdf



Board Resolution Authorizing Submittal of Funding Request *Required

letter for neighborly.png



Current Year Operating Budget *Required

2023-ACT-FINANCIALS-12-31-2023-Remember Me NFP, Inc.pdf



Most Recent Annual Independent Auditor's Report *Required

Financial for FI solicitation.pdf



List of Board of Directors *Required

Nan board members for remember me.pdf



HUD Certificate - HUD-Approved Housing Counselors (if applicable)

**No files uploaded



Housing First Checklist (if applicable)

**No files uploaded

HUD Certificate - HUD-Approved Housing Counseling Agency (if applicable),

***No files uploaded*

Informational pamphlets about the agency (Optional)

155090 - Remember Me NFP Rack Card PRF2 (1) updated for Remember me NFP.pdf

501(c)3 Letter/Non-Profit Letter (if applicable)

Determination letter.pdf

Other Documents

annual report 2024.html

Submit

Completed by sgreene@largo.com on 2/14/2024 11:39 AM

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Submit

I certify that I have been authorized by the applicant's governing body to submit this application and that the information contained herein is true and correct to the best of my knowledge.

Authorized Name and Title

Nannette Prevost-Founder/CEO

Telephone

(727) 213-4856

Authorized Signature

Nannette Prevost

Electronically signed by nanprevost@gmail.com on 2/13/2024 3:46 PM

IDIS Set Up

No data saved

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IDIS Set Up

Please provide the following information.

Activity Name

National Objective

Activity Number

National Objective Citation

Activity Description

HUD Matrix Code

Activity Type

HUD Matrix Citation

Service Area

Method Used for Determining LMI

Action Plan Project

Accomplishment Type

Completion Deadline

Eligibility Determination

Funds Requested

\$0.00

Eligibility Comments/Conditions

Funds Prop./Awarded

\$0.00

Housing Manager Signature

***Not signed*

Funding Source(s)

Approval Date

Is this project subject to Davis Bacon Act?

Is this project subject to Section 3?

Is this project subject to BABA Act?

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Explanation of BABA Act Determination Documentation:

BABA Act Documentation

Subrecipient Award

No data saved

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Subrecipient Award

Please provide the following information.

Award Letter

Award Letter

***No files uploaded*

Subrecipient Agreement

Subrecipient Agreement

***No files uploaded*

Purchase Order

Purchase Order

***No files uploaded*

Purchase Order Number

Changer Order PO (if applicable)

LURA/Equity Sharing

No data saved

Case Id: 25262

Name: Remember Me NFP - 2024/25

Address: 11212 Regal Lane, Largo, FL 33774

LURA/Equity Sharing

Please provide the following information.

L.1 LURA/Equity Sharing Start Date

L.2 LURA/Equity Sharing End Date

L.3 LURA Comments/Notes

Documentation

Land Use Restriction Agreement

***No files uploaded*