

**City of Key West Application for Non-Profit Funding Fiscal Year 2020  
October 1, 2019 – September 30, 2020**

Agency Name	Guidance/Care Center, Inc.
Physical Address	3000 41 <sup>st</sup> Street Ocean Marathon Florida 33050
Mailing Address	1205 Fourth Street
City, State, Zip	Key West, FL 33040
Phone	305-434-7660
Fax	305-292-6723
Email	Maureen.dunleavy@westcare.com
Who should we contact with questions about this application?	Maureen Dunleavy, Area Director

Amount received for prior fiscal year ending 09/30/19	\$0
Amount received for current fiscal year ending 09/30/20	\$0
<b>Special Amount requested</b> for upcoming fiscal year ending 09/30/20	\$25,000

For Fiscal Year 2020 how will the amount requested be utilized?	Renovations for the Marathon Baker Act centralized receiving facility
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**CERTIFICATION**

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. The City of Key West is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use City funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Key West City Commission.

We understand that the agency must substantially meet the eligibility criteria to be considered for City funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Key West.

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will receive funding.


Typed Name of Executive Director: Maureen Dunleavy

Signature 

Title: Area Director

Date: 11/12/19

Witness: 

Witness: 

**Application (Please type responses. You may complete on your own form).**

1. List the services your agency provides.

For the past 46 years, the Guidance/Care Center, Inc. (GCC), a Florida not-for-profit, has provided comprehensive behavioral health services to adults, children and families all ages from all incomes and walks of life. This includes the complete continuum of care from prevention to our inpatient facility. GCC works collaboratively with other agencies to support and enhance the benefits to our clients throughout Monroe County. GCC serves all clients regardless of inability to pay. Discounts are based on family size and income. There are 3 outpatient sites throughout the county, an assisted living facility and inpatient in Marathon. The population of our inpatient unit in our Marathon facility provides crisis stabilization, Detox and Residential Treatment to those awaiting/returning from the State Psychiatric Hospital. Out of the 2909 clients GCC serves annually 1400 are Key West residents.

2. How will funding be used? What specific services will be funded by this request? What needs or problems in Key West does your agency address? Please explain in detail.

Guidance/Care Center's Marathon Site is the Centralized Receiving Facility for Monroe County. Within this facility there is an inpatient unit that provides Crisis Stabilization and Detoxification. CSU is a public Baker Act receiving facility providing services for individuals showing acute mental health disorders. As the Centralized Receiving facility for Monroe County, the CSU is the central reception point for individuals who need emergency mental health or substance use disorder care. The receiving facility insures that persons receive needed services in the least restrictive setting and in the least intrusive manner. Additionally, this facility is also an Addiction Receiving Facility for those under the Marchman Act or needing Detoxification Services from substance use disorders. This facility operates 24/7 and is the entry point to access. Clients may be admitted voluntarily or may be mandated through Florida Statute and law enforcement. There are also two beds that are Residential Treatment Facility Beds which may be used for those awaiting or returning from the Florida State Psychiatric Hospital or a Residential Substance Abuse Treatment Program on the mainland. These programs are accredited through CARF as well as licensed by AHCA and the Florida Department of Children & Families. In the past 5 years the acuity of the clients in these programs has increased along with the daily census. Following Hurricane Irma housing issues and cost of living contributed significantly to an increase in our community suicide rate which placed a higher need for these services. In addition, client issues have become more complex and drug use issues more severe including the propensity for violence. This facility was built over 30 years ago and is in need of security upgrades to keep clients and staff safe. Specifically, facility and security upgrades including secure nurses' station, security doors, seclusion room security, panic buttons, security cameras, hurricane windows, elevator upgrade, repair of concrete spalling.

**Actual number of Clients Served by GCC in Fiscal Year 2019: 2909 of which 1400 were Key West residents**

**Number of clients served by GCC Marathon CSU/Detox: 711**

**Number of clients served by GCC Marathon CSU/Detox from Key West: 329 (including 124 homeless)**

3. Will City funds be used as match for a grant? Please circle yes or no: Yes  No   
If you answered "no", please see Question #7.

4. If you answered "yes" to Question #3, please specify the following for each grant:

- a. grant award title, granting agency, and purpose:
- b. grant amount:

c. match percentage requirement and amount:

d. expected award date:

5. Has your agency applied for or received funding for the same purpose from another entity? If yes, please explain.

Yes- **Project Budget: \$750,000**

Funding Received:	\$50,000	Ocean Reef Foundation
	\$25,000	City of Marathon
	\$200,000	Monroe County

**Remaining Needed: \$475,000**

- Requesting \$25,000 funding from City of Key West
- Applications pending for the 2020 Legislative Budget as a Special Project for amount remaining

6. Is your agency monitored by an outside entity? If so, by whom and how often?  
*(If applying for \$5,000 or less, a response is not required.)*

Yes – Guidance/Care Center, Inc. is CARF Accredited, DCF Licensed and AHCA licensed.

7. What measurable outcomes do you plan to accomplish in the next funding year?

Renovated and upgrade GCC Baker act Facility

8. How will you measure these outcomes? *(If applying for \$5,000 or less, a response is not required.)*

Project Completion

9. In 300 words or less, address any topics not covered above *(optional)*.

Please See List of Required Attachments

### ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS
	YES	NO	You must explain any "NO" answers
Application	x		
Current Board Information Form	x		
Evidence of Annual Election of Officers	x		
Board Resolution Approving Application for Funding	x		
City Funded Program Budget	x		
Agency Expenses	x		
Agency Revenue	x		
Agency Fee Schedule	x		
Upon approval of funding, do you agree to provide a copy of an Audited Financial Statement, a review of financial statements, or other financial report as appropriate (to be determined based on amount of funding and agency budget) from most recent fiscal year?	x		
Copy of filed IRS Form 990 from most recent fiscal year	x		
Copy of IRS Letter of Determination indicating 501 C 3 status & Copy of GUIDESTAR printout	x		
Copy of Current Monroe County and City Occupational Licenses	x		
Copy of Florida Dept. of Children And Families License or Certification	x		
Copy of any other Federal or State Licenses	x		
Copy of Florida Dept. of Health Licenses/Permits	x		
Copy of Organization's Corporate Bylaws.	x		
Copy of front page of Agency's EEO Policy/Plan	x		
Annual performance report describing services rendered during the most recently completed grant period		x	Have not received funding previously. Client's served in the above narrative
Copy of Summary Report of most current Evaluation/Monitoring *	x		

\* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.