

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 12/08/2020

Contract/Lease Control #: C21-2984-BCC

Procurement#: NA

Contract/Lease Type: AGREEMENT

Award To/Lessee: HOMELESSNESS & HOUSING ALLIANCE

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2020

Expiration Date: 09/30/2021

Description of: GRANT FUNDING ASSISTANCE

Department: BCC

Department Monitor: HOFSTAD

Monitor's Telephone #: 850-651-7515

Monitor's FAX # or E-mail: JHOFSTAD@MYOKALOOSA.COM

Closed:

Cc: BCC RECORDS

**AGREEMENT BETWEEN OKALOOSA COUNTY, FLORIDA AND HOMELESSNESS
AND HOUSING ALLIANCE FOR GRANT FUNDING ASSISTANCE**

This Agreement is made and entered into on the effective date below by and between the **BOARD OF COUNTY COMMISSIONERS OF OKALOOSA COUNTY, FLORIDA** (the "County") and Homelessness and Housing Alliance (the "Grantee").

WITNESSETH:

WHEREAS, Grantee is a nonprofit organization in Okaloosa County, which offers homeless housing assistance programs and/or services; and

WHEREAS, the County wishes to provide financial assistance to nonprofit organizations, such as Grantee which help to improve the quality of place and life of the citizens of the County.

NOW, THEREFORE, in consideration of mutual covenants and promises herein contained and other good and valuable consideration, the parties hereto agree as follows:

1. SPECIAL CONDITIONS.

- a. Grantee shall request fund distributions within ten (10) days of the fiscal quarters end (December 31, March 30, June 30, and September 30) by email to: fdouglas@myokaloosa.com.
- b. Grantee warrants that funds will be used in accordance with the budget included with its proposal and only for the purposes allowed by the IRS and other government agencies relating to grants from private foundations. In particular, no funds may be used for lobbying purposes or to aid in the election of a public official.
- c. Grantee agrees to comply with the Okaloosa County Nonprofit Agency Funding Policy.
- d. Grantee agrees to provide an annual financial report and annual programmatic report, which describes progress towards program outcomes and detailing expenditures signed by the Executive Director and shall accompany the third quarter distribution request.
- e. Grantee, with funding up to and including \$10,000, shall provide an affidavit stating the funds were used to reimburse the Grantee for expenses incurred in accordance with county policy, the Application and all applicable county, state and federal rules, laws and regulations. The Affidavit shall accompany the first quarter distribution request.
- f. Grantee, with funding above \$10,000, shall provide an accounting of grant funds along with receipts and documentation which establishes that the funds were expended in conformity with county policy, the Application and all applicable county, state and federal rules, laws and regulations. The accounting and documentation is required quarterly.
- g. Grantee is required to maintain detailed back-up documentation of expenditures, available for review by the County upon request. Site visits may be performed annually to determine and verify data collection methodology.
- h. Grantee agrees to furnish to the County any information concerning a deviation from its proposal or a change in Grantee's tax-exempt status.

CONTRACT#: C21-2984-BCC
HOMELESSNESS & HOUSING ALLIANCE
GRANT FUNDING ASSISTANCE
EXPIRES: 09/30/2021

- i. If Grantee's tax-exempt status changes or funds are not used for the purposes described in its proposal, the County may seek return of all unused funds and reimbursement of any misappropriated funds.
2. **EFFECTIVE DATE AND TERM.** This Agreement shall be effective October 1, 2020 thru September 30, 2021 and shall remain in effect until final payment is made.
3. **COMPENSATION.** The County agrees to pay to Grantee Fifty Thousand Dollars (\$50,000.00). Funds shall be paid to Grantee on a quarterly basis upon receipt of a reimbursement request, which shall include any activities, events, or services that occurred during the period and were funded by the County. Payment may be reduced as necessary in the event of an unforeseen occurrence that results in decreased tax revenue.
4. **HOLD HARMLESS.** Grantee shall protect, defend, indemnify and hold the County, its officers, and employees completely harmless from and against any and all liabilities, demands, suits, claims, losses, fines, or judgments arising by reason of the injury or death of any person or damage to any property, including all reasonable costs from investigation and defense thereof (including but not limited to attorney fees, court costs, and expert fees), of any nature whatsoever arising out of or incident to this Agreement or Grantee's officers, employees, agents, contractors, subcontractors, licensees or invitees regardless of where the injury, death or damage may occur; unless such injury, death or damage is caused by the sole negligence of the County. The County shall give Grantee reasonable notice of any such notice claims or actions. Grantee, in carrying out its obligations hereunder, shall use counsel reasonably acceptable to the County. The provisions of this section shall survive the expiration of earlier termination of this Agreement. The parties further agree that nothing contained herein is intended to nor shall be construed as a waiver of the County's rights and immunities under Section 768.28, Florida Statutes, as amended from time to time.
5. **TERMINATION.** This Agreement may be terminated by the County upon occurrence of any of the following:
 - a. The filing for Bankruptcy, loss of tax exemption status or dissolution by Grantee.
 - b. The County shall have authority to withhold compensation upon a reasonable determination that the Grantee has not complied with any one or any part of the terms of this Agreement. The County shall specifically identify in writing why it withheld compensation. Upon receipt of such written notice the Grantee shall have ten (10) days to cure its breach of the Agreement.
 - c. If the Grantee has failed to cure its breach within the time specified after receipt of such notice, the County may deliver to the Grantee a written notice of its intent to terminate this Agreement (the "Notice to Terminate"). The Grantee, upon receipt of the Notice to Terminate, shall be placed on notice that this Agreement shall terminate on the 10th day after receipt, with no further negotiations.

Either party may terminate this Agreement by giving sixty (60) days' written notice to the other.

6. **AUDITS AND RECORDKEEPING.** The Grantee is hereby obligated to maintain accurate records of expenditure of public funds under this Agreement. All records relating to these expenditures shall be considered public documents and shall remain available for audit and/or review at the request of the County at all times during the term of this Agreement. Grantee shall allow public access to all documents, records and other materials, subject to the provisions of Chapter 119, Florida Statutes, prepared or received by Grantee in conjunction with this Agreement. The County shall have the right from time to time at its sole expense to

audit the compliance by the Grantee with the terms, conditions, obligations, limitations, restrictions and requirements of this Agreement and such right shall extend for a period of three (3) years after termination of this Agreement.

IF THE GRANTEE HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE GRANTEE'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT OKALOOSA COUNTY RISK MANAGEMENT DEPARTMENT 302 N. WILSON ST., SUITE 301, CRESTVIEW, FL 32536 PHONE: (850) 689-5977 riskinfo@myokaloosa.com.

Grantee must comply with the public records laws, Florida Statute chapter 119, specifically Grantee must:

- a. Keep and maintain public records required by the County to perform the service.
 - b. Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in chapter 119 Florida Statutes or as otherwise provided by law.
 - c. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the Grantee does not transfer the records to the County.
 - d. Upon completion of the contract, transfer, at no cost, to the County all public records in possession of the Grantee or keep and maintain public records required by the County to perform the service. If the Grantee transfers all public records to the public agency upon completion of the contract, the Grantee shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Grantee keeps and maintains public records upon completion of the contract, the Grantee shall meet all applicable requirements for retaining the public records. All records stored electronically must be provided to the public agency, upon the request from the public agency's custodian of public records, in a format that is compatible with the information technology systems of the public agency.
7. **NON-APPROPRIATION OF FUNDS.** Notwithstanding anything contained in this contract to the contrary, in the event the funds appropriated by the County in any fiscal period are insufficient to pay the costs of this Agreement, the Agreement shall terminate on the last quarter period of the fiscal period for which appropriations were received, without penalty or expense to the County of any kind whatsoever. The County will immediately notify the Grantee of such occurrence.
8. **ASSIGNABILITY.** This Agreement may not be assigned or transferred by Grantee without the express prior approval of the County.
9. **NOTICES.** All notices or other communications required or permitted to be given by Grantee or by the County shall be in writing and shall be deemed delivered by either party when deposited in the U.S. Mail, first class postage paid, and addressed to:

GRANTEE: Sarah Yelverton
Executive Director
183 Eglin Parkway
Fort Walton Beach, FL 32548

COUNTY: Faye Douglas, Director
Office of Management and Budget
Okaloosa County
1250 N. Eglin Parkway
Shalimar, FL 32579

10. **ENTIRE AGREEMENT.** This Agreement contains the entire agreement and understanding between the Grantee and the County as to the subject matter hereof, and merges and supersedes all prior agreements, commitments, representations, writings, and discussions between them. Neither the Grantee nor the County will be bound to any prior obligations, conditions, warranties or representations with respect to the subject matter of this Agreement. This Agreement may not be changed, modified or supplemented in any way except by an instrument in writing executed by both the Grantee and the County.
11. **GOVERNING LAW & VENUE.** This Agreement shall be interpreted in accordance with the laws of the State of Florida without regard to its principles of conflicts of laws. Venue for any legal proceedings arising out of this Agreement shall be in Okaloosa County, Florida.

IN WITNESS WHEREOF, the parties hereto have set their hands and seals this _____ day of _____, 2020.

[HOMELESSNESS AND HOUSING ALLIANCE]

Signature

Date:


12/3/2020

OKALOOSA COUNTY, FLORIDA

John Hofstad, County Administrator

Date:


12/7/20

Attachments:

1. Grantee Application Proposal
2. County Non-Profit Funding Policy

CARES ACT FUNDING AGREEMENT

THIS AGREEMENT is entered into by the State of Florida, Division of Emergency Management, with headquarters in Tallahassee, Florida (hereinafter referred to as the "Division" or "Recipient"), and Okaloosa County, (hereinafter referred to as the "County" or "Subrecipient").

This agreement is entered into based on the following representations:

- A. The Subrecipient represents that it is fully qualified and eligible to receive this funding for the purposes identified herein; and
- B. The Division has received these funds from the U.S. Department of Treasury through the State of Florida and has the authority to distribute these funds to the Subrecipient upon the terms and conditions below; and
- C. The Division has statutory authority to disburse the funds under this Agreement.
- D. The CARES Act, section 601(d) of the Social Security Act, created the Coronavirus Relief Fund (CRF) and provided Florida with \$8,328,221,072; 55% of which was allocated to the State of Florida and 45% was allocated to counties.
- E. The United States Department of the Treasury disbursed \$2,472,413,692 of these funds directly to counties with a population in excess of 500,000.
- F. A remaining balance of \$1,275,285,790 was reverted to the State of Florida from the local government allocation, for the State to disburse to counties with populations less than 500,000.

Therefore, the Division and the Subrecipient agree to the following:

(1) LAWS, RULES, REGULATIONS, AND POLICIES

- a. Performance under this Agreement is subject to 2 C.F.R Part 200, entitled "Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards."
- b. As required by section 215.971(1), Florida Statutes, this Agreement includes:
 - i. A provision specifying a scope of work that clearly establishes the tasks that the Recipient is required to perform.
 - ii. A provision dividing the agreement into quantifiable units of deliverables that must be received and accepted in writing by the Division before payment or reimbursement. Each deliverable must be directly related to the scope of work and specify the required minimum level of service to be performed and the criteria for evaluating the successful completion of each deliverable.
 - iii. A provision specifying the financial consequences that apply if the Subrecipient fails to perform the minimum level of service required by the agreement.
 - iv. A provision specifying that the Subrecipient may expend funds only for allowable costs resulting from obligations incurred during the specified agreement period.
 - v. A provision specifying that any balance of unobligated funds which has been advanced or paid must be refunded to the Division.
 - vi. A provision specifying that any funds paid in excess of the amount to which the Recipient is entitled under the terms and conditions of the agreement must be refunded to the Division.
- c. In addition to the foregoing, the Subrecipient and the Division will be governed by all applicable State and Federal laws, rules and regulations, including those identified in Attachment B. Any express reference in this Agreement to a particular statute, rule, or regulation in no way implies that no other statute, rule, or regulation applies.

(2) CONTACT

- a. In accordance with section 215.971(2), Florida Statutes, the Division's Program Manager will be responsible for enforcing performance of this Agreement's terms and conditions and will serve as the Division's liaison with the Subrecipient. As part of his/her duties, the Program Manager for the Division will monitor and document Subrecipient performance.
- b. The Division's Program Manager for this Agreement is:

Wesley Sapp
Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2100
Telephone: (850) 815-4431
Email: Wesley.Sapp@em.myflorida.com

- c. The name and address of the representative of the Recipient responsible for the administration of this Agreement is:

Allison McLeary
Division of Emergency Management
2555 Shumard Oak Blvd
Telephone: 850-815-4455
Email: Allison.McLeary@em.myflorida.com

- d. In the event that different representatives or addresses are designated by either party after execution of this Agreement, notice of the name, title and address of the new representative will be provided to the other party.

(3) TERMS AND CONDITIONS

This Agreement contains all the terms and conditions agreed upon by the parties.

(4) EXECUTION

This Agreement may be executed in any number of counterparts, any one of which may be taken as an original.

(5) MODIFICATION

This agreement may not be modified.

(6) PERIOD OF AGREEMENT

This Agreement shall be effective on **March 1, 2020** and shall end on **December 30, 2020**, unless terminated earlier in accordance with the provisions of Paragraph (15) TERMINATION. In accordance with section 215.971(1)(d), Florida Statutes, the Subrecipient may expend funds authorized by this Agreement "only for allowable costs resulting from obligations incurred during the specific agreement period."

(7) FUNDING

- a. The State of Florida's performance and obligation to pay under this Agreement is contingent upon an annual appropriation by the Legislature, and subject to any modification in accordance with either Chapter 216, Florida Statutes, and the Florida Constitution.
- b. This is a modified reimbursement agreement. The State, through the Division, will make an initial disbursement to the county of 25% of the total amount allocated to the county according to the United States Department of the Treasury. Any additional amounts will be disbursed on a reimbursement basis.

- c. Subrecipients may use payments for any expenses eligible under section 601(d) of the Social Security Act, specifically the Coronavirus Relief Fund and further outlined in US Treasury Guidance. Payments are not required to be used as the source of funding of last resort.
- d. The Division's Program Manager, as required by section 215.971(2)(c), Florida Statutes, shall reconcile and verify all funds received against all funds expended during the period of agreement and produce a final reconciliation report. The final report must identify any funds paid in excess of the expenditures incurred by the Subrecipient.
- e. For the purposes of this Agreement, the term "improper payment" means or includes:
 - i. Any payment that should not have been made or that was made in an incorrect amount (including overpayments and underpayments) under statutory, contractual, administrative, or other legally applicable requirements.
- f. As required by the Reference Guide for State Expenditures, reimbursement for travel must be in accordance with section 112.061, Florida Statutes, which includes submission of the claim on the approved state travel voucher.
- g. Counties should provide funding to municipalities within their jurisdiction upon request for eligible expenditures under the CARES Act. However, counties are responsible for the repayment of funds to the Division for expenditures that the Division or the Federal government determines are ineligible under the CARES Act.
- h. The CARES Act requires that the payments from the Coronavirus Relief Fund only be used to cover expenses that¹—
 - i. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
 - ii. were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
 - iii. were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020. Funds transferred to Subrecipient must qualify as a necessary expenditure incurred due to the public health emergency and meet the other criteria of section 601(d) of the Social Security Act. Such funds would be subject to recoupment by the Treasury Department if the funds have not been used in a manner consistent with section 601(d) of the Social Security Act.
- i. Examples of Eligible Expenses include, but are not limited to:
 - i. Medical expenses
 - ii. Public health expenses
 - iii. Payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.
 - iv. Expenses of actions to facilitate compliance with COVID-19 related public health measures.
 - v. Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency.
 - vi. Any other COVID-19 – related expenses reasonably necessary to the function of government that satisfy the fund's eligibility criteria.

(8) INVOICING

- a. In order to obtain reimbursement for expenditures in excess of the initial 25% disbursement, the Subrecipient must file with the Division Grant Manager its request for reimbursement and any other information required to justify and support the payment request. Payment requests must include a certification, signed by an official who is authorized to legally bind the Subrecipient, which reads as follows:

¹ <https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf>

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

- b. Reimbursements will only be made for expenditures that the Division provisionally determines are eligible under the CARES Act. However, the Division's provisional determination that an expenditure is eligible does not relieve the county of its duty to repay the Division for any expenditures that are later determined by the Division or the Federal government to be ineligible.

(9) RECORDS

- a. As a condition of receiving state or federal financial assistance, and as required by sections 20.055(6)(c) and 215.97(5)(b), Florida Statutes, the Division, the Chief Inspector General of the State of Florida, the Florida Auditor General, or any of their authorized representatives, shall enjoy the right of access to any documents, financial statements, papers, or other records of the Subrecipient which are pertinent to this Agreement, in order to make audits, examinations, excerpts, and transcripts. The right of access also includes timely and reasonable access to the Subrecipient's personnel for the purpose of interview and discussion related to such documents. For the purposes of this section, the term "Subrecipient" includes employees or agents, including all subcontractors or consultants to be paid from funds provided under this Agreement.
- b. The Subrecipient shall maintain all records related to this Agreement for the period of time specified in the appropriate retention schedule published by the Florida Department of State. Information regarding retention schedules can be obtained at: <http://dos.myflorida.com/library-archives/records-management/general-records-schedules/>.
- c. Florida's Government in the Sunshine Law (Section 286.011, Florida Statutes) provides the citizens of Florida with a right of access to governmental proceedings and mandates three, basic requirements: (1) all meetings of public boards or commissions must be open to the public; (2) reasonable notice of such meetings must be given; and, (3) minutes of the meetings must be taken and promptly recorded.
- d. Florida's Public Records Law provides a right of access to the records of the state and local governments as well as to private entities acting on their behalf. Unless specifically exempted from disclosure by the Legislature, all materials made or received by a governmental agency (or a private entity acting on behalf of such an agency) in conjunction with official business which are used to perpetuate, communicate, or formalize knowledge qualify as public records subject to public inspection.

IF THE SUBRECIPIENT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE SUBRECIPIENT'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT: (850) 815-4156, Records@em.myflorida.com, or 2555 Shumard Oak Boulevard, Tallahassee, FL 32399.

(10) AUDITS

- a. In accounting for the receipt and expenditure of funds under this Agreement, the Subrecipient must follow Generally Accepted Accounting Principles ("GAAP"). As defined by 2 C.F.R. §200.49, "GAAP has the meaning specified in accounting standards issued by the Government Accounting Standards Board (GASB) and the Financial Accounting Standards Board (FASB)."
- b. When conducting an audit of the Subrecipient's performance under this Agreement, the Division must use Generally Accepted Government Auditing Standards ("GAGAS"). As defined by 2 C.F.R. §200.50, "GAGAS, also known as the Yellow Book, means generally accepted government auditing standards issued by the Comptroller General of the United States, which are applicable to financial audits."
- c. If an audit shows that all or any portion of the funds disbursed were not spent in accordance with the conditions of and strict compliance with this Agreement, the Subrecipient will be held liable for reimbursement to the Division of all funds not spent in accordance with these applicable regulations and Agreement provisions within thirty (30) days after the Division has notified the Subrecipient of such non-compliance.
- d. The Subrecipient must have all audits completed by an independent auditor, which is defined in section 215.97(2)(i), Florida Statutes, as "an independent certified public accountant licensed under chapter 473." The independent auditor must state that the audit complied with the applicable provisions noted above. The audits must be received by the Division no later than nine months from the end of the Subrecipient's fiscal year.
- e. The Subrecipient must send copies of reporting packages required under this paragraph directly to each of the following:

i.

The Division of Emergency Management

DEMSingle_Audit@em.myflorida.com

OR

Office of the Inspector General

2555 Shumard Oak Boulevard

Tallahassee, Florida 32399-2100

ii.

The Auditor General

Room 401, Claude Pepper Building

111 West Madison Street

Tallahassee, Florida 32399-1450

- f. Fund payments are considered to be federal financial assistance subject to the Single Audit Act and the related provisions of the Uniform Guidance.

(11) REPORTS

- a. The Subrecipient must provide the Division with quarterly reports and a close-out report. These reports must include the current status and progress of the expenditure of funds under this Agreement, in addition to any other information requested by the Division.

- b. Quarterly reports are due to the Division no later than 15 days after the end of each quarter of the program year and must be sent each quarter until submission of the administrative close-out report. The ending dates for each quarter of the program year are March 31, June 30, September 30, and December 31. The first quarterly report due pursuant to this agreement is due for the quarter ending September 30, 2020.
- c. The close-out report is due sixty (60) days after termination of this Agreement or 60 days after completion of the activities contained in this Agreement, whichever occurs first.
- d. If all required reports and copies are not sent to the Division or are not completed in a manner acceptable to the Division, the Division may withhold further payments until they are completed or may take other action as stated in Paragraph (15) REMEDIES. "Acceptable to the Division" means that the work product was completed in accordance with the Budget and Scope of Work.
- e. The Subrecipient must provide additional program updates or information that may be required by the Division.

(12) MONITORING

In addition to reviews of audits conducted in accordance with paragraph (10) AUDITS above, monitoring procedures may include, but not be limited to, on-site visits by Division staff, limited scope audits, or other procedures. The Subrecipient agrees to comply and cooperate with any monitoring procedures/processes deemed appropriate by the Division. In the event that the Division determines that a limited scope audit of the Subrecipient is appropriate, the Subrecipient agrees to comply with any additional instructions provided by the Division to the Subrecipient regarding such audit. The Subrecipient further agrees to comply and cooperate with any inspections, reviews, investigations or audits deemed necessary by the Florida Chief Financial Officer or Auditor General. In addition, the Division will monitor the performance and financial management by the Subrecipient throughout the period of agreement to ensure timely completion of all tasks.

(13) LIABILITY

Any Subrecipient which is a state agency or subdivision, as defined in section 768.28, Florida Statutes, agrees to be fully responsible for its negligent or tortious acts or omissions which result in claims or suits against the Division, and agrees to be liable for any damages proximately caused by the acts or omissions to the extent set forth in section 768.28, Florida Statutes. Nothing herein is intended to serve as a waiver of sovereign immunity by any party to which sovereign immunity applies. Nothing herein will be construed as consent by a state agency or subdivision of the State of Florida to be sued by third parties in any matter arising out of this Agreement.

(14) DEFAULT

- a. If any of the following events occur ("Events of Default"), all obligations on the part of the Division to make further payment of funds will, if the Division elects, terminate and the Division has the option to exercise any of its remedies set forth in Paragraph (15) REMEDIES. However, the Division may make payments or partial payments after any Events of Default without waiving the right to exercise such remedies, and without becoming liable to make any further payment.
- b. If any warranty or representation made by the Subrecipient in this Agreement or any previous agreement with the Division is or becomes false or misleading in any respect, or if the Subrecipient fails to keep or perform any of the obligations, terms or covenants in this

- Agreement or any previous agreement with the Division and has not cured them in timely fashion, or is unable or unwilling to meet its obligations under this Agreement;
- c. If material adverse changes occur in the financial condition of the Subrecipient at any time during the period of agreement, and the Subrecipient fails to cure this adverse change within thirty (30) days from the date written notice is sent by the Division.
 - d. If any reports required by this Agreement have not been submitted to the Division or have been submitted with incorrect, incomplete or insufficient information;
 - e. If the Subrecipient has failed to perform and complete on time any of its obligations under this Agreement.

(15) REMEDIES

If an Event of Default occurs, then the Division may, after thirty (30) calendar days written notice to the Subrecipient and upon the Subrecipient's failure to cure within those thirty (30) days, exercise any one or more of the following remedies, either concurrently or consecutively:

- a. Terminate this Agreement, provided that the Subrecipient is given at least thirty (30) days prior written notice of the termination. The notice shall be effective when placed in the United States, first class mail, postage prepaid, by registered or certified mail-return receipt requested, to the address in paragraph (2) CONTACT herein;
- b. Begin an appropriate legal or equitable action to enforce performance of this Agreement;
- c. Withhold or suspend payment of all or any part of a request for payment;
- d. Require that the Subrecipient refund to the Division any monies used for ineligible purposes under the laws, rules and regulations governing the use of these funds.
- e. Exercise any corrective or remedial actions, to include but not be limited to:
 - i. request additional information from the Subrecipient to determine the reasons for or the extent of non-compliance or lack of performance,
 - ii. issue a written warning to advise that more serious measures may be taken if the situation is not corrected,
 - iii. advise the Subrecipient to suspend, discontinue or refrain from incurring costs for any activities in question,
 - iv. require the Subrecipient to reimburse the Division for the amount of costs incurred for any items determined to be ineligible, or
 - v. request the Department of Revenue to withhold from any future payment due to the county under the Revenue Sharing Act of 1972 described in Part II of Chapter 218, Florida Statutes, or the Participation in Half Cent Sales Tax Proceeds described in Part IV of Chapter 218, Florida Statutes, an amount equal to any repayment due to the Division under this Agreement.
- f. Exercise any other rights or remedies which may be available under law. Pursuing any of the above remedies will not stop the Division from pursuing any other remedies in this Agreement or provided at law or in equity. If the Division waives any right or remedy in this Agreement or fails to insist on strict performance by the Subrecipient, it will not affect, extend or waive any other right or remedy of the Division, or affect the later exercise of the same right or remedy by the Division for any other default by the Subrecipient.

(16) TERMINATION

- a. The Division may terminate this Agreement for cause after thirty (30) days written notice. Cause can include misuse of funds, fraud, lack of compliance with applicable rules, laws and regulations, failure to perform on time, and refusal by the Subrecipient to permit public access to any document, paper, letter, or other material subject to disclosure under Chapter 119, Florida Division of Emergency Management Statutes, as amended.
- b. The Division may terminate this Agreement for convenience or when it determines, in its sole discretion, that continuing the Agreement would not produce beneficial results in line

with the further expenditure of funds, by providing the Subrecipient with thirty (30) calendar days prior written notice.

- c. The parties may agree to terminate this Agreement for their mutual convenience through a written amendment of this Agreement. The amendment will state the effective date of the termination and the procedures for proper closeout of this Agreement.
- d. In the event this Agreement is terminated, the Subrecipient will not incur new obligations for the terminated portion of this Agreement after they have received the notification of termination. The Subrecipient will cancel as many outstanding obligations as possible. Costs incurred after receipt of the termination notice will be disallowed. The Subrecipient will not be relieved of liability to the Division because of any breach of this Agreement by the Subrecipient. The Division may, to the extent authorized by law, withhold payments to the Subrecipient for the purpose of set-off until the exact amount of damages due the Division from the Subrecipient is determined.

(17) ATTACHEMENTS

- a. All attachments to this Agreement are incorporated as if set out fully.
- b. In the event of any inconsistencies or conflict between the language of this Agreement and the attachments, the language of the attachments will control, but only to the extent of the conflict or inconsistency.

(18) PAYMENTS

- a. The State of Florida, through the Division, will make a disbursement of each County government's allocation as calculated by the United States Department of the Treasury. Funding for Okaloosa County is in the amount of \$9,193,039.00.

(19) REPAYMENTS

- a. All refunds, return of improper payments, or repayments due to the Division under this Agreement are to be made payable to the order of "Division of Emergency Management," and mailed directly to the following address:

Division of Emergency Management

Cashier

2555 Shumard Oak Boulevard

Tallahassee FL 32399-2100

- b. In accordance with section 215.34(2), Florida Statutes, if a check or other draft is returned to the Division for collection, Subrecipient shall pay the Division a service fee of \$15.00 or 5% of the face amount of the returned check or draft, whichever is greater.

(20) MANDATED CONDITIONS AND OTHER LAWS

- a. The validity of this Agreement is subject to the truth and accuracy of all the information, representations, and materials submitted or provided by the Subrecipient in this Agreement, in any later submission or response to a Division request, or in any submission or response to fulfill the requirements of this Agreement. All of said information, representations, and materials is incorporated by reference. The inaccuracy of the submissions or any material changes will, at the option of the Division and with thirty (30) days written notice to the Subrecipient, cause the termination of this Agreement and the release of the Division from all its obligations to the Subrecipient.
- b. This Agreement must be construed under the laws of the State of Florida, and venue for any actions arising out of this Agreement will be in the Circuit Court of Leon County. If any

- provision of this Agreement is in conflict with any applicable statute or rule, or is unenforceable, then the provision is null and void to the extent of the conflict, and is severable, but does not invalidate any other provision of this Agreement.
- c. Any power of approval or disapproval granted to the Division under the terms of this Agreement will survive the term of this Agreement.
 - d. This Agreement may be executed in any number of counterparts, any one of which may be taken as an original.
 - e. The Subrecipient agrees to comply with the Americans With Disabilities Act (Public Law 101-336, 42 U.S.C. Section 12101 et seq.), which prohibits discrimination by public and private entities on the basis of disability in employment, public accommodations, transportation, State and local government services, and telecommunications.
 - f. Those who have been placed on the convicted vendor list following a conviction for a public entity crime or on the discriminatory vendor list may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with a public entity, and may not transact business with any public entity in excess of \$25,000.00 for a period of thirty-six (36) months from the date of being placed on the convicted vendor list or on the discriminatory vendor list.
 - g. The State of Florida's performance and obligation to pay under this Agreement is contingent upon an annual appropriation by the Legislature, and subject to any modification in accordance with Chapter 216, Florida Statutes, or the Florida Constitution.
 - h. All bills for fees or other compensation for services or expenses shall be submitted in detail sufficient for a proper pre-audit and post-audit thereof.
 - i. Any bills for travel expenses must be submitted in accordance with section 112.061, Florida Statutes.
 - j. The Division reserves the right to unilaterally cancel this Agreement if the Subrecipient refuses to allow public access to all documents, papers, letters or other material subject to the provisions of Chapter 119, Florida Statutes, which the Subrecipient created or received under this Agreement.
 - k. If the Subrecipient is allowed to temporarily invest any advances of funds under this Agreement, they must use the interest earned or other proceeds of these investments only to cover expenditures incurred in accordance with section 601(d) of the Social Security Act and the Guidance on eligible expenses. If a government deposits CRF payments in a government's general account, it may use those funds to meet immediate cash management needs provided that the full amount of the payment is used to cover necessary expenditures. Fund payments are not subject to the Cash Management Improvement Act of 1990, as amended. The State of Florida will not intentionally award publicly-funded contracts to any contractor who knowingly employs unauthorized alien workers, constituting a violation of the employment provisions contained in 8 U.S.C. Section 1324a(e) [Section 274A(e) of the Immigration and Nationality Act ("INA")]. The Division shall consider the employment by any contractor of unauthorized aliens a violation of Section 274A(e) of the INA. Such violation by the Subrecipient of the employment provisions contained in Section 274A(e) of the INA will be grounds for unilateral cancellation of this Agreement by the Division.
 - l. The Subrecipient is subject to Florida's Government in the Sunshine Law (Section 286.011, Florida Statutes) with respect to the meetings of the Subrecipient's governing board or the meetings of any subcommittee making recommendations to the governing board. All of these meetings must be publicly noticed, open to the public, and the minutes of all the meetings will be public records, available to the public in accordance with Chapter 119, Florida Statutes.

- m. All expenditures of state or federal financial assistance must be in compliance with the laws, rules and regulations applicable to expenditures of State funds, including but not limited to, the Reference Guide for State Expenditures.
- n. This Agreement may be charged only with allowable costs resulting from obligations incurred during the period of agreement.
- o. Any balances of unobligated cash that have been advanced or paid that are not authorized to be retained for direct program costs in a subsequent period must be refunded to the Division.
- p. If the purchase of the asset was consistent with the limitations on the eligible use of funds provided by section 601(d) of the Social Security Act, the Subrecipient may retain the asset. If such assets are disposed of prior to December 30, 2020, the proceeds would be subject to the restrictions on the eligible use of payments from the Fund provided by section 601(d) of the Social Security Act.

(21) LOBBYING PROHIBITION

- a. Section 216.347, Florida Statutes, prohibits "any disbursement of grants and aids appropriations pursuant to a contract or grant to any person or organization unless the terms of the grant or contract prohibit the expenditure of funds for the purpose of lobbying the Legislature, the judicial branch, or a state agency."
- b. No funds or other resources received from the Division under this Agreement may be used directly or indirectly to influence legislation or any other official action by the Florida Legislature or any state agency.
- c. 2 C.F.R. §200.450 prohibits reimbursement for costs associated with certain lobbying activities.
- d. Section 216.347, Florida Statutes, prohibits "any disbursement of grants and aids appropriations pursuant to a contract or grant to any person or organization unless the terms of the grant or contract prohibit the expenditure of funds for the purpose of lobbying the Legislature, the judicial branch, or a state agency."
- e. No funds or other resources received from the Division under this Agreement may be used directly or indirectly to influence legislation or any other official action by the Florida Legislature or any state agency.
 - i. The Subrecipient certifies, by its signature to this Agreement, that to the best of his or her knowledge and belief:
 - ii. No Federal appropriated funds have been paid or will be paid, by or on behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.
 - iii. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the Subrecipient must complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities."
 - iv. The Subrecipient must require that this certification be included in the award documents for all subawards (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all Subrecipient s shall certify and disclose.
 - v. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed

by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

(22) LEGAL AUTHORIZATION

The Subrecipient certifies that it has the legal authority to receive the funds under this Agreement and that its governing body has authorized the execution and acceptance of this Agreement. The Subrecipient also certifies that the undersigned person has the authority to legally execute and bind the Subrecipient to the terms of this Agreement.

(23) ASSURANCES

The Subrecipient must comply with any Statement of Assurances incorporated as Attachment C.

(24) EQUAL OPPORTUNITY EMPLOYMENT

- a. In accordance with 41 C.F.R. §60-1.4(b), the Subrecipient hereby agrees that it will incorporate or cause to be incorporated into any contract for construction work, or modification thereof, as defined in the regulations of the Secretary of Labor at 41 CFR Chapter 60, which is paid for in whole or in part with funds obtained from the Federal Government or borrowed on the credit of the Federal Government pursuant to a grant, contract, loan, insurance, or guarantee, or undertaken pursuant to any Federal program involving such grant, contract, loan, insurance, or guarantee, the following equal opportunity clause:

During the performance of this contract, the contractor agrees as follows:

The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. Such action shall include, but not be limited to the following:

- i. Employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination clause.
- ii. The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive considerations for employment without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin.
- iii. The contractor will not discharge or in any other manner discriminate against any employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant or another employee or applicant. This provision shall not apply to instances in which an employee who has access to the compensation information of other employees or applicants as a part of such employee's essential job functions discloses the compensation of such other employees or applicants to individuals who do not otherwise have access to such information, unless such disclosure is in response to a formal complaint or charge, in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or is consistent with the contractor's legal duty to furnish information.

- iv. The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representatives of the contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- v. The contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.
- vi. The contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- vii. In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations, or orders, this contract may be canceled, terminated, or suspended in whole or in part and the contractor may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
- viii. The contractor will include the portion of the sentence immediately preceding paragraph (1) and the provisions of paragraphs (1) through (8) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance:

Provided, however, that in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the administering agency the contractor may request the United States to enter into such litigation to protect the interests of the United States.

(25) COPELAND ANTI-KICKBACK ACT

- a. The Subrecipient hereby agrees that, unless exempt under Federal law, it will incorporate or cause to be incorporated into any contract for construction work, or modification thereof, the following clause:
 - i. Contractor. The contractor shall comply with 18 U.S.C. § 874, 40 U.S.C. § 3145, and the requirements of 29 C.F.R. pt. 3 as may be applicable, which are incorporated by reference into this contract.
 - ii. Subcontracts. The contractor or subcontractor shall insert in any subcontracts the clause above and such other clauses as the FEMA may by appropriate instructions require, and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for the compliance by any subcontractor or lower tier subcontractor with all of these contract clauses.

- iii. Breach. A breach of the contract clauses above may be grounds for termination of the contract, and for debarment as a contractor and subcontractor as provided in 29 C.F.R. § 5.12.

(26) CONTRACT WORK HOURS AND SAFETY STANDARDS

If the Subrecipient, with the funds authorized by this Agreement, enters into a contract that exceeds \$100,000 and involves the employment of mechanics or laborers, then any such contract must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous, or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation.

(27) CLEAN AIR ACT AND THE FEDERAL WATER POLLUTION CONTROL ACT

- a. If the Subrecipient, with the funds authorized by this Agreement, enters into a contract that exceeds \$150,000, then any such contract must include the following provision:
 - i. Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387), and will report violations to FEMA and the Regional Office of the Environmental Protection Agency (EPA).

(28) SUSPENSION AND DEBARMENT

- a. If the Subrecipient, with the funds authorized by this Agreement, enters into a contract, then any such contract must include the following provisions:
 - i. This contract is a covered transaction for purposes of 2 C.F.R. pt. 180 and 2 C.F.R. pt. 3000. As such the contractor is required to verify that none of the contractor, its principals (defined at 2 C.F.R. § 180.995), or its affiliates (defined at 2 C.F.R. § 180.905) are excluded (defined at 2 C.F.R. § 180.940) or disqualified (defined at 2 C.F.R. § 180.935).
 - ii. The contractor must comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.
 - iii. This certification is a material representation of fact relied upon by the Division. If it is later determined that the contractor did not comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, in addition to remedies available to the Division, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment.
 - iv. The bidder or proposer agrees to comply with the requirements of 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The bidder or proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions.

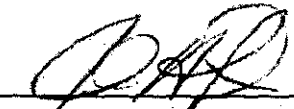
(29) BYRD ANTI-LOBBYING AMENDMENT

- a. If the Subrecipient, with the funds authorized by this Agreement, enters into a contract, then any such contract must include the following clause:
 - i. Byrd Anti-Lobbying Amendment, 31 U.S.C. § 1352 (as amended). Contractors who apply or bid for an award of \$100,000 or more shall file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant, or any other award covered by 31 U.S.C. § 1352. Each tier shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the Subrecipient.

(30) CONTRACTING WITH SMALL AND MINORITY BUSINESSES, WOMEN'S BUSINESS ENTERPRISES, AND LABOR SURPLUS AREA FIRMS


- a. If the Subrecipient, with the funds authorized by this Agreement, seeks to procure goods or services, then, in accordance with 2 C.F.R. §200.321, the Subrecipient must take the following affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used whenever possible:
 - i. Placing qualified small and minority businesses and women's business enterprises on solicitation lists;
 - ii. Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
 - iii. Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;
 - iv. Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises;
 - v. Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce; and
 - vi. Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed in paragraphs (i). through v. of this subparagraph.
- b. The requirement outlined in subparagraph a. above, sometimes referred to as "socioeconomic contracting," does not impose an obligation to set aside either the solicitation or award of a contract to these types of firms. Rather, the requirement only imposes an obligation to carry out and document the six affirmative steps identified above.
- c. The "socioeconomic contracting" requirement outlines the affirmative steps that the Subrecipient must take; the requirements do not preclude the Subrecipient from undertaking additional steps to involve small and minority businesses and women's business enterprises.
- d. The requirement to divide total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises, does not authorize the Subrecipient to break a single project down into smaller components in order to circumvent the micro-purchase or small purchase thresholds so as to utilize streamlined acquisition procedures (e.g. "project splitting").

SUB-RECIPIENT:

By: 
Name and title: John Hofstad, County Administrator
Date: July 7, 2020
FID# 59-6000765

STATE OF FLORIDA

DIVISION OF EMERGENCY MANAGEMENT

By: Allison McLeary 
Digitally signed by Allison McLeary
DN: dc=org, dc=fleoc, ou=DEM_Users,
ou=Recovery, ou=RecoveryCoordination,
cn=Allison McLeary,
email=Allison.McLeary@em.myflorida.com
Date: 2020.07.08 11:16:24 -04'00'
Name and Title

Interim Bureau Chief

Date: 7-8-20

EXHIBIT 1

STATE RESOURCES AWARDED TO THE RECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

SUBJECT TO SECTION 215.97, FLORIDA STATUTES:

State Project –

State awarding agency: Florida Division of Emergency Management

Catalog of State Financial Assistance Title:

Catalog of State Financial Assistance Number:

Attachment A

CARES ACT CORONAVIRUS RELIEF FUND ELIGIBILITY CERTIFICATION

I, , am the Authorized Agent of Okaloosa County County ("County") and I certify that:

1. I have the authority on behalf of County to request grant payments from the State of Florida ("State") for federal funds appropriated pursuant to section 601 of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, div. A, Title V (Mar. 27, 2020).
2. I understand that the State will rely on this certification as a material representation in making grant payments to the County.
3. I acknowledge that County should keep records sufficient to demonstrate that the expenditure of funds it has received is in accordance with section 601(d) of the Social Security Act.
4. I acknowledge that all records and expenditures are subject to audit by the United States Department of Treasury's Inspector General, the Florida Division of Emergency Management, and the Florida State Auditor General, or designee.
5. I acknowledge that County has an affirmative obligation to identify and report any duplication of benefits. I understand that the State has an obligation and the authority to deobligate or offset any duplicated benefits.
6. I acknowledge and agree that County shall be liable for any costs disallowed pursuant to financial or compliance audits of funds received.
7. I acknowledge that if County has not used funds it has received to cover costs that were incurred by December 30, 2020, as required by the statute, those funds must be returned to the United States Department of the Treasury.
8. I acknowledge that the County's proposed uses of the funds provided as grant payments from the State by federal appropriation under section 601 of the Social Security Act will be used only to cover those costs that:
 - a. are necessary expenditures incurred due to the public health emergency and governor's disaster declaration on March 13, 2020 with respect to the Coronavirus Disease 2019 (COVID-19);
 - b. were not accounted for in the budget most recently approved as of March 27, 2020, for County; and
 - c. were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020.

In addition to each of the statements above, I acknowledge on submission of this certification that my jurisdiction has incurred eligible expenses between March 1, 2020 and the date noted below.

By: 
Name and title: John Hofstad, County Administrator
Date: July 7, 2020

Attachment A - CERTIFICATION REGARDING LOBBYING

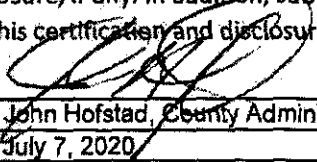
Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned sub-recipient, Okaloosa County, certifies, to the best of his or her knowledge that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence any officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. Sec. 1352 (as amended by the Lobbying Disclosure Act of 119). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The sub-recipient, Okaloosa County, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, sub-recipient understands and agrees that the provisions of 31 U.S.C. Sec. 3801 et seq. apply to his certification and disclosure, if any.

By: 
 Name and title: John Hofstad, County Administrator
 Date: July 7, 2020

STATE OF FLORIDA

DIVISION OF EMERGENCY MANAGEMENT

By: Allison McLeary
 Name and title: _____
 Date: 7-8-20

Digitally signed by Allison McLeary
 DN: dc=org, dc=fleoc, ou=DEM_Users, ou=Recovery,
 ou=RecoveryCoordination, cn=Allison McLeary,
 email=Allison.McLeary@em.myflorida.com
 Date: 2020.07.08 11:17:04 -0400

Interim Bureau Chief

Attachment B

PROGRAM STATUTES AND REGULATIONS

42 USC 601(d) CARES Act	Creation of the Coronavirus Relief Fund (CRF)
Section 215.422, Florida Statutes	Payments, warrants, and invoices; processing time limits; dispute limitation; agency or judicial branch compliance
Section 215.971, Florida Statutes	Agreements funded with federal and state assistance
Section 216.347, Florida Statutes	Disbursement of grant and aids appropriations for lobbying prohibited
CFO MEMORANDUM NO. 04 (2005-06)	Compliance Requirements for Agreements

**DIVISION OF EMERGENCY MANAGEMENT
Grant/Grant and Aid Subgrant Routing Sheet**

DEM Contract/Grant Number: Y2276 Mod #: 1 Date Initiated: 10/2/20
Project Manager/Contact Person: Wesley Sapp Phone: 815-4431
Bureau Approval: _____ Date: 10/2/20
Subgrantee/Funding Source: _____
Effective Dates: 9/22/2020 - 12/30/2020 Amount: \$36,772,156.00

Type of Agreement: A) Grant X _____ B) G & A Subgrant Agreement _____
C) Loan Agreement _____ D) Other (explain) _____

Routing:

First Review – Grant Manager: _____
_____ **Wesley Sapp** Digitally signed by Wesley Sapp Date Received _____
DN: dc=org, dc=fleoc, ou=DEM Users, Date Reviewed _____
ou=Recovery, cn=Wesley Sapp,
email=Wesley.Sapp@em.myflorida.com
Date: 2020.10.02 16:36:42 -0400

Grant Mgmt Signature: _____
First Review – Legal: _____ Date Received _____
_____ Date Reviewed _____
Digitally signed by Stephanie Twomey
DN: cn=Stephanie Twomey, ou=DEM Users,
ou=Recovery, cn=Stephanie Twomey,
email=Stephanie.Twomey@emmy.floridastate.gov
Date: 2020.10.03 10:29:54 -0400

Legal Signature: _____
Second Review – Finance: _____ Date Received _____
_____ Date Reviewed _____

Fiscal Mgmt Signature: _____
Second Review – Legal: _____ Date Received _____
_____ Date Reviewed _____

Legal Signature: _____

- Distribution: 1 - Division/Bureau with Original Agreement
2 - Grants with Original Agreement
3 - Fiscal Mgmt with Copy of Agreement

Cares Act Funding Agreement Amendment 1

CARES ACT FUNDING AGREEMENT
Amendment No. 1

This Amendment to Agreement No. (the "Agreement") is entered into by the State of Florida, Division of Emergency Management, with headquarters in Tallahassee, Florida (hereinafter referred to as the "Division," "FDEM," or "Recipient"), and Okaloosa County, (hereinafter referred to as the "County" or "Recipient").

This Amendment is hereby incorporated into the Agreement. All terms and conditions of the Agreement remain in full force and effect except as otherwise expressly set forth herein. The effective date of this Amendment is September 22, 2020.

THEREFORE, the Parties agree to amend the Agreement language as set forth:

(18)PAYMENTS

The State of Florida, through the Division, will make disbursements, whether as a reimbursement or Advance from each County government's allocation as identified by the attached allotment schedule. Funding for Okaloosa County shall not exceed \$36,772,156.00

IN WITNESS WHEREOF, the Parties hereto have caused this Amendment to be executed by their duly authorized representatives on the dates noted below.

SUB-RECIPIENT: Okaloosa County

By:

John Hofstad

Name and title:

John Hofstad

County Administrator

Date:

9/24/2020

FID#

596000765

STATE OF FLORIDA

DIVISION OF EMERGENCY MANAGEMENT

By:

Allison
McLeary

Name and Title

Date

10-5-20

Digitally signed by Allison McLeary
DN: dc=org, dc=fleoc, ou=DEM_Users,
ou=Recovery, ou=RecoveryCoordination,
cn=Allison McLeary,
email=Allison.McLeary@em.myflorida.com
Date: 2020.10.05 09:05:59 -04'00'

Recovery Bureau Chief/GAR



Non-Profit Funding Request Application

Funding Period: October 1, 2020 – September 30, 2021

Application Deadline: May 15, 2020

Agency Name: Homelessness & Housing Alliance		
Street Address: 183 Eglin Parkway		
City: Fort Walton Beach	State: Florida	Zip: 32548
Website: www.hhalliance.org		
Executive Director: Sarah Yelverton		
Phone: 850-362-7429	Email: Sarah@hhalliance.org	
Name and Title of Principle Contact: Sarah Yelverton, Executive Director		
Phone: 850-830-8228	Email: Sarah@hhalliance.org	
Date of Incorporation: April 2005	Consecutive Years of Operation: 15	

Program Name: Home for Good	
Total Program Cost: \$72,500	Total Funding Request: \$60,000
<p>Public Purpose: Describe in detail how the Program impacts the health, economic opportunity, or social well-being of the clients served, and the methodology for providing services.</p> <p>Clearly align Program impacts with Okaloosa County's Vision of "providing an unmatched economic opportunity and quality of place and life for all citizens" and Mission to "engage our private and public sector partners to provide...economic opportunity and excellence in critical services to enhance the quality of life for all residents."</p>	
<p>Homelessness & Housing Alliance (HHA), is applying for funds to support the Home for Good initiative. The Department of Health in Okaloosa County deemed the lack of affordable housing a public concern in the last Community Health Assessment. HHA's Gaps Analysis and Strategic Plan identified the following project as a need. This project has two components,</p> <ol style="list-style-type: none"> 1. Home for Good requests funds for a Housing Counselor who will 1) inventory the current affordable and subsidized housing stock and create a housing inventory to disseminate to organizations, consumers, and supportive housing programs. 2.) Engage property owners to increase the number of property owners willing to accept housing vouchers and low-income households with housing barriers. Engagement would include Landlord Lunch-n-Learns, Housing Fairs, and personal outreach. 3) Assist consumers with housing searches; contacting property owners; collecting required documentation; filling out rental applications and subsidized housing applications; reviewing leases with consumers 4.) Complete housing inspections, as needed 5.) landlord negotiation and mediation to maintain good relationships and open communication with property owners. 6) Develop and oversee a Risk Mitigation Fund using private dollars to ensure any damage to property is covered. 7) Provide housing-focused case management and ensure consumers participate in their own housing stability plan and are invested in housing. 2. The second component is tenant-based rental assistance for persons that do not qualify for other housing programs but have an income and need housing assistance. Tenant-based rental assistance would cover deposits and rental assistance to obtain permanent housing. Consumers would pay a portion of these costs and HHA would only assist with the remaining portion. All payments would be documented in the file and HMIS database. The standard operating procedures and documentation requirements would be the same as HHA's state and HUD funded housing projects and include but not limited to: all payments made to vendors after HHA has received signed lease, landlord agreement, Fair Market Rent documentation, income verification, and housing stability plan. These funds would be administered on a case by case basis with no more than \$3,000 being allocated per household. 	

If there are similar service providers or Programs, distinguish how this Program is different.

The community does have supportive housing programs that are federally or state funded that have restrictions on who can be served. The programs facilitated through HUD and state for housing stabilization require a household meet the federal definition of homelessness before assistance can be provided and households must be 50% or 30% below the Area Median Income. Households doubled-up and living temporarily with family or friends do not meet the definition. Households paying for their own motel room, where they reside, also don't meet the definition. Federal and state funds cannot be used to supplement other federally funded subsidized housing or tax-credit units. This program would serve low-income clients that are 80% below AMI but they would not have to meet the definition of homeless. They would have to demonstrate and prove that but for this assistance, they would not be able to secure stable housing on their own. This program is designed to fill a gap in service needs left by federal regulation.

Resources: Explain the agency's staffing, equipment, facilities, etc. that will be used to effectively deliver the Program services described above.

HHA has a fully equipped and operational office in Fort Walton Beach. HHA currently employs an Executive Director, Deputy Director, HMIS Administrator, Stability Specialist, and Case Managers. HHA is designated as the Lead Agency for the Okaloosa Walton Homeless Continuum of Care, by Department of HUD and the state of Florida. HHA is also designated as the HMIS Lead and the Collaborative Applicant for Okaloosa and Walton by HUD. The state and HUD provide HHA funding for administrative, contract management, database administration, and strategic planning in order to meet the deliverables that correspond with these designations. The staff at this location provides contract management, financial and administrative duties, training and technical assistance, grant writing, strategic planning, client services, and oversees the administration of the Homeless Management Information System (HMIS). HMIS is a web-based database that tracks local client services, and demographics. HHA is looking to secure an office in Crestview later in 2020 where HHA staff can more easily provide services in the north end of the county. All of HHA's services are available to all geographic areas of Okaloosa county. Travel to meet clients outside of FWB will be charged to a state funded Staffing Grant. HHA has additional laptops, phones, and printer/copier available for Housing Counseling.

Additional Funding Sources: Please list any additional County funding received as part of this application.

No additional county funding has been received.

HHA receives \$107,000 annually from state of Florida for certain staffing functions, supplies, facilities, and facility operations. These funds do not cover Housing Counseling but will pay for other operation costs such as supplies (\$600), office rent (\$3,600), office utilities 20% of power and water, mileage for project (\$500), cell phone (\$1,000). An estimated \$6,500 of these dollars will leverage costs for Home for Good.

HHA will use an estimated \$1,000 in state funded Challenge Grant to pay for rental application fees. \$2,000 of Challenge Grant will be used for utility assistance and deposits.

Donation money (\$3,000) will be used to pay for obtaining vital documents and other costs not covered in this application so households can lease up and apply for subsidized housing programs.

Budget: Provide a clear budget that indicates a reasonable expense for the Program services and leverages other funds to the greatest extent possible.

Federal Grant	State Grant	Private Partnerships	Donations/ Other	Okaloosa County	Total Revenues
	\$9,500		\$3,000	\$60,000	\$72,500

Personnel	Program Operations	Administrative/ Overhead	Facilities Repair/ Maintenance	Capital Equipment	Total Expenses
\$40,040	\$19,960	0	0	0	

Note: Okaloosa County will not fund the purchase of capital assets with a value in excess of \$5,000 or a useful life greater than three years.

<p>Clients Served Annually: 200</p>	<p>Cost per Client Served: \$362.50</p>
--	--

Performance Metrics: Identify measures to define Program success and impact to clients served.

1. Increase the number of households that access stable housing. 2. Reduce Recidivism. # of HH that lost housing. 3. new property owners willing to lease due to Housing Counseling.	Oct '17 – Sep '18 Actual	Oct '18 – Sep '19 Actual	Oct '19 – Sep '20 Estimate	Oct '20 – Sep '21 Estimate
[Metric 1]	48	57	70	85
[Metric 2]	24	17	10	5
[Metric 3]	0	0	4	10

If historical data is not available for an existing program, please explain.

- The Program's services are not be restrictive with regard to race, sex, age, religion, disability, or any other classification that would be prohibited by law.
- The Program's services are available to all residents in Okaloosa County who meet the eligibility requirements of the Agency.
- An annual financial report detailing Program revenues and expenditures signed by the agency's Executive Director will be provided.

An annual programmatic report describing progress towards Program outcomes signed by the agency's Executive Director will be provided.

For funding up to \$10,000, an affidavit stating the funds were used for expenses incurred in accordance with the Application and all applicable county, state and federal rules, laws and regulations shall be provided no later than December 31 of the fiscal year for which funding was awarded.

For funding above \$10,000, receipts and documentation which establishes that the funds were expended in conformity with the Application and all applicable county, state and federal rules, laws and regulations shall be provided no later than December 31 of the fiscal year for which funding was awarded.

Agency may be subject to on-site visits or audit by the Board of County Commissioners or its designee.

I have read, fully understand and agree to be bound by Okaloosa County's Non-Profit Funding Policy (the "Policy"). I have completed this application fully and accurately and have not misrepresented any information contained herein. I certify that the requested funds will be used for the purposes set forth in this application and in conformity with the Policy and Florida law.

Sarah Yickinton _____ 05/14/2020
 Executive Director Signature Date

Application Checklist	
The documents below must be submitted along with your application.	
IRS Determination Letter of 501(c)(3) Status.	
IRS 990 Form (most recent tax year)	
State of Florida Solicitation of Contributions Form	
Agency's current year budget (revenues and expenses)	
Prior year financial statements (revenues and expenses, audited if required)	

Submit the completed form with documents to: **OMB Director**
1250 North Eglin Parkway, Suite 102
Shalimar, FL 32579
(850) 651-7521

 For Internal Use Only:

Scoring Key: 1 - Serious substantive issues or areas of weakness 2 - Issues or areas of weakness 3 - Acceptable 4 - Thorough details & effective use of resources 5 - Exceptional level of effectiveness & innovation	Score
Public Purpose criteria: - clear description of program services and delivery mechanisms - measureable outcomes to be achieved	

<ul style="list-style-type: none"> - methods and strategies in place to collect valid data to support program outcomes - outcomes that meaningfully work toward achieving Okaloosa County's Vision and Mission statements - identification of other organizations that provide the same or similar services - demonstration of the uniqueness of the organization's program 	
Resources criteria: <ul style="list-style-type: none"> - information about the program's staffing structure and personnel credentials - description of the necessary equipment, software and physical resources to deliver the program services - evidence that the organization can sustain appropriate levels of service - potential partnerships, collaborations with defined roles and responsibilities 	
Budget criteria: <ul style="list-style-type: none"> - categorization of revenues and expenses - identification of matching grants or the leveraging of other funding sources - evidence of decreased reliance on Okaloosa County funding 	
Performance Measures criteria: <ul style="list-style-type: none"> - at least two performance measures that communicate how the program is impacting the defined target population - at least one performance measure that aligns with Okaloosa County's Vision and Mission statements - established measures that drive the program's work and that meet the targeted goals 	
Total	

County Administrator Recommended Funding Amount: \$ _____

Board Approved Funding Amount: \$ _____

BUDGET AND MATCH FORM
County
Home for Good

Service Provider: HHA		Grant \$	Match \$
1.	Housing Services		
	A. Housing Counselor .1FTE @ \$17.50/hour	\$36,400	\$6,500
	B. Fringe Benefits for 1FTE	\$3,640	
2.	Tenant-Based Rental Assistance		
	C. Direct housing services	\$19,600	
	Rental assistance	\$19,600	\$6,000
TOTAL BUDGET		\$60,000	

Applicant: Homelessness & Housing Alliance

MATCH SOURCES:

Categories	Amount Requested	Match Amount	Match Source/Type
Challenge		\$3,000	State funded grant to provide utility assistance, application fees
Donations		\$3,000	Obtaining vital documents and other items needed to procure permanent housing
Staffing Grant		\$6,500	Pay for operations, office rent, utilities, supplies, mileage, phone

Project Description: Homelessness & Housing Alliance (HHA) is applying to fund the Home for Good initiative. This initiative is designed to reduce the length of time persons experience homelessness and the high-costs of unsheltered homeless persons frequently utilizing community resources. Home for Good requests a Housing Counselor and funding for tenant-based rental assistance for low-income, vulnerable households.

Home for Good will increase access to stable housing and benefit the entire county, both public and private sector, including non-profit, community organizations, faith-based organizations, local businesses, law enforcement, and hospitals. Okaloosa has a high number of households in need of housing interventions and affordable housing units available. Supportive Housing Interventions require the participant to locate and secure housing by leasing a unit themselves. This is proving to increase the length of time people experience homeless. The lack of emergency shelter and facility-based care leaves unsheltered homeless persons searching for housing without the level of assistance needed to successfully find property owners that will rent to this population. This project would provide an advocate to help them through this difficult process and would not be working with HHA participants but all agencies working with homeless persons would be able to utilize this vital service. Leaving persons on the street at such a high-cost to the community while there is grant funding to house them and they have an income to sustain their housing because they can't find a landlord to accept them as a tenant adds frustration and confusion to the housing system and increases costs to the community and the organizations working with the population. The cost of housing these households for an average of \$10,000 (10k is for most intensive support) a year in supportive housing is much lower than the average cost of \$33,000 a year that our community spends on them while they are homeless. Frequent users of emergency services can cost the community over \$60,000 a year person. Data sources clearly show the majority of homeless persons want housing, have a disability and a fixed-income but are unable to navigate the housing process without an advocate and some type of financial assistance.

The lack of affordable housing and property owners willing to lease units to low-income vulnerable populations is a barrier to reducing homelessness in the area and makes housing placement a lengthy and difficult process that is compounded by the lack of facilities and shelter beds. Unfortunately our community lacks many of the vital resources needed to make homelessness brief, rare, and non-recurring. The Home for Good project would assist consumers eligible for supportive and subsidized housing programs operated by various agencies throughout the city find safe, affordable housing, and most importantly they will guide the consumer through what is an overwhelming and lengthy process for unsheltered persons with multiple barriers including poor rental history, criminal record, and lack of documentation and transportation. The Housing Counselor will also assist with filling out rental applications, application fees waivers and assistance, collecting documentation, and also provide tenant-based rental assistance for eligible households. Home for Good is designed to enhance the county's housing system to expedite housing placement and increase affordable housing stock for special populations.

The Housing Counselor will assist with housing counseling, housing placement, and increasing affordable stock available for homeless and other special populations in supportive and subsidized housing programs. Home for Good helps the most vulnerable hard-to-house, hard-to-keep housed households families locate and procure housing. The Housing Counselor would be responsible for promoting awareness and informing property owners about the various housing programs and benefits of leasing units to consumers of housing programs. HHA will also connect the residents with other services and resources as needed including Career Source, VA, and behavioral health services, social security disability, adult education and medical clinics, and mainstream benefits through making referrals to agencies HHA has MOUs with throughout the area

Project Narrative:

• **Project Description:**

Homelessness & Housing Alliance

County Application 2020-2021

Home for Good

Home for Good's most vital request is one Housing Counselor Okaloosa county who will 1) inventory the current affordable and subsidized housing stock and property owners that may lease units to low-income, extremely low-income, and homeless households and create a housing inventory to disseminate to other organizations providing service to these populations. 2) Inventory all housing programs as well as shelter beds, transitional housing, group homes, assisted living, and any residential facilities that may serve low-income populations. Also increasing partnerships with these community resources so vulnerable populations can access them and HHA can bring awareness about the needs in the community with the ultimate goal of creating strategies that would lead to long-term solutions and fill gaps in services 3) Engage property owners and explain the various housing programs including the differences in the programs and the benefits of each program in order to increase the number of property owners that will accept persons in supportive housing and subsidized housing programs including Section 8, HUD- VASH, and Permanent Supportive Housing. Engagement would take place through events such as a Landlord Lunch-n-Learn, Affordable Housing Summit, Housing Fairs, and personal outreach. 4) Assist consumers in the following: housing searches; contacting property owners; understanding rent reasonableness /FMR; collecting required documentation; filling out applications for Section 8 and rentals; reviewing and signing the lease and making sure the consumer understands the lease and the consequences of violating the lease agreement 5) Complete housing inspections for the various housing programs 6) landlord negotiation and mediation to maintain good relationships and open communication with property owners and ensure consumers are not evicted and landlords are reassured that HHA is available for assistance; 7) Establish a landlord mitigation fund that pays for repairs and damages; establish other incentives for property owners and market these incentives. 8) housing-focused case management to reduce recidivism rates. The Housing Counselor is available county-wide and for all agencies located in the county.

The second component is tenant-based rental assistance for persons that don't qualify for other housing programs but have an income and need housing. Only low-income households earning less than 80% Area Median Income will be eligible for this type of assistance. All households being assisted with financial assistance would be required to have an income of some kind in order to be housed with these funds. Most of the persons awaiting housing do have income from Social Security Disability or earned income but the amount they earn /receive is not enough to cover the costs of security deposits, utility deposits, and rent. Tenant-based rental assistance would pay for security deposits and rental assistance. Consumers would pay a portion of their rent and utilities as they were able. HHA would pay the remaining amount of rent. All payments will be documented in the client file and Homeless Management Information System. The documentation requirements and standard operating procedures would be the same as HHA's other HUD funded housing programs and are to include but not limited to: all payments will be made to vendors only and only after HHA has received a signed lease agreement; HHA will not pay above Fair Market Rent with these funds; HHA will not use funds to pay for units that do not meet Housing Quality Standards; and HHA would reassess the consumer on a monthly basis prior to making further payments of assistance. These funds would be administered on a case by case basis.

Projection of Accomplishments:

HHA and the Continuum of Care's Annual Action Plan includes the following five main objectives to end homelessness in Okaloosa and Walton Counties: (1) Increase Leadership collaboration and civic engagement with community partners to better coordinate service delivery; (2) Increase access to stable and affordable housing; (3) Increase economic security; (4) Improve health and stability; (5) Retool the homeless crisis response system. Home for Good will meet all five objectives.

1. Create a comprehensive inventory of all affordable housing, housing programs, and facility-based care within the community that can be utilized by multiple organizations in the community and alleviate other community organizations completing the same tasks for their program participants and internal use.

Homelessness & Housing Alliance

County Application 2020-2021

Home for Good

2. Increase housing units available to homeless persons by engaging property owners and providing awareness about the various housing programs and the benefits of leasing units to program participants. Projected to have 10 new property owners educated and engaged by the end of the year.
3. ****Reduce the length of time households experience homelessness by assisting persons in need navigate the housing system. Anticipated that Home for Good would reduce the length of time from referral to housing date to less than 30 days (currently 45-60 days on average)**
4. Host at least one housing fair, Lunch-n-Learn, or event to engage new property owners but also educate them about funding resources for building housing for the homeless from Florida Housing Finance Corporation and other lenders.
5. ****Reduce recidivism to homelessness by providing support and mediation to both the property owner and the consumer. HHA will leverage other community resources to pay past due utilities and rent if needed to keep consumer housed.**
6. Establish a landlord mitigation fund utilizing private funds that would pay for damages, repairs, and upkeep for properties that agreed to lease units to clients.

****HUD System Performance Measures include this measure and will be reported on in the annual HUD SPM report**

Project Implementation:

HHA will have a Housing Counselor immediately upon operating start date 10/1/20

The Housing Counselor will disseminate the housing inventory to the community. 11/1/2020

Housing inventory available for this population will increase by 5% of the original inventory.

Increase access to stable housing by engaging and educating landlords. 1/1/2021

Establish Landlord Mitigation fund no later than 2/1/2021

HHA is the lead agency for the Okaloosa Walton Homeless Continuum of Care which has over 35 member agencies that provide services to low-income and homeless households. HHA also has Memorandums of Understanding with dozens of local organizations most of which have an office in Okaloosa County. HHA's relationships in the community are increasing collaboration and system integration to provide a more strategic approach to ending homelessness and expediting housing placement for vulnerable and special populations.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: AUG 17 2008

OKALOOSA WALTON HOMELESS CONTINUUM
OF CARE, OPPORTUNITY, INC.
C/O VIRGINIA GLYNN BARR
571 MOONEY RD
FORT WALTON BEACH, FL 32547-1538

Employer Identification Number:

34-2056892

DIN:

17053293014045

Contact Person:

JOHN M WHITE

ID# 52118

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

June 30

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

April 22, 2005

Contribution Deductibility:

Yes

Advance Ruling Ending Date:

June 30, 2009

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

If you distribute funds to other organizations, your records must show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence the

Letter 1045 (DO/CG)

-2-

OKALOOSA WALTON HOMELESS CONTINUUM

funds will be used for section 501(c)(3) purposes.

If you distribute funds to individuals, you should keep case histories showing the recipient's name and address, the purpose of the award, the manner of selection, and the relationship of the recipient to any of your officers, directors, trustees, members, or major contributors.

Sincerely,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)
Statute Extension

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

**OKALOOSA WALTON HOMELESS CONTINUUM OF
CARE, OPPORTUNITY, INC.**

Employer identification number

34-2056892

Name and title of officer

**SARAH YELVERTON
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>870,514.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CARR, RIGGS & INGRAM, LLC to enter my PIN 56892
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Sarah Yelverton* Date ▶ 3/24/2020

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59160227401

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ CARR, RIGGS & INGRAM, LLC Date ▶ 03/24/20

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8879-EO** (2018)

823051 10-20-10

EXTENDED TO MAY 15, 2020

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.		D Employer identification number 34-2056892
	Doing business as		E Telephone number 850-409-3070
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 876,752.
	City or town, state or province, country, and ZIP or foreign postal code FORT WALTON BEACH, FL 32549		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: SARAH YELVERTON SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 601(c) () ◀ (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ HTTP://WWW.HHALLIANCE.ORG/			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2005 M State of legal domicile: FL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OKALOOSA WALTON HOMELESS CONTINUUM OF CARE OPPORTUNITY INC. STRIVES FOR THE ELIMINATION OF	
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	15
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	8
	6 Total number of volunteers (estimate if necessary)	27
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b Net unrelated business taxable income from Form 990-T, line 38	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 735,101. Current Year: 876,752.
	9 Program service revenue (Part VIII, line 2g)	32,481. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0. -6,238.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,275. 0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	778,857. 870,514.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	429,149. 452,345.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	236,584. 261,693.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	117,771. 97,867.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	783,504. 811,905.
19 Revenue less expenses. Subtract line 18 from line 12	-4,647. 58,609.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 40,824. End of Year: 111,718.
	21 Total liabilities (Part X, line 26)	9,738. 22,023.
	22 Net assets or fund balances. Subtract line 21 from line 20	31,086. 89,695.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	SARAH YELVERTON, EXECUTIVE DIRECTOR Type or print name and title				
Preparer Use Only	Print/Type preparer's name K. ALAN JOWERS	Preparer's signature K. ALAN JOWERS	Date 03/24/20	Check <input type="checkbox"/> if self-employed	PTIN P00447936
	Firm's name ▶ CARR, RIGGS & INGRAM, LLC	Firm's EIN ▶ 72-1396621	Phone no. 850.244.8395		
Firm's address ▶ 189 EGLIN PARKWAY NE, 2ND FLOOR		FORT WALTON BEACH, FL 32548			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

832001 12-31-18

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Form 990 (2018)

34-2056892 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

OKALOOSA WALTON HOMELESS CONTINUUM OF CARE OPPORTUNITY INC. STRIVES FOR THE ELIMINATION OF HOMELESSNESS THROUGH PREVENTION, ALLEVIATION, ASSISTANCE IN OBTAINING AND MAINTAINING SELF-SUFFICIENCY. PROGRAMS INCLUDE EMERGENCY FAMILY SHELTER WITH CASE MANAGEMENT, VETERANS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 791,430. Including grants of \$ 452,345.) (Revenue \$) HOMELESS MANAGEMENT INFORMATION SYSTEMS - HOMELESS MANAGEMENT INFORMATION SYSTEMS IS A COMPUTER DATABASE THAT LINKS ALL THE CONTINUUM AGENCIES TO PROVIDE A REPORTING OF SERVICES, ENSURES SERVICE AVAILABILITY AND HELPS TO ELIMINATE DUPLICATE SERVICES. THE ORGANIZATION ALSO OPERATES OTHER MISC. SUPPORTIVE PROGRAMS INCLUDE STAFFING GRANT, DESTIN CHARITY WINE AUCTION, HUD FUNDED RRH PROGRAM AND ETC.

4b (Code:) (Expenses \$ Including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ Including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ Including grants of \$) (Revenue \$)

4e Total program service expenses 791,430.

Form 990 (2018)

OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Form 990 (2018)

34-2056892 Page 3

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(29) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Form 990 (2018)

34-2056892 Page 4

Part IV Checklist of Required Schedules *(continued)*

	Yes	No	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No	
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	

OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Form 990 (2018)

34-2056892 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Form 990 (2018)

OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Form 990 (2018)

34-2056892 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	15													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		15												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X											
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X										
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					X									
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X								
6 Did the organization have members or stockholders?							X							
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								X						
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									X					
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O												X		

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?														
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X											
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.														
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					X									
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done						X								
13 Did the organization have a written whistleblower policy?							X							
14 Did the organization have a written document retention and destruction policy?								X						
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official														X
b Other officers or key employees of the organization														X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).														
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?														X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?														

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **SARAH YELVERTON - 850-409-3070**
183 EGLIN PARKWAY, FORT WALTON BEACH, FL 32548

OKALOOSA WALTON HOMELESS CONTINUUM OF
CARE, OPPORTUNITY, INC.

Form 990 (2018)

34-2056892 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALONZO SMITH BOARD CHAIR	5.00	X		X				0.	0.	0.
(2) STEPHANIE BAILEY BOARD VICE- CHAIR	5.00	X		X				0.	0.	0.
(3) TINA ODOM SECRETARY	5.00	X		X				0.	0.	0.
(4) AMY JAMIESON BOARD MEMBER	1.00	X						0.	0.	0.
(5) KERRI APLIN BOARD MEMBER	1.00	X						0.	0.	0.
(6) PATRICIA ELL BOARD MEMBER	1.00	X						0.	0.	0.
(7) EVA WISE BOARD MEMBER	1.00	X						0.	0.	0.
(8) DENNIS KRBS BOARD MEMBER	1.00	X						0.	0.	0.
(9) CHRISTOPHER LEHMAN BOARD MEMBER	1.00	X						0.	0.	0.
(10) TRACIE MOORER BOARD MEMBER	1.00	X						0.	0.	0.
(11) RICK OWEN BOARD MEMBER	1.00	X						0.	0.	0.
(12) WILLIAM VAN HOESEN BOARD MEMBER	1.00	X						0.	0.	0.
(13) JENNIFER STEINMEIR BOARD MEMBER	1.00	X						0.	0.	0.
(14) K'YONE DELEVOE BOARD MEMBER	1.00	X						0.	0.	0.
(15) NATHAN MONK BOARD MEMBER	1.00	X						0.	0.	0.
(16) SARAH YELVERTON EXECUTIVE DIRECTOR	40.00			X				50,917.	0.	0.
(17) MAGGIE TOMCEK DEPUTY DIRECTOR	40.00			X				42,800.	0.	0.

032007 12-31-18

Form 990 (2018)

OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Form 990 (2018)

34-2056892 Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							93,717.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							93,717.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Form 990 (2018)

OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Form 990 (2018)

34-2056892 Page 9

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns						
	b	Membership dues						
	c	Fundraising events						
	d	Related organizations						
	e	Government grants (contributions)	713,095.					
	f	All other contributions, gifts, grants, and similar amounts not included above	163,657.					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f	876,752.					
Program Service Revenue	Business Code							
	2 a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses	6,238.			
			c	Gain or (loss)	-6,238.			
	d	Net gain or (loss)	-6,238.	-6,238.				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
			b	Less: direct expenses				
c			Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11 a		a						
		b						
		c						
		d	All other revenue					
		e	Total. Add lines 11a-11d					
12	Total revenue. See instructions	870,514.	-6,238.	0.	0.			

**OKALOOSA WALTON HOMELESS CONTINUUM OF
CARE, OPPORTUNITY, INC.**

Form 990 (2018)

34-2056892 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	307,996.	307,996.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	144,349.	144,349.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	101,998.	101,998.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	138,921.	138,921.		
8 Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,344.	2,344.		
10 Payroll taxes	18,430.	18,430.		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3,080.	770.	2,310.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,583.	4,583.		
12 Advertising and promotion				
13 Office expenses	9,030.	9,030.		
14 Information technology	13,406.	12,103.	1,303.	
15 Royalties				
16 Occupancy	20,253.	15,190.	5,063.	
17 Travel	12,717.	9,538.	3,179.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,757.	2,757.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,141.	4,880.	261.	
23 Insurance	737.	737.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UTILITIES	13,977.	10,483.	3,494.	
b MISCELLANEOUS EXPENSE	3,180.	795.	2,385.	
c MEMBERSHIPS & DUES	2,640.	1,980.	660.	
d CUSTODIAL	2,608.	2,608.		
e All other expenses	3,758.	1,938.	1,820.	
25 Total functional expenses. Add lines 1 through 24e	811,905.	791,430.	20,475.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 88-2 (ASC 960-720)

OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Form 990 (2018)

34-2056892 Page 11

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	26,697.	1	110,671.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	938.	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,553.	9	790.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,368.		
	b	Less: accumulated depreciation	10b 21,311.		
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	200.	15	200.
16	Total assets. Add lines 1 through 15 (must equal line 34)	40,824.	16	111,718.	
Liabilities	17	Accounts payable and accrued expenses	9,738.	17	22,023.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	9,738.	26	22,023.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-69,173.	27	89,695.
	28	Temporarily restricted net assets	100,259.	28	0.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	31,086.	33	89,695.	
34	Total liabilities and net assets/fund balances	40,824.	34	111,718.	

Form 990 (2018)

**OKALOOSA WALTON HOMELESS CONTINUUM OF
CARE, OPPORTUNITY, INC.**

Form 990 (2018)

34-2056892 Page 12

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	870,514.
2	Total expenses (must equal Part IX, column (A), line 25)	2	811,905.
3	Revenue less expenses. Subtract line 2 from line 1	3	58,609.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,086.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	89,695.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.** Employer identification number **34-2056892**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

OKALOOSA WALTON HOMELESS CONTINUUM OF

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	475,099.	600,890.	722,878.	735,101.	876,752.	3410720.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	475,099.	600,890.	722,878.	735,101.	876,752.	3410720.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3410720.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	475,099.	600,890.	722,878.	735,101.	876,752.	3410720.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	64.	15.				79.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,252.	2,246.	10,246.	11,275.		25,019.
11 Total support. Add lines 7 through 10						3435818.
12 Gross receipts from related activities, etc. (see instructions)					12	32,481.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.27 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	98.94 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

OKALOOSA WALTON HOMELESS CONTINUUM OF

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage for 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

OKALOOSA WALTON HOMELESS CONTINUUM OF

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
 - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
 - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
 - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
 - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

OKALOOSA WALTON HOMELESS CONTINUUM OF

Schedule A (Form 990 or 990-EZ) 2018 CARE, OPPORTUNITY, INC.

34-2056892 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 86% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

OKALOOSA WALTON HOMELESS CONTINUUM OF

Schedule A (Form 990 or 990-EZ) 2018 CARE, OPPORTUNITY, INC.

34-2056892 Page 7

Part VII Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required; explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

OKALOOSA WALTON HOMELESS CONTINUUM OF

Schedule A (Form 990 or 990-EZ) 2018 CARE, OPPORTUNITY, INC.

34-2056892 Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See Instructions.)

Lined area for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Employer identification number

34-2056892

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.	Employer identification number 34-2056892
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>MARY ESTHER BINGO</u> <u>481 MARY ESTHER BLVD</u> <u>MARY ESTHER, FL 32569</u>	\$ 30,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>DEPARTMENT OF CHILDREN AND FAMILIES</u> <u>1317 WINWOOD BLVD</u> <u>TALLAHASSEE, FL 32308</u>	\$ 630,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>CHAUTUAQUA HEALTHCARE SERVICES</u> <u>3886 US-331</u> <u>DEFUNIAK SPRINGS, FL 32435</u>	\$ 100,470.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>HUD-COMMUNITY PLANNING AND DEVELOPMENT</u> <u>400 W BAY STREET STE. 1015</u> <u>JACKSONVILLE, FL 32202</u>	\$ 69,637.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.	Employer identification number 34-2056892
--	---

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization
OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Employer identification number
34-2056892

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.**

Employer identification number
34-2056892

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/26/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

832081 10-29-10

OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		15,846.	15,804.	42.
e Other		5,522.	5,507.	15.
Total. Add lines 1a through 1e. (Column (c) must equal Form 990, Part X, column (B), line 10c.)				57.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 16.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Schedule D (Form 990) 2018

34-2056892 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Columns include description, sub-row labels (2a-2d, 4a-4b), and numbered boxes (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Columns include description, sub-row labels (2a-2d, 4a-4b), and numbered boxes (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal lines for providing supplemental information.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.**

Employer identification number
34-2056892

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRESTVIEW AREA SHELTER FOR THE HOMELESS - 426 MCLAUGHLIN STREET - CRESTVIEW, FL 32536	46-5322450		48,448.	0.			REIMBURSEMENTS FOR SUPPLIES, TENTS, MEDICATIONS, FOOD
CATHOLIC CHARITIES 11 FIRST STREET SE FORT WALTON BEACH, FL 32548	53-0196620		229,827.	0.			REIMBURSEMENTS FOR CLIENT ASSISTANCE, RENT, MEDICATIONS, UTILITIES
OTHERS OF DESTIN 200 BEACH DRIVE DESTIN, FL 32541	46-3798643		29,721.	0.			REIMBURSEMENTS FOR CLIENT ASSISTANCE, RENT, MEDICATIONS, UTILITIES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PAYMENTS TO VARIOUS ORGANIZATIONS ON BEHALF OF CLIENTS	1633	144,349.	0.		PAYMENTS FOR PROGRAM EXPENSES INCLUDING RENT, UTILITIES, CLOTHING, TOOLS, TRAINING, ETC.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

OKALOOSA WALTON HOMELESS CONTINUUM OF
CARE, OPPORTUNITY, INC.

Employer identification number
34-2056892

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOMELESSNESS THROUGH PREVENTION, ALLEVIATION, ASSISTANCE IN OBTAINING
AND MAINTAINING SELF-SUFFICIENCY PROGRAMS INCLUDE EMERGENCY FAMILY
SHELTER WITH CASE MANAGEMENT, VETERANS EMPLOYMENT PROGRAMS, AND SUPPORT
FOR THE LOCAL CONTINUUM OF CARE AS LEAD AGENCY AND PROVIDER OF THE
HOMELESS MANAGEMENT INFORMATION SYSTEM.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMPLOYMENT PROGRAMS, AND SUPPORT FOR THE LOCAL CONTINUUM OF CARE AS
LEAD AGENCY AND PROVIDER OF THE HOMELESS MANAGEMENT INFORMATION SYSTEM.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED AND PRESENTED FOR REVIEW TO THE EXECUTIVE DIRECTOR AND
AT A REGULAR MEETING OF THE BOARD OF DIRECTORS. THE FORM 990 IS SUBMITTED
FOLLOWING BOARD APPROVAL AND POSTED ON THE AGENCY WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE AGENCY DOES NOT ENGAGE IN ANY BUSINESS ARRANGEMENTS WITH VENDORS OR
CONTRACTORS WITHOUT ASCERTAINING THAT NO BOARD MEMBERS HAVE A FINANCIAL
INTEREST WITH THE PROPOSED VENDOR OR CONTRACTOR. CONTRACTS LARGE ENOUGH TO
BID OUT CONTAIN A CLAUSE REQUIRING THE BIDDER TO AFFIRM THAT THE PROPOSING
VENDOR OR CONTRACTOR HAS NO FINANCIAL TIE TO ANY KEY EMPLOYEE OR MEMBER OF
THE BOARD OF DIRECTORS. ALSO, EACH YEAR AT THE BOARD ORIENTATION EVERY
BOARD MEMBER RECEIVES A MANUAL THAT EXPLAINS THE ORGANIZATION'S CONFLICT OF
INTEREST POLICY. EACH BOARD MEMBER IS REQUIRED TO INDICATE ANY AND ALL
OTHER ORGANIZATIONS THAT THEY SERVE IN ORDER TO ENSURE NO CONFLICTS ARISE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Employer identification number 34-2056892

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. MOST FINANCIAL RECORDS AND DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

2018

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization **OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.** Employer identification number **34-2056892**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Schedule R (Form 990) 2018

34-2056892 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Shareholder relationships?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1085)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MARY EDWHR BINGO CHARITIES, LLC - 27-3297609, PO BOX 1419, FORT WALTON BEACH, FL 32549	BINGO	FL		RELATED	25,652.	-1,576.	X		N/A	X		7.47%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Schedule R (Form 990) 2018

34-2056892 Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Part IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MARY ESTHER BINGO CHARITIES, LLC	C	30,150.	CASH VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Lyno No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction to Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
	(D) SHRD	09/01/09	SL	10.00		16	2,000.				2,000.	2,347.		803.	1,544.
9	(D) CONCRETE SLAB	09/01/09	SL	10.00		16	1,600.				1,600.	1,413.		160.	1,573.
	(D) FLOORING REPAIR	11/07/10	SL	5.00		16	2,446.				2,446.	2,627.		181.	2,808.
10	(D) BATHROOM REPAIR	02/17/12	SL	10.00		16	4,971.				4,971.	3,163.		497.	3,660.
11	(D) SIDEWALK & LANDSCAPE	08/30/12	SL	10.00		16	2,270.				2,270.	2,669.		397.	2,866.
12	(D) SHRD	05/16/14	SL	10.00		16	1,271.				1,271.	524.		127.	651.
13	(D) SIDEWALK	06/17/14	SL	10.00		16	3,440.				3,440.	4,240.		340.	4,580.
	* 990 PAGE 10 TOTAL						28,698.				28,698.	19,600.		2,870.	22,470.
	FURNITURE & FIXTURES														
2	BOARD ROOM CHAIR	01/11/10	SL	5.00		16	1,440.				1,440.	1,432.		0.	1,432.
3	BOARD ROOM TABLE	12/13/09	SL	5.00		16	354.				354.	354.		0.	354.
4	EXECUTIVE DESK	06/30/14	SL	5.00		16	535.				535.	420.		107.	535.
	UNSHAPED WORKSTATION	06/30/14	SL	5.00		16	770.				770.	616.		154.	770.
	* 990 PAGE 10 TOTAL						3,706.				3,706.	3,430.		261.	3,691.
	MACHINERY & EQUIPMENT														
15	COMPAQ HARD DRIVE	09/10/10	SL	5.00		16	1,500.				1,500.	1,491.		0.	1,491.
16	HP HARD DRIVE	09/10/10	SL	5.00		16	1,500.				1,500.	1,491.		0.	1,491.

832111 04-01-10

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
17	(D)MINOLTA COPIER	09/01/10	SL	5.00		16	3,000.				3,000.	3,000.		0.	3,000.
18	COMPAC HARD DRIVE	09/10/10	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
19	(D)DELL LAPTOP 154	02/01/10	SL	5.00		16	650.				650.	650.		0.	650.
20	COMPAC 1701	04/01/07	SL	5.00		16	300.				300.	300.		0.	300.
21	(D)HP COLOR LASER PRINTER	04/01/07	SL	5.00		16	650.				650.	650.		0.	650.
22	(D)DELL LAPTOP INSPIRON	11/08/09	SL	5.00		16	700.				700.	697.		0.	697.
24	(D)XEROX WORKCENTER	04/01/07	SL	5.00		16	500.				500.	500.		0.	500.
25	(D)HP OFFICE JET PRINTER	03/01/10	SL	5.00		16	300.				300.	300.		0.	300.
26	(D)TOSHIBA DIGITAL	07/05/09	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
27	HP PAVILLION PC	03/30/10	SL	5.00		16	730.				730.	730.		0.	730.
28	(D)HP PAVILLION PC	03/30/10	SL	5.00		16	730.				730.	730.		0.	730.
29	(D)MINOLTA COPIER	03/01/09	SL	5.00		16	600.				600.	600.		0.	600.
30	HP PAVILLION PC	09/11/10	SL	5.00		16	891.				891.	886.		0.	886.
31	HP PAVILLION PC	09/11/10	SL	5.00		16	891.				891.	886.		0.	886.
32	HP PAVILLION PC	09/11/10	SL	5.00		16	891.				891.	886.		0.	886.
33	(D)TELEPHONE SYSTEM	01/23/12	SL	5.00		16	4,307.				4,307.	4,307.		0.	4,307.
34	(D)E-INK JENSEN INK PRINTER	06/22/13	SL	5.00		16	350.				350.	350.		0.	350.

028111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
35	(D)X-PAD WITH CASE	09/05/13	SL	5.00		16	522.				522.	501.		17.	518.
36	ELITEBOOK 2170P	06/30/14	SL	5.00		16	890.				890.	712.		178.	890.
37	HP ELITEBOOK LAPTOP	06/30/14	SL	5.00		16	879.				879.	704.		175.	879.
38	HP ELITEBOOK LAPTOP	06/30/14	SL	5.00		16	879.				879.	704.		175.	879.
39	HP COMPAQ ELITE PC X5	06/30/14	SL	5.00		16	4,395.				4,395.	3,516.		879.	4,395.
40	(D)HP ENG 400 LASER PRINTER	06/30/14	SL	5.00		16	899.				899.	774.		125.	899.
42	(D)FRIGIDAIRE FREEZER	10/01/09	SL	5.00		16	890.				890.	890.		0.	890.
43	(D)BOGEY DISHWASHER	08/01/10	SL	5.00		16	900.				900.	900.		0.	900.
44	(D)GAS GRILL	09/01/10	SL	5.00		16	789.				789.	789.		0.	789.
45	(D)SECURITY CAMERA X 2	06/24/13	SL	5.00		16	1,984.				1,984.	1,984.		0.	1,984.
46	(D)SECURITY CAMERA X 6	06/26/13	SL	5.00		16	2,222.				2,222.	2,222.		0.	2,222.
47	(D)SECURITY CAMERA X 8	10/14/13	SL	5.00		16	1,899.				1,899.	1,817.		82.	1,899.
48	(D)ICEMAKER	06/30/14	SL	5.00		16	847.				847.	676.		171.	845.
49	(D)WASHER/DRYER CENTER	06/30/14	SL	5.00		16	1,088.				1,088.	872.		216.	1,088.
	* 990 PAGE 10 TOTAL						43,063.				43,063.	41,001.		2,010.	43,009.
	MACHINERY & EQUIPMENT														
	PROGRAM SERVICES														
	SOFTWARE			.000		16									
51	WINDOWS 7/MS	11/09/09	SL	1.00		16	409.				409.	409.		0.	409.

020111 04-01-16

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
52	PEACHTREE NON-PROFITS	11/08/08	SL	3.00		16	650.				650.	650.		0.	650.
53	OFFICE BLDG	08/11/10	SL	3.00		16	767.				767.	767.		0.	767.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						1,816.				1,816.	1,816.		0.	1,816.
	GRAND TOTAL 990-PAGE 10 DEPR						77,283.				77,283.	65,847.		0.	70,986.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						77,283.			0.	77,283.	65,847.			70,986.
	ACQUISITIONS						0.			0.	0.	0.			0.
	DISPOSITIONS						55,915.			0.	55,915.	46,204.			49,675.
	ENDING BALANCE						21,368.			0.	21,368.	19,643.			20,311.
	ENDING ACCUM DEPR LESS DISPOSITIONS											21,311.			
	ENDING BOOK VALUE											57.			

328111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Base For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
BUILDINGS												
7	(D) SHED	090109	SL	10.00	16	9,000.			9,000.	7,947.		900.
8	(D) CONCRETE SLAB	090109	SL	10.00	16	1,600.			1,600.	1,413.		160.
9	(D) ELECTRICAL REPAIR	110711	SL	10.00	16	4,446.			4,446.	4,027.		419.
10	(D) BATHROOM REPAIR	021712	SL	10.00	16	4,971.			4,971.	3,163.		497.
11	(D) SIDEWALK & LANDSCAPING	083012	SL	10.00	16	6,270.			6,270.	5,659.		611.
12	(D) SHED	051614	SL	10.00	16	1,271.			1,271.	524.		127.
13	(D) SIDEWALK	061714	SL	10.00	16	3,140.			3,140.	1,267.		314.
* 990 PAGE 10 TOTAL BUILDINGS						28,698.		0.	28,698.	19,600.		2,870.
FURNITURE & FIXTURES												
2	BOARD ROOM CHAIR	011110	SL	5.00	16	1,440.			1,440.	1,432.		0.
3	BOARD ROOM TABLE	121309	SL	5.00	16	961.			961.	954.		0.
4	EXECUTIVE DESK	063014	SL	5.00	16	535.			535.	428.		107.
5	U-SHAPED WORKSTATION	063014	SL	5.00	16	770.			770.	616.		154.
* 990 PAGE 10 TOTAL FURNITURE & FIXTURE						3,706.		0.	3,706.	3,430.		261.
MACHINERY & EQUIPMENT												
15	COMPAQ HARD DRIVE	091010	SL	5.00	16	1,500.			1,500.	1,491.		0.
16	HP HARD DRIVE	091010	SL	5.00	16	1,500.			1,500.	1,491.		0.

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
17	(D)MINOLTA COPIER	090110	SL	5.00	16	3,000.			3,000.	3,000.		0.
18	COMPAQ HARD DRIVE	091010	SL	5.00	16	1,500.			1,500.	1,491.		0.
19	(D)DELL LAPTOP 154	020110	SL	5.00	16	650.			650.	650.		0.
20	COMPAQ 1701	040107	SL	5.00	16	900.			900.	900.		0.
21	(D)HP COLOR LASER PRINTER	040107	SL	5.00	16	650.			650.	650.		0.
22	(D)DELL LAPTOP INSPIRON	110809	SL	5.00	16	700.			700.	697.		0.
23	(D)DELL LAPTOP INSPIRON	110809	SL	5.00	16	700.			700.	697.		0.
24	(D)XEROX WORKCENTER PRINTER	040107	SL	5.00	16	500.			500.	500.		0.
25	(D)HP OFFICE JET PRINTER	030110	SL	5.00	16	300.			300.	300.		0.
26	(D)TOSHIBA DIGITAL	030502	SL	5.00	16	3,000.			3,000.	3,000.		0.
27	HP PAVILLION PC	033010	SL	5.00	16	730.			730.	730.		0.
28	(D)HP PAVILLION PC	033010	SL	5.00	16	730.			730.	730.		0.
29	(D)MINOLTA COPIER	030109	SL	5.00	16	600.			600.	600.		0.
30	HP PAVILLION PC	081110	SL	5.00	16	891.			891.	886.		0.
31	HP PAVILLION PC	081110	SL	5.00	16	891.			891.	886.		0.
32	HP PAVILLION PC	081110	SL	5.00	16	891.			891.	886.		0.
33	(D)TELEPHONE SYSTEM	012312	SL	5.00	16	4,307.			4,307.	4,307.		0.
34	(D)E-ATO LASER PRINTER	062113	SL	5.00	16	350.			350.	350.		0.

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
35	(D) I-PAD WITH CASE	090513	SL	5.00	16	522.			522.	501.		17.
36	ELITEBOOK 2170P	063014	SL	5.00	16	890.			890.	712.		178.
37	HP ELITEBOOK LAPTOP	063014	SL	5.00	16	879.			879.	704.		175.
38	HP ELITEBOOK LAPTOP	063014	SL	5.00	16	879.			879.	704.		175.
39	HP COMPAQ ELITE PC	063014	SL	5.00	16	4,395.			4,395.	3,516.		879.
40	(D) HP PRO 400 LASER PRINTER	063014	SL	5.00	16	589.			589.	472.		117.
42	(D) FRIGIDAIRE FREEZER	100109	SL	5.00	16	890.			890.	890.		0.
43	(D) BOSCH DLSH WASHER	080110	SL	5.00	16	900.			900.	900.		0.
44	(D) GAS GRILL	090110	SL	5.00	16	789.			789.	789.		0.
45	(D) SECURITY CAMERA X 5	062403	SL	5.00	16	1,984.			1,984.	1,984.		0.
46	(D) SECURITY CAMERA X 6	062813	SL	5.00	16	2,222.			2,222.	2,222.		0.
47	(D) SECURITY CAMERA X 5	101413	SL	5.00	16	1,899.			1,899.	1,817.		82.
48	(D) ICEMAKER	063014	SL	5.00	16	847.			847.	676.		171.
49	(D) WASHER/DRYER GEMTER	063014	SL	5.00	16	1,088.			1,088.	872.		216.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME					43,063.		0.	43,063.	41,001.		2,010.
	PROGRAM SERVICES											
	SOFTWARE											
51	WINDOWS 7/XP	120809	SL	5.00	16	400.			400.	400.		0.

828102 04-01-10

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Buc % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
52	PEACHTREE NON-PROFITS	11/08/08	SL	3.00	16	650.			650.	650.		0.
53	OFFICE PRO	08/11/10	SL	3.00	16	766.			766.	766.		0.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES					1,816.		0.	1,816.	1,816.		0.
	** GRAND TOTAL 990 PAGE 10 DEPR					77,283.		0.	77,283.	65,847.		5,441.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					77,283.		0.	77,283.	65,847.		
	ACQUISITIONS					0.		0.	0.	0.		
	DISPOSITIONS					55,915.		0.	55,915.	46,204.		
	ENDING BALANCE					21,368.		0.	21,368.	19,643.		

2019 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS								
	FURNITURE & FIXTURES								
2	BOARD ROOM CHAIR	011110	SL	5.00	1,440.		1,440.	1,432.	0.
3	BOARD ROOM TABLE	021309	SL	5.00	961.		961.	954.	0.
4	EXECUTIVE DESK	063014	SL	5.00	535.		535.	535.	0.
5	U-SHAPED WORKSTATION	063014	SL	5.00	770.		770.	770.	0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				3,706.		3,706.	3,691.	0.
	MACHINERY & EQUIPMENT								
15	COMPAQ HARD DRIVE	091010	SL	5.00	1,500.		1,500.	1,491.	0.
16	HP HARD DRIVE	091010	SL	5.00	1,500.		1,500.	1,491.	0.
18	COMPAQ HARD DRIVE	091010	SL	5.00	1,500.		1,500.	1,491.	0.
20	COMPAQ 1701	040107	SL	5.00	900.		900.	900.	0.
27	HP PAVILLION PC	033010	SL	5.00	730.		730.	730.	0.
30	HP PAVILLION PC	081110	SL	5.00	891.		891.	886.	0.
31	HP PAVILLION PC	081110	SL	5.00	891.		891.	886.	0.
32	HP PAVILLION PC	081110	SL	5.00	891.		891.	886.	0.
36	ELITEBOOK 21 TOP	063014	SL	5.00	890.		890.	890.	0.
37	HP ELITEBOOK LAPTOP	063014	SL	5.00	879.		879.	879.	0.
38	HP ELITEBOOK LAPTOP	063014	SL	5.00	879.		879.	879.	0.
39	HP COMPAQ ELITE PC X5	063014	SL	5.00	4,395.		4,395.	4,395.	0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				15,846.		15,846.	15,804.	0.
	PROGRAM SERVICES								
	SOFTWARE			.000					
51	WINDOWS 7/XE	110809	SL	3.00	400.		400.	400.	0.
52	PEACHTREE NON-PROFITS	110808	SL	3.00	650.		650.	650.	0.
53	OFFICE PRO	081110	SL	3.00	766.		766.	766.	0.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES				1,816.		1,816.	1,816.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR				21,368.		21,368.	21,311.	0.



FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
COMMISSIONER NICOLE "NIKKI" FRIED

April 8, 2019

Refer To: CH22652

OKALOOSA WALTON HOMELESS CONTINUUM OF CARE
OPPORTUNITY, INC.
PO BOX 115
FORT WALTON BEACH, FL 32549-0115

RE: OKALOOSA WALTON HOMELESS CONTINUUM OF CARE OPPORTUNITY, INC.
REGISTRATION#: CH22652
EXPIRATION DATE: March 19, 2020

Dear Sir or Madam:

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

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

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

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

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

Sincerely,

Cassie Miller

Cassie Miller
Regulatory Consultant
850-410-3719
Fax: 850-410-3804
E-mail: cassie.miller@freshfromflorida.com

Homelessness & Housing Alliance

BALANCE SHEET

As of June 30, 2019

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
1000 COMM N P 3719 (3719)	110,499.20
1100 COMM NOW 6808 (6808)	172.28
Total Bank Accounts	\$110,671.48
Accounts Receivable	
1200 Accounts Receivable (A/R)	0.00
Total Accounts Receivable	\$0.00
Other Current Assets	
1400 Prepaid Expenses	
1420 Insurance	597.28
1425 Post Office Box	20.00
1430 Membership Fees and Dues	201.42
1440 Client Assistance	-28.50
Total 1400 Prepaid Expenses	790.20
Total Other Current Assets	\$790.20
Total Current Assets	\$111,461.68
TOTAL ASSETS	\$111,461.68
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable (A/P)	22,068.13
Total Accounts Payable	\$22,068.13
Total Current Liabilities	\$22,068.13
Total Liabilities	\$22,068.13
Equity	
3000 Opening Balance Equity	38,378.67
3100 Retained Earnings	-2,184.67
Net Income	53,199.55
Total Equity	\$89,393.55
TOTAL LIABILITIES AND EQUITY	\$111,461.68

Homelessness & Housing Alliance

PROFIT AND LOSS

July 2018 - June 2019

	TOTAL
Income	
5000 DCF Grants	
5105 DCF Sub-Provider Pass-Through	302,977.03
5106 DCF Sub-Provider Admin Fees	5,018.54
5115 DCF HHA	297,366.91
5118 DCF HHA Admin Fees	25,282.47
Total 5000 DCF Grants	630,646.95
5200 HUD Grants	
5205 HUD HHA	70,837.42
5215 HUD PSH	16,594.00
Total 5200 HUD Grants	87,231.42
5310 PATH	
5311 PATH Grant	96,951.93
5312 PATH Admin	3,518.07
Total 5310 PATH	100,470.00
5400 CDBG	
5401 Cold Weather Shelter	12,282.29
Total 5400 CDBG	12,282.29
5500 Other Income	35,920.78
Total Income	\$866,551.44
GROSS PROFIT	\$866,551.44
Expenses	
4000 Operations/General Administrative Expenses	
4005 Office Rent	18,900.00
4010 Phones/Internet	9,695.72
4015 Insurance	736.72
4020 Accounting & Audit	3,079.98
4025 Office Utilities	4,281.74
4030 IT/Website	5,212.37
4035 Office Supplies	5,171.81
4040 Printing & Marketing Materials	1,538.61
4042 Copier Meter	925.72
4045 Business Fees	245.15
4050 Postage & Shipping	627.18
4055 Custodial	2,607.51
4060 Furniture & Equipment <\$500	413.84
4061 Equipment Rental	2,518.91
Total 4060 Furniture & Equipment <\$500	2,932.85
Total 4000 Operations/General Administrative Expenses	55,955.36
4100 Other Business Expenses	39.99
4105 Travel	12,667.54

	TOTAL
4106 Travel Meals	50.29
4108 Meals (Non-travel)	1,594.32
4110 Training/Conferences	2,015.00
4115 Membership Fees and Dues	2,639.58
4130 HMIS Software & Licenses	8,194.19
4135 HHA Trainings/Meetings/Events	742.39
4136 HMIS Professional Fees/Admin	4,583.33
4137 Point In Time	1,442.21
Total 4100 Other Business Expenses	33,668.83
4200 DCF Pass-through Grant Expenses	
4205 DCF Pass-through	303,094.03
4206 DCF Pass-through Admin	4,901.54
Total 4200 DCF Pass-through Grant Expenses	307,995.57
4215 HHA Client Assistance	133,054.98
4250 Cold Weather Nights	10,949.05
4300 Payroll Expenses	
4310 Salaries & Wages	
4311 Executive Director	55,278.33
4312 Deputy Director	46,720.00
4313 Executive Assistant	39,093.64
4314 Program Director (Walton)	42,956.93
4315 Program Specialist/Case Manager	26,743.55
4316 Intake Specialist/Case Manager	19,373.85
4317 Case Manager	10,752.89
Total 4310 Salaries & Wages	240,919.10
4350 Payroll Taxes & Fees	30,311.56
Total 4300 Payroll Expenses	271,230.75
6000 Bank Charges & Fees	148.00
Uncategorized Expense	-27.86
Total Expenses	\$813,274.68
NET OPERATING INCOME	\$53,276.76
Other Expenses	
Other Miscellaneous Expense	77.21
Total Other Expenses	\$77.21
NET OTHER INCOME	\$ -77.21
NET INCOME	\$53,199.55