

1. Completeness Checklist

<u>Application Forms and Attachments</u>	
<u>Project Name:</u>	Empowering Communities and Expanding Access: A Multi-Layered Strategy for Opioid Prevention, Treatment, and Recovery Support
<u>Project Applicant:</u>	Health & Hope Clinic
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10. Required Attachments	
a. Documentation demonstrating program location is in Escambia County	See Attached
b. Applicants Annual Operating Budget	See Attached
c. Proof of 501c3 Status	See Attached

d. Current W-9	See Attached
e. 2022 and 2023 Tax returns	See Attached
f. Two most recent years' financial statements (audited, if applicable)	See Attached

1. Applicant Information

Organization Name:	Health & Hope Clinic	Authorized Organization Representative Name/Title:	Sally Bergosh, Executive Director
Address:	1718 E Olive Rd	Telephone:	(850) 479-4456/(850) 748-4456
City, State/Zip:	Pensacola, FL 32514	Organization Website:	sbergosh@healthandhopeclinic.org
Contact Person Name/Title:	Sally Bergosh, Executive Director	Unique Entity ID (SAM #):	XV8TQTUKAZK1
Contract Person E-mail:	sbergosh@healthandhopeclinic.org	Federal Employer ID #:	26-4336638

2. Project Information

Project Name:	Empowering Communities and Expanding Access: A Multi-Layered Strategy for Opioid Prevention, Treatment, and Recovery Support 2.0
Project Address (if different from organization address):	Same as organization address
This is a/an: ☐ New Project or ☒ Expanded Project	
Total Funding Requested for this Project:	\$367,673
Number of Persons to be Served:	3,000
Project Type (check as many as applicable below):	
☒ Medication Assisted Treatment	☒ Education Program

☒ Prevention	☒ Recovery
☐ Treatment (other than medication assisted) Specify model:	
☒ Overdose Reversal Medication Distribution	☒ Criminal Justice Training, Prevention, and Treatment
☐ Other Please specify:	

Target Population (<i>check as many as applicable below</i>):	
☒ Chronically Homeless ☒ Single Individuals ☒ Victims of Domestic Violence ☒ LGBTQI+ Individuals/Families/Youth ☐ Other: _____	☐ Families ☒ Unaccompanied Youth (ages 18-24) ☒ Veterans ☒ Individuals with Severe and Persistent Mental Illness
Target Service Location (<i>check as many as applicable below</i>):	
☒ City of Pensacola ☐ Town of Century	☒ Unincorporated Escambia County ☒ All of Escambia County ☒ Other: <u>Santa Rosa County</u>
Is this project using a mobile based treatment model? ☒ Yes ☐ No	

3. Certification

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanctions. I further certify that I am authorized to submit this application and have followed all policies and procedures of my agency regarding grant application submissions.

Authorized Organization Representative:

Signature: 

Typed Name: Sally Bergosh

Title: Executive Director

Date: 9/9/2026

4. Project Description

Health & Hope Clinic requests **\$367,673 in FY2026–2027 Opioid Abatement Funds** to expand its existing integrated medical, behavioral health, recovery, and wellness services for uninsured and underinsured residents of Escambia County. Health & Hope Clinic provides free healthcare to uninsured adults in Escambia and Santa Rosa counties and is supported by more than 500 volunteers. In the most recent year reported, the clinic exceeded 24,000 patient visits and delivered more than \$9 million in free healthcare services. The clinic holds a 5-Star Gold certification rating from the National Association of Free & Charitable Clinics.

This project represents an expansion of an established opioid prevention, treatment, access, recovery initiative. Funding will increase licensed clinical capacity, nursing support, bilingual peer recovery services, medication access, staff development, transportation assistance, wellness programming, prevention education, and technology infrastructure to increase both the number of individuals served and the intensity of services available to those affected by opioid and other substance use disorders.

The project will continue and strengthen Health & Hope Clinic's existing Opioid Abatement Grant initiative, including expanded Narcan distribution, overdose-prevention education, community outreach, and pathways into treatment and recovery services.

Participants will have access to standardized substance-use and behavioral health assessments, individual and group counseling, medication treatment, psychiatric medication support, bilingual peer recovery coaching, Life Recovery programming, health education, wellness services, transportation assistance, and coordinated referrals to community resources.

Clinical care will be delivered through a trauma-informed, person-centered, recovery-oriented model that integrates medical care, behavioral health treatment, medication support, peer recovery services, and wellness programming. Core clinical behavioral health services, including individual counseling, medication treatment, nursing care, standardized substance-use assessments, and behavioral health assessments, will remain primarily clinic-based at Health & Hope Clinic's physical location. Rather than relocating clinical treatment, this project will directly address the transportation, financial, administrative, and access barriers that often prevent uninsured and underserved individuals from initiating or remaining engaged in care.

Health & Hope Clinic will also directly expand access to Vivitrol® (extended-release naltrexone), a non-controlled medication used in the treatment of opioid use disorder as well as alcohol use disorder. The clinic's MAT scope is intentionally limited to continuity-of-care Vivitrol® administration for patients already engaged in MAT elsewhere. All initiation of buprenorphine, methadone, or naltrexone is performed by external MAT partners, with whom the clinic coordinates referrals, warm handoffs, and shared care planning. This ensures regulatory clarity, patient safety, and seamless access to the full continuum of opioid-use treatment. Those individuals may continue receiving coordinated primary care, behavioral health, dental, recovery-support, and wellness services through Health & Hope Clinic.

The project will also support access to clinically appropriate non-controlled behavioral health medications for eligible patients experiencing co-occurring mental health conditions. These may include antidepressants, mood stabilizers, non-stimulant medications for anxiety, smoking-cessation medications, and other prescribed psychiatric medications that support stabilization, treatment engagement, and recovery. Medication services will be integrated with counseling, nursing care, peer support, and follow-up rather than provided as stand-alone interventions.

The Licensed Mental Health Counselor/Behavioral Health Director will provide standardized substance-use and behavioral health assessments within the SimplePractice™ EHR platform, individualized treatment planning, individual and group counseling, trauma-responsive interventions, and ongoing monitoring of treatment progress. The licensed clinician will also provide leadership for behavioral health programming, outcome monitoring, clinical documentation, quality improvement, staff and intern supervision, and integration of opioid prevention, treatment, and recovery services across the clinic. Evidence-informed approaches may include trauma-informed care, Internal Family Systems-informed interventions, motivational engagement strategies, and other practices appropriate for individuals experiencing substance use and co-occurring behavioral health conditions.

The Registered Nurse will provide clinical support for Vivitrol® administration and monitoring, medication education, smoking-cessation services, follow-up care, overdose-prevention education, care coordination, and hospital warm handoffs. Nursing and behavioral health services will work collaboratively to ensure participants receive coordinated medical and behavioral health support throughout the recovery process. Due to the jail-based pre-release protocols and substance abuse treatment facilities use of Vivitrol® the clinic will expand its use for continuity of care.

The project will expand bilingual peer recovery services to provide culturally and linguistically responsive support to English- and Spanish-speaking participants. Peer Support Specialists will provide recovery coaching, engagement, treatment navigation, follow-up support, warm handoffs, group support, overdose-prevention education, and connections to medical, behavioral health, recovery, and community resources. Bilingual staffing and translated educational materials will further reduce language barriers for Spanish-speaking participants.

Health & Hope Clinic will strengthen emergency department diversion and warm-handoff pathways by partnering with local hospitals, case managers, social workers, and healthcare leaders to increase awareness of the clinic's prevention, counseling, Vivitrol®, peer-support, recovery-group, and wellness services. Individuals presenting to emergency departments with opioid-related concerns, substance use, overdose risk, or co-occurring behavioral health needs may be referred to Health & Hope Clinic for continued community-based support following discharge.

Through these partnerships, individuals may be connected to substance-use assessments, individual counseling, Life Recovery groups, bilingual peer recovery services, non-controlled psychiatric medication support, smoking-cessation services, wellness programming, transportation assistance, and other recovery resources. Existing relationships with hospital leadership and healthcare professionals will support the development of referral pathways intended to reduce gaps between crisis care and sustained community-based recovery support.

Health & Hope Clinic mobile outreach team will expand its countywide Narcan distribution and overdose-prevention education efforts. Narcan kits and training will be provided to individuals at risk of opioid overdose, family members, community organizations, recovery programs, volunteers, and other community partners. Education will include overdose recognition, appropriate response, naloxone administration, and information regarding available treatment and recovery resources. Educational materials will be available in English and Spanish.

In addition to clinic-based services, the Health Educator/Outreach Specialist and Peer Support Specialists will deliver non-clinical prevention education, engagement, recovery coaching, and referral support where participants already live and receive services. Outreach may occur through residential recovery programs, churches, community organizations, community events, and hospital settings.

Health & Hope Clinic already serves as a healthcare resource for residential recovery and housing programs such as Teen Challenge, Charis House, and Waterfront Rescue Mission, providing established pathways for reaching individuals who may be at increased risk for substance use, relapse, or related health concerns. These partnerships strengthen the project's ability to reach individuals outside the traditional clinical setting while connecting them back to appropriate treatment and recovery services.

Transportation will be addressed through a dedicated \$5,000 transportation voucher allocation or a contracted vendor. Transportation assistance will be administered through an approved non-medical transportation process with required trip documentation and may include rideshare transportation. The dedicated transportation funds will support eligible participants attending counseling appointments, substance-use assessments, medication-management visits, recovery groups, wellness programs, and follow-up care. By addressing transportation barriers, the project will reduce missed appointments and help prevent transportation difficulties from interrupting an individual's treatment or recovery episode.

Telehealth through the clinic's existing SimplePractice™ behavioral health platform will supplement in-person clinical services by providing appropriate remote options for counseling, follow-up, groups, and medication-management support when travel is not possible. SimplePractice™ will also support treatment planning, behavioral health documentation, standardized assessments, secure communication, scheduling, appointment reminders, group services, telehealth, and outcome monitoring.

Funding will also support secure digital intake kiosks and related technology infrastructure to streamline intake, screening, assessment, education, and referral processes. These tools will reduce administrative delays, repeated paperwork, manual data entry, enhance reporting processes, while improving access for participants who may have limited technology or documentation available when entering care.

Whole-person recovery will be supported through expanded Wellness Center programming. Services may include smoking cessation, nutrition education, cooking classes, exercise, mindfulness, restorative movement, stress management, sound-based relaxation activities, recovery education, and behavioral health support groups. Qualified community wellness professionals may be contracted to provide specialized programming such as restorative yoga, therapeutic movement, mindfulness, and other evidence-informed wellness interventions.

Health & Hope Clinic will continue to leverage its existing Memorandum of Understanding with the University of West Florida Exercise Science Program to strengthen evidence-informed exercise, physical activity, and wellness programming. UWF students and faculty will help support activities designed to improve physical health, emotional well-being, healthy lifestyle behaviors, and long-term recovery. As well as volunteer providers certified in Lifestyle Medicine and Nutrition Science.

Behavioral health and recovery groups will provide an additional low-barrier pathway into support. Programming may include Life Recovery addiction support, men's support groups, Mind Matters, Restorative Wellness, family support, grief support, smoking cessation, fitness, cooking, nutrition, and other wellness classes. These services allow participants to build coping skills, social support, resilience, and healthy routines that complement formal treatment.

Health & Hope Clinic's core medical, dental, pharmacy, individual counseling, nursing, and medication services remain available at no charge to established clinic patients who meet clinic eligibility requirements. Behavioral health groups, recovery-support services, prevention education, community outreach, and selected wellness programs may be offered more broadly to the community. This two-tiered model provides an intensive continuum of clinical care for established patients while maintaining a broad, low-barrier prevention and recovery-support network for individuals throughout Escambia County affected by opioid and substance use. Utilizing medical and dental services at the clinic is a HUGE preventative service that eliminates the need for patients to search for non-prescription medication or street drugs to eliminate their pain. Dental pain is a primary driver in seeking "street drugs" or non-prescribed opioids and can be a pathway to relapse or addiction.

Program supplies and materials will support both clinical and community-based services. Resources may include recovery workbooks, therapeutic journals, coping-skills materials, grounding and sensory tools, group curricula, smoking-cessation resources, wellness materials, nutrition and cooking-class supplies, bilingual educational materials, brochures, resource guides, posters, and community awareness

materials. These resources will reinforce skills taught in counseling and groups while expanding awareness of opioid prevention, treatment, and recovery resources.

Health & Hope Clinic will also invest in staff development and workforce training to strengthen organizational capacity to serve individuals affected by opioid use, trauma, and co-occurring behavioral health conditions. Training may include Internal Family Systems, trauma-informed care, substance-use assessment administration, medication treatment and MOUD education, overdose prevention, tobacco cessation, CPR/BLS, ethics, cultural and linguistic responsiveness, documentation, and other evidence-based clinical and recovery-support practices.

The clinic will continue its workforce-development relationships with the University of West Florida, Pensacola State College, and other colleges and universities, providing opportunities for students, interns, and residents to receive supervised clinical and community-based experience. These academic partnerships strengthen the local healthcare and behavioral health workforce while expanding the clinic's capacity to serve uninsured and underserved individuals.

The Behavioral Health Case Manager and Peer Support Specialists will assist participants with connections to social and community supports that may influence recovery, including Medicaid eligibility when appropriate, SSI/SSDI, SNAP, housing resources, transportation, employment resources, and other community-based services. Health & Hope Clinic also maintains referral relationships with CDAC Behavioral Healthcare, Lakeview Center, local hospital systems, residential recovery programs, healthcare providers, and more than 30 community nonprofit organizations.

Together, these partnerships create a coordinated network of prevention, treatment, recovery, wellness, and social support that addresses the multiple barriers frequently experienced by individuals affected by opioid use disorder.

Consistent with Health & Hope Clinic's mission, services funded through this initiative will be delivered without cost to eligible participants. By combining free clinical care, medication access, behavioral health treatment, recovery coaching, transportation assistance, community outreach, overdose-prevention services, and wellness support, the project addresses the clinical, financial, logistical, and social barriers that can interfere with sustained recovery.

The project will strengthen countywide overdose-prevention efforts through expanded Narcan distribution, overdose-response education, hospital referral partnerships, bilingual community education, peer engagement, and awareness initiatives, while creating clear pathways into ongoing treatment and recovery services.

Health & Hope Clinic will sustain project activities beyond the grant period by integrating grant-funded positions, clinical workflows, technology, training, and partnerships into its permanent behavioral health and wellness operations. Staff competencies developed through professional training will remain within the organization, while SimplePractice™, digital infrastructure, volunteers, interns, community partnerships, the University of West Florida collaboration, and diversified charitable and grant funding will continue to support services for uninsured and underserved residents.

The full project budget totals \$367,673 consisting of \$252,500 in personnel, \$25,000 for staff development and training, \$15,000 for marketing, supplies and educational materials, \$30,000 for non-controlled medications/Vivitrol, \$10,000 for wellness programming/recovery support interventions, \$5,000 for transportation services, \$10,500 for technology and infrastructure, including SimplePractice™ and secure patient-intake kiosks, and \$17,508 for administrative and indirect costs associated with grant reporting, program administration, and compliance.

Through this integrated approach, Health & Hope Clinic will provide a coordinated continuum of opioid prevention, early intervention, treatment, behavioral health care, medication access, peer recovery support, overdose prevention, wellness, and long-term recovery services, while strengthening community partnerships and reducing the barriers that prevent Escambia County residents from

receiving and remaining engaged in care.

5. Quality of Service Questionnaire

1. Describe how the project aligns with Escambia County's Opioid Abatement Strategic Summary (Appendix 1).

Health & Hope Clinic's project directly advances multiple Core Strategies identified in Escambia County's Opioid Abatement Implementation Plan. Core Strategy A will be addressed through expanded Narcan distribution, overdose-recognition and response education, bilingual prevention materials, and community awareness activities. Health & Hope Clinic will build upon its existing Narcan distribution network by increasing access to overdose-prevention resources for individuals, families, recovery organizations, community partners, and other high-risk populations.

Core Strategy B will be addressed through expanded substance-use treatment and recovery services, including standardized substance-use and behavioral health assessments, licensed individual and group counseling, Life Recovery programming, bilingual peer recovery support, and medication services. Health & Hope Clinic will directly expand access to Vivitrol® (extended-release naltrexone) for opioid use disorder and alcohol use disorder when clinically appropriate for continuity of care. The Clinic will also maintain referral relationships with established community Medication for Opioid Use Disorder (MOUD) providers for individuals who require medications such as buprenorphine or methadone.

Core Strategy E will be addressed by reducing barriers to care through \$5,000 in transportation services, bilingual peer navigation, telehealth, community outreach, hospital referral pathways, and warm handoffs. Core Strategy F will be supported through Health & Hope Clinic's integrated medical and behavioral health model, which coordinates licensed counseling, nursing care, medication support, peer recovery services, primary care, and wellness programming. Core Strategy G will be advanced through \$25,000 in staff development and evidence-based training, standardized outcome monitoring, SimplePractice™-supported documentation and assessment, and continued workforce development through academic and community partnerships.

The project will monitor clinic-level performance indicators related to treatment access, recovery participation, prevention outreach, Narcan distribution, Vivitrol® utilization, referrals and warm handoffs, transportation assistance, behavioral health engagement, and other measures required by the County.

2. Explain how your agency is actively participating in the Homeless Continuum of Care (CoC) and existing Behavioral Health systems in Escambia County, and how this project will integrate with those systems.

Health & Hope Clinic is integrated into Escambia County's behavioral health, healthcare, recovery, and community-service network through established referral and collaborative relationships. The Clinic coordinates with CDAC Behavioral Healthcare and Lakeview Center for substance-use and psychiatric referrals and works with local hospital systems, case managers, social workers, and other healthcare professionals to connect uninsured patients with continuing medical, behavioral health, and recovery services following discharge.

Health & Hope Clinic also provides healthcare services and maintains established relationships with residential recovery and supportive organizations including Teen Challenge, Charis House, Waterfront Rescue Mission, Opening Doors, and REAP. These partnerships provide direct

pathways for reaching individuals experiencing substance use, recovery needs, housing instability, and other social determinants that can interfere with treatment.

The Behavioral Health Case Manager and Peer Support Specialists funded through this project will strengthen these connections by coordinating referrals, conducting follow-up, assisting participants with housing and social-service needs, and providing documented warm handoffs rather than relying solely on passive referrals. Participants requiring services outside Health & Hope Clinic's scope will be connected to appropriate behavioral health, MOUD, recovery, housing, and community providers while continuing to receive eligible services through Health & Hope Clinic.

Health & Hope Clinic will continue collaborating with community organizations and behavioral health partners to ensure participants receive coordinated care rather than fragmented services.

Health & Hope Clinic is an active member of the Homeless Continuum of Care (CoC) since 2025 and participates in Membership Committee meetings.

3. Describe your procedure for assessing participants' needs and making client referrals to other service providers. Describe how you ensure that participants are connected to the services they request.

Participants entering behavioral health and substance-use services will receive appropriate standardized screening and assessment based on presenting needs. The Licensed Mental Health Counselor/Behavioral Health Director will administer standardized substance-use and behavioral health assessments, complete individualized treatment planning, and determine appropriate clinical interventions, referrals, and follow-up.

Assessment will extend beyond clinical symptoms to identify barriers that may interfere with treatment and recovery, including transportation, housing instability, medication access, financial needs, language barriers, social supports, and other social determinants of health. The Behavioral Health Case Manager and Peer Support Specialists will assist participants with navigating these needs and connecting to appropriate medical, behavioral health, recovery, housing, and community resources. The RN will assist with coordination care for medical or dental services and ensure follow-up interventions are completed for continuity of care.

When outside services are needed, Health & Hope Clinic will prioritize warm handoffs, with staff helping the participant connect directly with the receiving organization whenever possible rather than simply providing a telephone number or referral sheet. Referrals may include community MOUD providers, CDAC Behavioral Healthcare, Lakeview Center, hospitals, housing and recovery programs, benefit programs, and other community-based services.

SimplePractice™ and applicable clinic documentation systems (i.e. Athena-EMR) will be used to document treatment plans, referrals, follow-up, participant engagement, and behavioral health outcomes. Staff will follow up when appropriate to determine whether the participant successfully connected with the referred service and provide additional navigation when barriers remain.

4. Describe how the project will provide connections to permanent supportive solutions, including the extent to which this project will connect clients to mainstream services and community-based supports, to ensure long-term stability.

Health & Hope Clinic recognizes that sustained recovery requires addressing factors beyond the immediate symptoms of substance use. The Behavioral Health Case Manager and Peer Support Specialists will help participants connect with mainstream benefits and community-based

resources that promote long-term stability. Depending on eligibility and individual need, referrals may include Medicaid or other insurance resources, SSI/SSDI, SNAP, housing assistance, transportation resources, employment supports, recovery programs, food assistance, and other social-service programs.

Participants will also be connected to community behavioral health and substance-use providers when they require services outside Health & Hope Clinic's scope. Individuals who require buprenorphine, methadone, or other specialized MOUD services will be referred to established community providers while continuing to receive appropriate primary care, behavioral health, dental, peer recovery, and wellness support through Health & Hope Clinic.

Peer Support Specialists, including a bilingual specialist, will provide ongoing recovery coaching, encouragement, treatment navigation, and connection to community support systems. Existing relationships with Teen Challenge, Charis House, Waterfront Rescue Mission, faith-based organizations, nonprofit agencies, and other community partners provide additional pathways to supportive environments and recovery resources.

Wellness Center programming will further support stability by addressing physical health, stress management, healthy routines, smoking cessation, nutrition, movement, and social connection. Health & Hope Clinic's existing MOU with the University of West Florida Usha Kundu, MD College of Health Exercise Science Program will strengthen evidence-informed exercise and wellness activities that complement clinical treatment and recovery services. MOUs with Florida State College of Medicine, Usha Kundu College of Health School of Nursing, Psychology, and Social Work, and FAMU School of Pharmacy help address SDOH, medication compliance, and other preventative care initiatives.

5. Explain how your agency engages persons with lived experience and historically marginalized groups in the design and evaluation of programs and services. Include the number of persons engaged and their role.

This project incorporates lived experience directly into service delivery through two part-time Peer Support Specialists, including one bilingual Peer Support Specialist serving Spanish-speaking participants. Peer specialists will use their lived experience appropriately to provide recovery coaching, participant engagement, navigation, group support, warm handoffs, and connections to treatment and community resources.

Two Peer Support Specialists will participate in program-review meetings, identify barriers and participant concerns, review engagement/retention findings, recommend modifications to outreach and recovery-support workflows, and document recommendations and resulting program changes. Their participation helps ensure that program decisions are informed not only by clinical expertise but also by individuals who understand recovery from a lived-experience perspective.

The Clinic's broader service model is also supported by more than 500 volunteers and partnerships with residential recovery organizations whose participants and staff bring valuable perspectives regarding recovery, access barriers, stigma, and community needs. The existing "How to Save a Life" program has a proven track record in opioid overdose education and prevention. The clinic also deploys a Community Outreach Team to hundreds of events over the last three years specifically to marginalized and minority populations. The team is comprised of medical and behavioral health professionals providing community engagements, education, Narcan distribution, and health and wellness screenings.

Bilingual staffing and English/Spanish materials are incorporated into the project to improve accessibility for Spanish-speaking participants and other populations who historically experience barriers to behavioral health and substance-use services.

Health & Hope Clinic will incorporate participant feedback into program evaluation and continuous quality improvement through service feedback, group participation, peer input, and review of program outcomes.

6. Explain your agency's experience providing services to individuals and families who have substance use or co-occurring disorders, including federal, state, and/or local government grant experience and capacity to administer the project and oversee compliance.

Health & Hope Clinic is an established free and charitable healthcare organization serving uninsured adults throughout Escambia and Santa Rosa counties. The Clinic provides integrated primary medical, dental, pharmacy, behavioral health, wellness, and community-support services and has experience serving individuals with substance use disorders, trauma, mental health conditions, and co-occurring medical and behavioral health needs.

Health & Hope Clinic is a prior recipient of Escambia County Opioid Abatement funding and currently operates opioid-prevention activities that include Narcan distribution, overdose-prevention education, outreach, and connections to treatment and recovery resources. The Clinic was an early Narcan distribution location in the Florida Panhandle and has developed a broad community distribution network through nonprofit and community partnerships.

Behavioral health services have expanded substantially as community demand has increased. The Clinic provides licensed individual counseling, group behavioral health services, Life Recovery programming, smoking cessation, wellness programming, behavioral health assessment, and referral coordination. The proposed project builds upon these established services rather than creating a new program from the ground up.

Health & Hope Clinic reports more than 24,000 patient visits and more than \$9 million in donated healthcare services in its most recently reported year and is supported by more than 520 volunteers. The Clinic also holds a 5-Star Gold rating from the National Association of Free & Charitable Clinics, reflecting its commitment to organizational quality and established operational standards.

Grant-funded activities will be supported by established administrative, financial, clinical, and reporting processes. Program expenditures, personnel costs, invoices, service utilization, clinical outcomes, training records, and other grant deliverables will be documented and monitored throughout the award period. Monthly program and reimbursement reporting will be completed in accordance with County requirements.

HHC already has the financial controls, reimbursement experience, documentation processes and clinical reporting infrastructure required to administer a \$367,673 reimbursement-based County award.

We have managed multiple large-scale grants, including Impact 100 (\$108K), DOH (\$500K), AMGEN Health Equity (\$225K), HRSA COVID Vaccination Grant (\$350K), NWF health Network, United Way West Florida, annually administers funds from the Florida Association of Free and Charitable Clinics, Florida Dental Association, BOCC Community Partners Grant. These grants all have components of preventative access to care, Narcan, and mental health services. Our finance and compliance team ensures that all reporting is submitted accurately and

timely, and our clinical team maintains complete documentation for each encounter. Our infrastructure supports quarterly performance reporting, outcome tracking, and reimbursement-based budgeting.

7. Describe how your agency has worked to remove traditional barriers (no income, no insurance, no transportation, etc.) to services for individuals and families who have substance use or co-occurring disorders.

Health & Hope Clinic's mission is centered on removing barriers that prevent uninsured and underserved individuals from receiving healthcare. Our clinic operates entirely free of charge, with no sliding scale or billing. The clinic is dedicated to filling the health care gaps that affect our local communities by providing whole-patient health care to tackle health disparities. The clinic provides the safety net and delivers care to those who might otherwise go without. In 2025-2026, the clinic provided 24,000 patient visits for 2,407 unique patients, including 1,521 mental health counseling visits. The clinic Health and Wellness Wing opened in January 2025 and has hosted over 15,000 health education, group counseling, and preventative care training classes. All classes are open to the community for participation and access to care and training for everyone. The clinic is the Northwest Florida Free Distribution Center for Narcan since 2019 and has given out thousands of Narcan to other non-profits as well as thousands of individuals along with health education and Narcan training via in-house pharmacy. We serve patients in English, Spanish, Ukrainian, and Haitian Creole and offer transportation referrals, telemedicine/counseling, and flexible scheduling. Additionally, we supply medications- especially psychiatric prescriptions-at no cost through our in-house pharmacy. The clinic is located on the bus line and has a partnership with Manna that supplies weekly emergency food bags. The clinic also partners with One Pensacola and Manna to provide fresh produce to help reduce disease progress for most chronic patients through lifestyle modification. The clinic's partnership with United Way West Florida utilizes the 211-referral line for free services and posts the Survival Guide on the clinic's home page for easy access.

This project addresses financial, transportation, geographic, linguistic, administrative, and treatment-access barriers through an integrated approach. Our core model operates on free and charitable care, with no sliding scale or billable services.

Transportation will be addressed through a dedicated \$5,000 transportation funding allocation. Assistance may include approved rideshare transportation, or other authorized transportation for eligible participants attending counseling, substance-use assessments, medication-management visits, recovery groups, wellness programming, and follow-up services. Transportation utilization will be documented to ensure appropriate grant oversight.

Core clinical services, including counseling, substance-use and behavioral health assessment, nursing care, medication support, will remain primarily clinic-based. However, the project extends Health & Hope Clinic's reach through Health Educator/Outreach Specialist and Peer Support Specialist activities in residential recovery settings, community organizations, churches, outreach events, and hospital settings. This allows prevention education, recovery engagement, referral support, and warm handoffs to occur where individuals already live or receive services.

Telehealth through the Clinic's existing SimplePractice™ behavioral health platform will provide an additional option for appropriate counseling, follow-up, groups, and medication-management support when travel is difficult. Digital intake kiosks will further reduce administrative barriers

by streamlining intake, screening, and access to information.

Financial barriers are addressed through Health & Hope Clinic's free-care model. Core clinical services funded by this initiative will be provided without charge to eligible Health & Hope Clinic patients. In addition, selected behavioral health groups, recovery-support programs, prevention education, and wellness services—including Life Recovery, Mind Matters, Restorative Wellness, smoking cessation, fitness, cooking, nutrition, grief support, family support, and other community programming—may be offered at no cost to the broader community.

Language barriers will be reduced through bilingual peer-support capacity and translated English/Spanish educational and outreach materials. Together, these strategies allow Health & Hope Clinic to provide intensive clinical care for eligible patients while offering low-barrier prevention and recovery support to a broader community population.

8. Describe how your agency evaluates program success.

Health & Hope Clinic will use a combination of clinical documentation, patient visits, program-utilization data, standardized assessments, screenings, referral tracking, participant engagement measures, and grant-specific performance indicators to evaluate project success.

The Clinic's existing SimplePractice™ behavioral health platform will support treatment planning, standardized behavioral health and substance-use assessments, clinical documentation, attendance and engagement tracking, group-service documentation, telehealth, follow-up, and outcome monitoring. Additional program records will be used to track activities that occur outside the EHR.

Project-level measures will include the number of standardized substance-use and behavioral health assessments completed; individuals participating in individual and group counseling; participants engaged in Life Recovery and peer-support services; Vivitrol® services provided; Narcan kits distributed; individuals receiving overdose-prevention education; bilingual peer-support contacts; hospital referrals and warm handoffs; transportation vouchers utilized; wellness and smoking-cessation participation; referrals completed; and staff completing evidence-based professional development.

Health & Hope Clinic will also monitor treatment engagement, follow-up participation, barriers to care, and other County-required performance measures applicable to the funded project. Program data will be reviewed regularly by project leadership to identify trends, evaluate progress toward goals, and make quality-improvement adjustments when needed.

Because countywide fatal overdose and EMS-response rates are influenced by numerous community systems, Health & Hope Clinic will report its direct contribution to those broader outcomes through measurable clinic-level activities rather than attributing changes in countywide overdose rates solely to this project.

9. Describe how the agency will continue to provide quality services in the community in case of reduced or loss of funding.

Health & Hope Clinic has designed this project to build lasting clinical and organizational capacity rather than creating services that exist only during the grant period. Grant-funded workforce development will provide clinicians, nurses, peer-support staff, outreach personnel, and other team members with skills that remain within the organization after the funding period, including trauma-informed care, substance-use assessment, overdose prevention, medication-treatment education, and other evidence-based practices.

The Clinic will integrate successful workflows for substance-use assessment, behavioral health treatment, medication management, peer recovery support, hospital warm handoffs, transportation coordination, and wellness programming into its established medical and behavioral health operations whenever financially sustainable.

Health & Hope Clinic's existing SimplePractice™ platform, digital infrastructure, Health and Wellness Wing, volunteers, interns, academic partnerships, and community relationships will continue to support service delivery. The existing MOUs with the University of West Florida Usha Kundu, MD College of Health, Florida A&M University College of Pharmacy, and University of Florida will provide continued opportunities for collaborative wellness programming, while partnerships with local vocational schools and colleges will continue supporting workforce development through interns, students, and trainees. Last year, the clinic provided over \$9 million dollars in free healthcare. These partners provide a pipeline of continuous volunteers.

The Clinic will also continue leveraging its volunteer workforce, charitable donations, community partnerships, medication-access resources, and diversified local, state, federal, foundation, and private grant opportunities to sustain services for uninsured and underserved residents.

The Board of Directors work collaboratively with the Executive Director to ensure sustainability of the clinic. The clinic is celebrating its 23rd year of successfully meeting its mission while strengthening Health and Hope Clinic's capacity for care. Members of the board of directors are actively engaged in fundraising, public relations, and advocacy with key partners and funding sources. The clinic continues to pursue diversified funding sources.

If future funding is reduced, Health & Hope Clinic will prioritize essential clinical, prevention, and recovery services while adjusting the scale or frequency of supplemental activities as necessary. The infrastructure, partnerships, training, and integrated care pathways created through this award will allow the Clinic to preserve the project's most effective components and continue providing access to high-quality opioid prevention, treatment, medical, dental, behavioral health, and recovery services in the community.

6. Ability to Complete Activities Outline (Budget Timeline)

Health & Hope Clinic anticipates the project will be operational within one month of notice to proceed and will be carried out over the full one-year grant term.

Time frame	Milestone / Activity	Reporting
Month 1	Contract executed; staff assigned; technology procured; transportation process established; baseline metrics finalized.	Baseline report
Months 2–3	Expanded assessments, peer services, Vivitrol® continuity, transportation and training operational.	Monthly
Months 4–6	Full outreach/prevention and recovery-support expansion; hospital/community pathways operational.	Monthly
Months 7–9	Mid-year outcome review against performance measures; adjust outreach and referral processes as needed; continue staff development trainings.	Monthly + mid-year summary
Months 10–12	Full implementation; outcome validation; sustainability plan; final reporting.	Monthly + year-end report

Monthly spending plan: Personnel, medication, and supply costs will be drawn down monthly and proportionally across the 12-month term as expenses are incurred and paid, consistent with the County's reimbursement-basis requirement. Reimbursement requests will be submitted monthly with invoices, payroll documentation, and the monthly program report.

Monthly Spending Plan: Personnel expenses will be incurred through payroll throughout the 12-month grant period. Medication-assisted treatment and non-controlled behavioral health medication expenses will be based on participant need and medication utilization. SimplePractice™ costs will support the clinic's existing behavioral health platform and expanded grant-funded use. Staff development and training, supplies and materials, transportation vouchers, technology infrastructure, wellness programming, and contracted services will be expended as activities are implemented. Reimbursement requests will be submitted in accordance with County requirements and supported by applicable payroll records, invoices, receipts, contractual documentation, and monthly program reports.

Monthly Spending Plan

Budget Category	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Case Management	\$ 4,166.67	\$ 4,166.67	\$ 4,166.67	\$ 4,166.67	\$ 4,166.67	\$ 4,166.67	\$ 4,166.67	\$ 4,166.67	\$ 4,166.67	\$ 4,166.67	\$ 4,166.67	\$ 4,166.67
Peer Support Staff	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33
Registered Nurse	\$ 5,416.67	\$ 5,416.67	\$ 5,416.67	\$ 5,416.67	\$ 5,416.67	\$ 5,416.67	\$ 5,416.67	\$ 5,416.67	\$ 5,416.67	\$ 5,416.67	\$ 5,416.67	\$ 5,416.67
Licensed Clinical Staff	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00
Health Educator Outreach Staff	\$ 3,125.00	\$ 3,125.00	\$ 3,125.00	\$ 3,125.00	\$ 3,125.00	\$ 3,125.00	\$ 3,125.00	\$ 3,125.00	\$ 3,125.00	\$ 3,125.00	\$ 3,125.00	\$ 3,125.00
Staff Development/Training Materials	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33	\$ 2,083.33
Mobile Service Delivery — Mileage	\$ 180.42	\$ 180.42	\$ 180.42	\$ 180.42	\$ 180.42	\$ 180.42	\$ 180.42	\$ 180.42	\$ 180.42	\$ 180.42	\$ 180.42	\$ 180.42
Technology and Infrastructure	\$ 875.00	\$ 875.00	\$ 875.00	\$ 875.00	\$ 875.00	\$ 875.00	\$ 875.00	\$ 875.00	\$ 875.00	\$ 875.00	\$ 875.00	\$ 875.00
Medications/Vivitrol®	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00
Marketing, Supplies and Educational Materials	\$ 1250.00	\$ 1250.00	\$ 1250.00	\$ 1250.00	\$ 1250.00	\$ 1250.00	\$ 1250.00	\$ 1250.00	\$ 1250.00	\$ 1250.00	\$ 1250.00	\$ 1250.00
Other Expenses — Wellness Programming/Recovery Support Interventions	\$ 833.33	\$ 833.33	\$ 833.33	\$ 833.33	\$ 833.33	\$ 833.33	\$ 833.33	\$ 833.33	\$ 833.33	\$ 833.33	\$ 833.33	\$ 833.33
Other Expenses — Transportation Vouchers	\$ 416.67	\$ 416.67	\$ 416.67	\$ 416.67	\$ 416.67	\$ 416.67	\$ 416.67	\$ 416.67	\$ 416.67	\$ 416.67	\$ 416.67	\$ 416.67
Subtotal	29180.42	29180.42	29180.42	29180.42	29180.42	29180.42	29180.42	29180.42	29180.42	29180.42	29180.42	29180.42
Administrative 5%	\$ 1,459.02	1459.02	1459.02	1459.02	1459.02	1459.02	1458.09	1459.02	1459.02	1459.02	1459.02	1459.02
Monthly Total	\$ 30,639.44	30639.44	30639.44	\$ 30639.44	\$ 30639.44	\$ 30639.44	\$ 30639.44	\$ 30639.44	\$ 30639.44	\$ 30639.44	\$ 30639.44	\$ 30639.44

7. Budget Narrative

Health & Hope Clinic documents in-kind match, such as the value of volunteer clinical hours and free pharmacy and lab services made available to project participants.

Personnel costs with a total of **\$252,500** support six positions representing 5.0 FTE, central to the project. A Licensed Mental Health Counselor who is EMDR-certified, funded at \$75,000. This person oversees integrated behavioral health services, conducting assessments, treatment planning, individual and group counseling, MAT coordination, and staff supervision. A full-time Registered Nurse, funded at \$65,000, provides clinical coordination and direct care, including Vivitrol® administration, medication management, overdose prevention, hospital warm handoffs, and chronic disease education. A full-time Health Educator/Outreach Specialist, funded at \$37,500, leads community education, prevention, and outreach, builds partner relationships, and connects individuals and families to medical, behavioral health, and social-support services. A full-time Behavioral Health Case Manager, funded at \$50,000, handles outreach, referral coordination, case management, care navigation, and monitoring of participant progress. Finally, two part-time Peer Support Specialists at 0.5 FTE each, totaling \$25,000 (\$12,500 for a bilingual position and \$12,500 for an English-speaking position), provide recovery coaching, engagement, resource navigation, and treatment or warm-handoff support for English and Spanish speaking participants. Mileage reimbursement for mobile outreach activities provided at the federal standard rate of 76 cents per mile, equaling \$2,165 for vehicle use and maintenance.

Other program operations costs total of \$95,500 across six categories. Staff Development and Training Materials, budgeted at \$25,000, fund training in trauma-informed care, EMDR and Internal Family Systems, substance use assessment, MAT, overdose prevention, cultural and linguistic responsiveness, CPR/BLS, ethics, and documentation for clinical, outreach, and peer staff. Marketing, Supplies and Materials, budgeted at \$15,000, cover therapeutic and coping-skills materials, recovery workbooks, group curricula, nutrition and exercise supplies, and bilingual English/Spanish outreach and educational materials. Medication-Assisted Treatment and Non-Controlled Medications/Vivitrol® , budgeted at \$30,000, and naloxone for uninsured and underinsured patients. Wellness Programming/Recovery Support Interventions, budgeted at \$10,000, support contracted trauma-informed wellness professionals for yoga, mindfulness, and sound-based relaxation, along with nutrition and cooking classes, smoking-cessation groups, Mind Matters group counseling, peer groups, family and grief support, and the formal MOU partnership with the UWF Exercise Science Program. As stated previously, all of these group classes are open to any member of the community at no cost, regardless of insurance status or coverage. Transportation vouchers, budgeted at \$5,000, will provide non-emergent transportation, including rideshare, public transit, and fuel assistance, through a contracted transport vendor with required trip documentation. Technology and Infrastructure, budgeted at \$10,500, covers the annual license for the SimplePractice™ HIPAA compliant EHR and practice-management platform (approximately \$9,000 based on licensed users per month), which includes telehealth capability for remote counseling, follow-up, and medication management visits, along with two secure, locking digital patient-intake kiosks with iPads for registration, consent, and document capture (\$1,500).

Administrative costs total \$17,508 or 5% of the program subtotal, within the County's 5% cap. These costs cover administrative staff time for grant documentation, monthly reporting, and NOFA compliance, plus a proportional share of overhead directly tied to this program, such as

communications and software licensing and utilities.

Grant funds will be obligated monthly against actual personnel, medication, supply, and program-service expenditures, drawn down on a reimbursement basis consistent with monthly invoicing and the reporting schedule described in the Budget Timeline, ensuring full expenditure within the one-year grant term. Health & Hope Clinic is requesting **\$367,673** to support the full cost of the proposed project. If permitted under the NOFA, Health & Hope Clinic may document eligible in-kind contributions, such as volunteer clinical services, donated professional services, pharmacy support, laboratory services, or other documented contributions, to qualify for applicable matching-funds bonus points.

Personnel – \$252,500

The personnel category totals **\$252,500 in salary support** for staff conducting approved community-based project activities.

A Licensed Mental Health Counselor/Behavioral Health Director (1 FTE), funded at \$75,000, will provide clinical leadership and direct behavioral health services. Responsibilities include administering standardized substance-use and behavioral health assessments, individualized treatment planning, individual and group counseling, trauma-responsive interventions, coordination of care for individuals with co-occurring conditions, clinical outcome monitoring, behavioral health program oversight, and staff and intern supervision. The clinician will also coordinate with the medical and nursing team regarding Vivitrol® services and with established community MOUD providers when participants require medications or treatment outside Health & Hope Clinic's scope.

A Registered Nurse (1 FTE), funded at \$65,000, will provide clinical coordination and direct patient support, including administration and medication management for opioid use disorder and alcohol use disorder when clinically appropriate. Responsibilities will include medication education, follow-up and adherence support, overdose-prevention education, smoking-cessation services, hospital warm handoffs, care coordination, chronic disease education, and collaboration with medical and behavioral health providers.

A Health Educator/Outreach Specialist (1 FTE), funded at \$37,500, will lead community prevention education, overdose-awareness activities, Narcan education and distribution efforts, wellness campaigns, and outreach to community partners. The position will build and maintain relationships with hospitals, recovery programs, churches, nonprofits, and other community organizations while connecting individuals and families to appropriate medical, behavioral health, prevention, and recovery resources.

A Behavioral Health Case Manager (1 FTE), funded at \$50,000, will provide case management, care navigation, referral coordination, participant follow-up, and connection to community-based supports. The Case Manager will address barriers such as transportation, housing instability, benefits access, medication access, and other social determinants that may interfere with treatment and recovery. The position will also support documented warm handoffs and monitor whether participants successfully connect with referred services.

Two Peer Support Specialists at 0.5 FTE each, totaling \$25,000, will provide recovery coaching, participant engagement, treatment navigation, group support, warm-handoff assistance, and connection to community resources. One position will be bilingual in English and Spanish to increase access to culturally and linguistically responsive recovery support. Each position is budgeted at **\$12,500**.

Mobile/Community Outreach Mileage – \$2,165

The mileage category totals **\$2,165 in outreach mileage reimbursement** for staff conducting approved community-based project activities. Outreach mileage/vehicle maintenance is based on federal rate of @ \$0.76/mile. The team will utilize the mobile unit for activities.

Staff Development and Training Materials– \$25,000

Funding will support professional development and evidence-based workforce training for clinical, nursing, outreach, case-management, and peer-support staff. Training may include Internal Family Systems (IFS), EMDR-related professional development, trauma-informed care, standardized substance-use assessment administration, medication treatment and MOUD education, overdose prevention, cultural and linguistic responsiveness, smoking cessation, CPR/BLS, ethics, clinical documentation, and other evidence-based prevention, treatment, and recovery practices.

These investments will strengthen staff competency, improve interdisciplinary collaboration, enhance trauma-responsive care, and build lasting organizational capacity to serve individuals with opioid use disorders, substance-use concerns, and co-occurring behavioral health conditions.

Marketing, Supplies and Educational Materials – \$15,000

Funding will support therapeutic, educational, prevention, recovery, and wellness materials necessary to implement project activities. Items may include therapeutic journals, coping-skills and grounding resources, recovery workbooks, group curricula, sensory and wellness tools, smoking-cessation materials, outreach team t-shirts/uniforms, nutrition and cooking-class supplies, exercise and wellness materials, and participant resources.

Funding will also support the development, marketing, printing, translation, and distribution of English- and Spanish-language brochures, flyers, posters, resource guides, educational handouts, and community wellness, overdose-prevention campaign materials and billboards. These resources will reinforce skills learned through counseling and groups while increasing awareness of prevention, treatment, recovery, and behavioral health services.

Non-Controlled Medications/Vivitrol® – \$30,000

Funding will expand access to Vivitrol® (extended-release naltrexone) for eligible uninsured patients for continuity of care. Vivitrol® is a non-controlled medication used in the treatment of opioid use disorder and alcohol use disorder. Funding will support medication access in coordination with nursing care, medical oversight, behavioral health counseling, peer recovery support, and follow-up services.

Funds will also support clinically appropriate non-controlled psychiatric medications for participants with co-occurring behavioral health conditions, including medications used to treat depression, anxiety, mood disorders, and other behavioral health conditions, as appropriate.

Health & Hope Clinic will maintain referral relationships with established community Medication for Opioid Use Disorder (MOUD) programs for participants who require medications such as buprenorphine or methadone. This allows Health & Hope Clinic to directly provide Vivitrol® for patients whose treatment was initiated prior to being established to ensure continuity of care. This will ensure participants have access to the full continuum of evidence-based opioid-use treatment available within the community.

Naloxone and overdose-prevention resources will also be supported as appropriate within the project's prevention strategy.

Wellness Programming/Recovery-Support Interventions – \$10,000

Funding will support whole-person wellness and recovery support programming that complements clinical behavioral health and substance-use treatment. Program funds may support

contracted qualified wellness professionals providing restorative yoga, therapeutic movement, mindfulness, stress-management activities, sound-based relaxation, and other trauma-informed wellness interventions.

Funding will also support nutrition and cooking education, smoking-cessation programming, fitness and exercise activities, sensory regulation tools (i.e. stress balls, therapeutic putty grounding objects), recovery education, and behavioral health and support groups such as Life Recovery, Mind Matters, Restorative Wellness, family support, grief support, men's programming, and other wellness-focused services. Snacks and beverages (i.e. coffee) will be supplied during recovery support classes and group counseling sessions.

Health & Hope Clinic will continue to leverage its existing Memorandum of Understanding with the University of West Florida Exercise Science Program to provide evidence-informed exercise, physical activity, health education, and wellness initiatives. Selected behavioral health, prevention, recovery-support, and wellness groups will remain available at no cost to the broader community, providing a low-barrier pathway to education, support, and recovery resources.

Transportation Vouchers – \$5,000

Funding will support transportation assistance for eligible participants who would otherwise experience difficulty accessing treatment and recovery services. Assistance may include rideshare transportation, or public transit. Non-emergency transportation will be provided through an authorized transportation process or contracted vendor.

Transportation may be used to support attendance at substance-use and behavioral health assessments, counseling, medication-management visits, dental visits, Life Recovery and other recovery groups, wellness programming, smoking-cessation services, and follow-up care. Required trip and expenditure documentation will be maintained.

Transportation assistance will reduce missed appointments, improve continuity of care, and help prevent lack of reliable transportation from interrupting an individual's treatment or recovery episode.

Technology and Infrastructure – \$10,500

Funding will support monthly licensure fee per clinician for the clinic's existing SimplePractice™ behavioral health platform and \$1,500 for two secure digital patient-intake kiosks/iPads.

SimplePractice™ is the Behavioral Health Department's HIPAA-compliant electronic health record and practice-management platform and supports individual counseling, group services, telehealth, treatment planning, standardized assessments, secure communication, scheduling, appointment reminders, documentation, follow-up, and outcome monitoring. Grant funding will support the platform's continued and expanded use for opioid-related behavioral health, recovery, assessment, and group services. \$9,000 represents the documented annual licensing and provider-access cost attributable to grant-supported behavioral-health clinicians, assessment, telehealth, group-service documentation and opioid-program outcome tracking.

Two secure patient-intake kiosks with iPads will support intake, consent, screenings, wellness activity check-in assessment, educational resources, referral/treatment, and outcome tracking. These tools will reduce administrative manual processes, improve workflow, and assist with opioid-program outcome tracking.

Administrative and Indirect Costs – \$17,508

Administrative and indirect costs total \$17,508, or 5% of the \$350,165 program subtotal, remaining within the County's allowable administrative-cost limit. These funds will support

administrative staff time associated with grant documentation, reimbursement preparation, monthly program reporting, fiscal monitoring, performance tracking, and NOFA compliance, as well as an appropriate proportional share of program-related overhead expenses.

Total Project Budget – \$367,673

The total project request is **\$367,673**, consisting of:

- Personnel– **\$252,500**
- Mobile/Community Outreach mileage - **\$2,165**
- Staff Development and Training – **\$25,000**
- Marketing, Supplies and Materials – **\$15,000**
- Non-Controlled Medications/Vivitrol® – **\$30,000**
- Wellness Programming – **\$10,000**
- Transportation – **\$5,000**
- Technology and Infrastructure – **\$10,500**
- Administrative and Indirect Costs – **\$17,508**

Grant expenditures will be incurred throughout the one-year award period based on actual payroll, medication utilization, training activities, transportation use, program delivery, supplies, contracted services, and infrastructure expenses. Reimbursement requests will be submitted in accordance with County requirements and supported by applicable payroll records, invoices, receipts, mileage logs, transportation documentation, contracts, and monthly program reports. Health & Hope Clinic will separately disclose other programs and services supported through non-Opioid Abatement funding and their respective funding sources as required by the NOFA. The Clinic will also provide required organizational budget, management and oversight, and applicable indirect or overhead documentation with the application.

8. Budget and Match Form

Budget Template Notice of Funding Availability

Year 1 (Dates will be based on award date)		
Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
Case Management	1 FTE Behavioral Health Case Manager — outreach, referrals, care navigation	\$50,000
Peer Support Staff	2 part-time (0.5 FTE each) Peer Support Specialists, one bilingual	\$25,000
Registered Nurse	1 FTE Registered Nurse — Will provide clinical coordination and direct patient care	\$65,000
Licensed Clinical Staff	1 FTE Licensed Mental Health Counselor/EMDR Certified — clinical oversight & counseling	\$75,000
Health Educator Outreach Staff	1 FTE Health Educator/Outreach Specialist	\$37,500
Staff Development/Training Materials	Funding will support professional development and evidence-based workforce training for clinical, nursing, outreach, case-management, and peer-support staff.	\$25,000
Mobile Service Delivery (i.e. mileage)	Outreach mileage/vehicle maintenance @ \$0.76/mile	\$2,165
Technology and Infrastructure	Funding will support annual licensing for the HIPAA-compliant electronic health record and practice-management platform used to deliver and manage individual counseling, group therapy, telehealth, treatment planning, secure communication, scheduling, intake documentation, substance use and behavioral health assessments, progress monitoring, and outcome reporting. Application is called SimplePractice™ 2 iPads (128GB) + 2 locking floor-stand kiosks + shipping/install allowance	\$10,500
Non-Controlled Medications/Vivitrol®	Funding will support the purchase of FDA-approved medications for the prevention and treatment of opioid and alcohol use disorders, including Vivitrol® (extended-release naltrexone), as well as non-controlled psychiatric medications for uninsured and underinsured patients with co-occurring behavioral health conditions.	\$30,000

Marketing, Supplies and Educational Materials	Bilingual brochures, flyers, resource guides, awareness billboards and wellness-campaign materials, and wellness tools. Outreach team t-shirts for uniformity and recognition.	\$15,000
Other Expenses - Wellness Programming/Recovery Support Interventions	Contracted wellness professionals, UWF Exercise Science MOU programming Funding will support supplies and materials needed to implement opioid prevention, behavioral health, recovery, smoking cessation, and wellness programming. Sensory regulation tools (i.e. stress balls, therapeutic putty grounding objects). Support group and group counseling beverages and snacks.	\$10,000
Other Expenses Transportation Vouchers	Non-emergent transportation vouchers via contracted vendor.	\$5,000
Subtotal Requested		\$350,165
<i>Admin Requested (MAX 5%) (i.e. accounting costs, contract management costs, etc.)</i>		\$17,508
Total Amount Requested		\$367,673

9. Project Outcomes

Performance Measure	Baseline Data (<i>must include source</i>)	Desired Outcome	Describe the project component(s) that will be used, and how the outcome will be achieved and monitored.
1. Reduced number of fatal overdoses.	Escambia County's age-adjusted opioid overdose death rate was 39.8 per 100,000 in 2024, which is 87% higher than the state of Florida. (FL Department of Health; FL Chart)	Increase overdose-prevention impact among identified high-risk participants by achieving measurable clinic-level outcomes, including: • Increased Naloxone access for high-risk individuals • Completion of overdose-prevention education • Documented overdose reversals when obtainable • Increased linkage to treatment	A coordinated overdose-prevention strategy will focus on measurable clinic-level contributions rather than population-level fatality reductions. Nursing-led overdose-prevention education, expanded Naloxone distribution through the “Save A Life” campaign, clinic-based kit distribution, and partnerships with first responders, shelters, and nonprofits will increase access to lifesaving tools for high-risk individuals. Licensed counseling and peer recovery support will engage participants in individualized safety planning, treatment linkage, and recovery stabilization. Outcomes will be monitored through the Health & Hope Naloxone distribution log, overdose-education completion records, reported reversals when obtainable, and 30-day/90-day engagement tracking for high-risk participants connected to treatment. These measures allow the clinic to demonstrate its direct contribution to reducing overdose risk within its service population while county-level fatality trends continue to be monitored through Florida Department of Health surveillance reports.
2. Reduced number of EMS overdose responses.	Statewide drug-related deaths fell 19% and fentanyl-caused deaths fell 46% Jan.–June 2025 versus prior year (Florida Medical Examiners Commission, reported May 2026)	Increase overdose-response prevention impact in target ZIP codes through measurable clinic-level outcomes: • Increased Naloxone distribution • Increased overdose-response training completion • Increased EMS-linked warm handoffs • Increased treatment linkage for EMS-referred individuals	Targeted outreach in high-incidence ZIP codes will include Naloxone kit distribution, overdose-response training, and community education delivered by the Health Educator/Outreach Specialist. RN and Case Manager will maintain hospital warm-handoff logs and track EMS-linked referrals. Monitoring includes kit distribution counts, training attendance, EMS-linked referral tracking, and partner-shared EMS response data.

3. Increase in substance use disorder treatment to reduce opioid overdoses.	84 patient referrals in 2025 to external MAT programs. (HHC clinic data/Athena EMR)	Increase referrals or treatment connections by 20% within 1 year, including documented 30-day and 90-day follow-up engagement.	Standardized screening questionnaires, in-clinic behavioral health assessments, and structured referrals to external MAT providers will strengthen treatment linkage. Case management support will ensure follow-up, transportation assistance, and continuity of care. The Behavioral Health Case Manager will track referrals, treatment connections, and follow-up engagement through SimplePractice™ and Athena Support Lists.
4. Increase in access to substance use disorder recovery programs.	The clinic supports 1,772 behavioral-health clients, with approximately 34% experiencing a substance use disorder. The clinic delivers an annual average of 624 Life Recovery encounters (weekly average of 12 participants). (Sources: HHC Clinic Data / Athena EMR; 2025 NSDUH; SAMHSA)	Increase enrollment and sustained participation in individual counseling, group services, and recovery programming by 20% within 1 year.	Licensed counseling, group therapy, and Life Recovery programming delivered through the Health & Wellness model will expand recovery access. Coordinated follow-up ensures retention. Monitoring includes attendance records, encounter data, and group participation logs.
5. Increase access to substance use prevention programs.	Substance abuse is consistently ranked among the top three health concerns in Escambia County. 18.2% of resident's report needing mental-health and substance-use prevention services. (Source: UWF Achieve Healthy Escarosa 2025 Live Well & Thrive Community Needs Assessment)	Increase access to SUD prevention and early-intervention programs by 10% within 1 year.	Expansion of peer-specialist services, mental-health counseling, and mobile-clinic outreach will reduce access barriers for uninsured and underserved residents. Prevention programming includes Life Recovery, Mind Matters, Restorative Wellness, nutrition education, and exercise classes. Monitoring includes attendance logs, mobile-clinic encounter data, and peer-support engagement tracking.
6. Increase in substance use disorder training, treatment, and prevention in the Criminal Justice Departments .	In 2025, Health & Hope Clinic received 84 referrals of justice-involved individuals for external MAT programs. (HHC Clinic Data / Athena EMR)	Increase justice-involved MAT invitations and coordinated treatment engagements by 20% within 1 year, including documented 30-day and 90-day follow-up engagement.	A justice-specific care pathway will be implemented: justice referral → HHC intake → SDOH screening → Vivitrol continuity (if applicable) → case management → peer support → warm handoffs to external MAT providers → 30/90-day engagement tracking. The Behavioral Health Case Manager will document all justice-involved referrals, MAT invitations, Vivitrol continuity visits, peer-support contacts, and warm handoffs using SimplePractice™/Athena with justice-specific reporting categories.
7. OTHER:	The clinic currently offers quarterly substance-use	Deliver 4 annual sessions with demonstrated	Quarterly substance-use education and prevention sessions will be delivered

Maintain quarterly substance-use education classes for volunteers and community	education and prevention classes through partner organizations. (Source: HHC Clinic Data)	increases in awareness of substance-use risks and prevention strategies.	through clinic and partner organizations. Attendance will be tracked, and pre/post assessments will measure increased awareness and knowledge of substance-use risks and prevention strategies.
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Alignment with FY26–27 Escambia County Opioid Abatement Priorities

Priority 1: Performance Measures

1. Reduction in the number of fatal overdoses

Health and Hope Clinic (H&H) distributes free Narcan to the public and over 30 nonprofit partners, leading to numerous reported overdose reversals. Volunteers and students are trained to respond to overdoses, increasing community capacity.

2. Reduction in the number of non-fatal overdose Emergency Department visits

Through formal partnerships with HCA, Ascension, and Baptist hospitals, H&H receives non-fatal overdose referrals and provides outpatient follow-up care and support for the uninsured, reducing emergency room reliance.

3. Increase in substance use disorder treatment to reduce opioid overdoses

H&H conducts SUD screenings and connects clients with MAT and therapy providers. The mobile unit provides access to services to this vulnerable population.

4. Increase in access to substance use disorder treatment programs

As the only fully free clinic in the area, H&H provides 100% free care and connects patients to treatment resources, housing, and MAT services via the Care Team.

5. Increase access to substance use prevention programs

The 'How to Save a Life' campaign educates the community on opioid risks and response. Our Health and Wellness Program and Mobile Community Outreach team offers public health education, Narcan training, and support classes.

6. Increase in substance use disorder training, treatment, and prevention in Criminal Justice Departments

Health and Hope Clinic (H&H) supports increased substance use disorder (SUD) training, treatment, and prevention within the criminal justice system by serving as a community-based healthcare and treatment resource for individuals who may otherwise enter or cycle through the justice system due to untreated substance use and related health needs. H&H trains volunteers and community partners, including first responders such as law enforcement and EMS, to strengthen awareness of substance use disorder, available treatment resources, and appropriate pathways to care.

Through its integrated medical, mental health, pharmacy, and supportive services, H&H provides uninsured and underserved individuals with access to care that addresses both substance use and co-occurring physical and behavioral health needs. These services support pre-arrest diversion and treatment-first approaches by helping connect individuals to healthcare and recovery resources as an alternative to unnecessary criminal justice involvement.

H&H's role strengthens the community continuum of care by improving coordination among healthcare providers, first responders, and other community partners.

Priority 2: Innovation and Evidence-Based Programs

Community-Based Innovation

H&H deploys a mobile outreach team to reach high-risk populations and offers access to care, health screenings, prevention education, connection to recovery and support resources.

The project is a coordinated, measurable continuum of care linking overdose prevention, clinical treatment, behavioral health, medication treatment, peer recovery, hospital diversion, transportation and whole-person recovery within one free-care system.

Evidence-Based Frameworks

Programs include trauma-informed care training, peer specialist support, health and wellness support and fosters a community. Partnerships with CDAC, CORE and Lakeview reinforce evidence-based care delivery.

Recovery-Oriented System of Care (ROSC)

The project is structured according to SAMHSA's Recovery-Oriented System of Care framework, which emphasizes person-centered care, community-based engagement, coordinated pathways to treatment, and measurable recovery outcomes. ROSC guides the integration of outreach, behavioral health, medication treatment, peer recovery, and whole-person wellness across the continuum of care.

Priority 3: Strategic Partnerships

Partnership with Healthcare Organizations

H&H through private donations and grants is able to offer free primary care and dental services if eligibility criteria is met. H&H works with other health care systems such as Ascension Sacred Heart, and Baptist for ancillary services. H&H aid patients in obtaining continued care through other health entities such as Community Health Northwest Florida if insurance is obtained or enrollment criteria is not met.

The Health & Hope Clinic's Health Navigation and Care Teams provide individualized support to improve health literacy and guide patients through enrollment and access to essential benefits, including SSI/SSDI, Medicaid, SNAP, and other social-service programs. Staff assist patients in completing applications, understanding eligibility, and maintaining ongoing coverage to ensure sustained access to care and community resources. H&H aid patients in obtaining continued care through other health entities such as Community Health Northwest Florida if insurance is obtained or enrollment criteria is not met.

Partnership with Housing Providers

H&H Care Team connects clients to housing authorities and shelters direct coordination with transitional housing facilities. The Behavioral Health Case Manager provides follow-up calls to confirm the connection and receipt of resources. H&H works with Opening Doors and the COC.

Partnership with local Workforce Development Boards

Through faith-based and civic partnerships, H&H provides job placement and training resources in its digital platform and peer support programming. H&H has established partnerships with Career EscaRosa.

Physical and Behavioral Healthcare Organizations

Formal partnerships with CDAC, Lakeview, and Baptist enable referral, screening, and warm handoffs for behavioral and mental health services.

Health & Hope Clinic – Core Strategy Alignment Table

This table outlines how Health & Hope Clinic currently provides services that align with the Core Strategies defined in the FY26–27 Escambia County Opioid Abatement Implementation Plan. Each entry includes the Sub-Category, Description, Core Strategy, Allowable Use, and a detailed justification.

Sub-Category	Description	Core Strategy	Allowable Use	Justification
Treatment Expansion	Expand substance use disorder treatment, i.e., detox, inpatient/residential and outpatient treatment, and medications for opioid use disorder.	A. Naloxone or other FDA-approved drug to reverse opioid overdoses.	Treat opioid use disorder (OUD)	H&H Clinic is the only free and charitable clinic in the region that distributes Narcan at no cost, offering education to the public and nonprofits, aligned with
Treatment Expansion	Programs that promote recovery, like access to housing and health care, employment and job training, and peer support programs.	B. Medication-Assisted Treatment (“MAT”) Distribution and other opioid-related treatment.	Treat opioid use disorder (OUD)	Through formal partnerships, H&H connects individuals with MAT programs and treatment facilities. (i.e. Lakeview and CORE) H&H will offer MAT (i.e. Vivitrol®) for patient in active treatment at time of enrollment for continuity of care.
Recovery Support	Programs that promote recovery, like access to housing and health care, employment and job training, and peer support programs	E. Expansion of Warm Hand-off Programs and Recovery Services	B. Support people in treatment and recovery c. Connect people who need help to the help they need (connections to care	H&H reduces repeat overdoses by providing health navigation and outpatient recovery referrals after ED discharges. H&H offers behavioral health

				counseling/recovery support groups and services to promote recovery and prevent relapse. H&H provides access to care and promote connections to care for uninsured individuals and will provide preventative care and dental services to reduce. H&H Care Team facilitates referrals to resources via SDOH screenings and referrals connecting people to resources to promote recovery.
Community	Funding for schools, childcare, family services, and job training to prevent drug use	G. Prevention Programs	G. Prevent misuse of opioids	The H&H Mobile Community Outreach team provides prevention education and access services to high-risk population to prevent opioid misuse.
Primary Prevention	Programs and strategies shown to prevent drug use, including family and youth programs, that	G. Prevention Programs	G. Prevent misuse of opioids	Health & Hope equips frontline responders, healthcare workers, community

	promote healthy behavior and relationships and reduce risk factors, as well as adult education programs and public education campaigns.			members and patients with practical skills like BLS CPR, CPR Hands Only/First Aid Training, Narcan Education, Support Groups, Health and Wellness Classes that promote healthy behavior and relations which supports this strategy.
Community Corrections	Develop or expand drug or family courts and other law enforcement programs that help people using drugs find treatment and stay in the community	B. Medication Assisted Treatment (“MAT”) Distribution and other opioid related treatment. E. Expansion of Warm Hand-off Programs and Recovery Services F. Treatment for Incarcerated Population. G. Prevention Programs	C. Connect people who need help to the help they need (connections to care) d. Address the needs of criminal-justice involved persons	H&H will offer MAT (i.e. Vivitrol®) for people who are post-incarceration without insurance in active treatment at time of enrollment for continuity of care. H&H Care Team facilitates referrals to resources via SDOH screenings and referrals connecting people to resources to promote recovery.

2026 Opioid Budget

	February	March	April	May	June	July	August	September	October	November	December	Total	2027 January	2027 February	Grant Total	
Case Mgr-salary		\$4,167	\$4,167	\$4,167	\$4,167	\$4,167	\$4,166	\$4,167	\$4,167	\$4,166	\$4,165	\$41,666	\$4,167	\$4,167	\$50,000	
Registered Nurse		\$5,417	\$5,417	\$5,417	\$5,417	\$5,417	\$5,417	\$5,417	\$5,417	\$5,417	\$5,417	\$54,170	\$5,415	\$5,415	\$65,000	Grant covers \$65,000 but total cost is \$150,000
Behavioral Health Liason		\$2,083	\$2,083	\$2,083	\$2,083	\$2,083	\$2,083	\$2,083	\$2,084	\$2,084	\$2,085	\$20,834	\$2,083	\$2,083	\$25,000	
Programming & Language		\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$12,500	\$1,250	\$1,250	\$15,000	Health and Wellness Expense (\$10k and \$5k Li
Peer Specialist Certification		\$833	\$833	\$833	\$833	\$833	\$833	\$833	\$833	\$834	\$834	\$8,332	\$834	\$834	\$10,000	Supplies & Training (Off Equip/Off Supp/Staff I
Traing Supplies/Materials		\$833	\$833	\$833	\$833	\$833	\$833	\$833	\$834	\$834	\$834	\$8,333	\$834	\$833	\$10,000	Supplies & Training (Off Equip/Off Supp/Staff I
Narcan/Naloxone Kits		\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$12,500	\$1,250	\$1,250	\$15,000	Supplies & Training
Non-Controled Meds		\$1,667	\$1,667	\$1,667	\$1,667	\$1,667	\$1,667	\$1,667	\$1,666	\$1,666	\$1,665	\$16,666	\$1,667	\$1,667	\$20,000	Pharm
One Laptop/mobile hotspot		\$2,500	\$-00	\$-00	\$-00	\$-00	\$-00	\$-00	\$-00	\$-00	\$-00	\$2,500	\$-00	\$-00	\$2,500	Supplies & Training (IT)
Administrative		\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$12,500	\$1,250	\$1,250	\$15,000	
	\$-00	\$21,250	\$18,750	\$18,750	\$18,750	\$18,750	\$18,749	\$18,750	\$18,751	\$18,751	\$18,750	\$190,001	\$18,750	\$18,749	\$227,500	

Language Services in Payroll)

Employee Department Totals Report

Health & Hope Clinic
07/01/25 Tue - 06/30/26 Tue

APRN

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Allen, Sonja	396	20:31	0:00	0:00	0:00	0:00	0:00	0:00	20:31
Austin, Jean	280	232:43	0:00	0:00	0:00	0:00	0:00	0:00	232:43
Bentley, Maritza	230	86:40	0:00	0:00	0:00	0:00	0:00	0:00	86:40
Demers, Christine	430	10:18	0:00	0:00	0:00	0:00	0:00	0:00	10:18
Ducote, Tansley	395	6:07	0:00	0:00	0:00	0:00	0:00	0:00	6:07
Evans, April	123	1:24	0:00	0:00	0:00	0:00	0:00	0:00	1:24
Golino, Naomi	43	62:18	0:00	0:00	0:00	0:00	0:00	0:00	62:18
Ham, Jessica	47	3:06	0:00	0:00	0:00	0:00	0:00	0:00	3:06
Hinote, Mya	50	1:35	0:00	0:00	0:00	0:00	0:00	0:00	1:35
Hoff, Janice	537	8:30	0:00	0:00	0:00	0:00	0:00	0:00	8:30
Inman, My Hanh	34	23:21	0:00	0:00	0:00	0:00	0:00	0:00	23:21
Johnson, Susan	504	11:27	0:00	0:00	0:00	0:00	0:00	0:00	11:27
Jones, Gabrielle	216	1:45	0:00	0:00	0:00	0:00	0:00	0:00	1:45
Lanford, Tiffany	156	49:01	0:00	0:00	0:00	0:00	0:00	0:00	49:01
McGowen, Kimberly	370	30:27	0:00	0:00	0:00	0:00	0:00	0:00	30:27
Phyllis, Phelps	443	4:47	0:00	0:00	0:00	0:00	0:00	0:00	4:47
Quinn, Kaylin	439	20:36	0:00	0:00	0:00	0:00	0:00	0:00	20:36
Sanford, Monica	233	4:07	0:00	0:00	0:00	0:00	0:00	0:00	4:07
Sprague, Debbie	259	44:09	0:00	0:00	0:00	0:00	0:00	0:00	44:09
Walter, Mary	453	35:10	0:00	0:00	0:00	0:00	0:00	0:00	35:10
Westry, Alessia	206	36:42	0:00	0:00	0:00	0:00	0:00	0:00	36:42
Employee Count: 21		694:44	0:00	0:00	0:00	0:00	0:00	0:00	694:44

Case Work

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Glover, Kimberly	411	133:20	0:00	0:00	0:00	0:00	0:00	0:00	133:20
Johnson, Melissa	317	214:26	0:00	0:00	0:00	0:00	0:00	0:00	214:26
Employee Count: 2		347:46	0:00	0:00	0:00	0:00	0:00	0:00	347:46

Dental Assistant

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Arellano, Leonardo	250	17:10	0:00	0:00	0:00	0:00	0:00	0:00	17:10
Bautista, Valeria	19	7:43	0:00	0:00	0:00	0:00	0:00	0:00	7:43
Benny, Emiliana	311	21:32	0:00	0:00	0:00	0:00	0:00	0:00	21:32
Bricker, Lydia	26	14:11	0:00	0:00	0:00	0:00	0:00	0:00	14:11
Briggs, Jossie	444	66:41	0:00	0:00	0:00	0:00	0:00	0:00	66:41
Diaz, Mia	373	16:15	0:00	0:00	0:00	0:00	0:00	0:00	16:15
Grant, Daneal	291	11:50	0:00	0:00	0:00	0:00	0:00	0:00	11:50
Guzman, Danny	253	21:29	0:00	0:00	0:00	0:00	0:00	0:00	21:29
Hallman, Elsa	336	169:06	0:00	0:00	0:00	0:00	0:00	0:00	169:06
Hodge, Angela	492	11:16	0:00	0:00	0:00	0:00	0:00	0:00	11:16

Holycross, Hailey	404	11:30	0:00	0:00	0:00	0:00	0:00	0:00	11:30
Kasianov, Sofia	424	93:23	0:00	0:00	0:00	0:00	0:00	0:00	93:23
Maal, Kallie	69	140:03	0:00	0:00	0:00	0:00	0:00	0:00	140:03
Martin, Noah	80	13:02	0:00	0:00	0:00	0:00	0:00	0:00	13:02
Moore, Dianna	299	90:43	0:00	0:00	0:00	0:00	0:00	0:00	90:43
Peterson, Alexis	448	53:05	0:00	0:00	0:00	0:00	0:00	0:00	53:05
Pham, Melody	368	26:09	0:00	0:00	0:00	0:00	0:00	0:00	26:09
Phillips, Carsey	297	82:48	0:00	0:00	0:00	0:00	0:00	0:00	82:48
Robb, Amber	220	243:08	0:00	0:00	0:00	0:00	0:00	0:00	243:08
Robinson, Walker	513	20:25	0:00	0:00	0:00	0:00	0:00	0:00	20:25
Sartaguda, Jarren	472	92:35	0:00	0:00	0:00	0:00	0:00	0:00	92:35
Schaus, Taylor	93	38:18	0:00	0:00	0:00	0:00	0:00	0:00	38:18
Sierra Lopez, Leanne	406	13:15	0:00	0:00	0:00	0:00	0:00	0:00	13:15
Simmons, Gabriel	58	31:20	0:00	0:00	0:00	0:00	0:00	0:00	31:20
Smith, Campbell	390	192:10	0:00	0:00	0:00	0:00	0:00	0:00	192:10
Stallworth- Williams, Ericky	143	3:58	0:00	0:00	0:00	0:00	0:00	0:00	3:58
Steele, Macyn	242	84:56	0:00	0:00	0:00	0:00	0:00	0:00	84:56
Tamimi, Kelly	103	414:52	0:00	0:00	0:00	0:00	0:00	0:00	414:52
Tran, Julie	400	65:35	0:00	0:00	0:00	0:00	0:00	0:00	65:35
Tran, Khuyen	66	57:42	0:00	0:00	0:00	0:00	0:00	0:00	57:42
Tran, Kien	22	403:55	0:00	0:00	0:00	0:00	0:00	0:00	403:55
Williams, T Yanna	309	119:23	0:00	0:00	0:00	0:00	0:00	0:00	119:23
Zuniga, Katarina	17	57:57	0:00	0:00	0:00	0:00	0:00	0:00	57:57
Employee Count: 33		2707:25	0:00	0:00	0:00	0:00	0:00	0:00	2707:25

Dental Hygienist

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Baker, Theresa	170	213:12	0:00	0:00	0:00	0:00	0:00	0:00	213:12
Bonelli, Charlotte	249	27:25	0:00	0:00	0:00	0:00	0:00	0:00	27:25
Kidwell, Ann	120	132:40	0:00	0:00	0:00	0:00	0:00	0:00	132:40
Kinney, Alison	473	27:56	0:00	0:00	0:00	0:00	0:00	0:00	27:56
Rodgers, Haley	239	20:47	0:00	0:00	0:00	0:00	0:00	0:00	20:47
Employee Count: 5		422:00	0:00	0:00	0:00	0:00	0:00	0:00	422:00

Dentist

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Al Nahhas, Faris	61	29:03	0:00	0:00	0:00	0:00	0:00	0:00	29:03
Arellano, Evelyn	463	12:55	0:00	0:00	0:00	0:00	0:00	0:00	12:55
Bennetts, Nicholas	180	30:16	0:00	0:00	0:00	0:00	0:00	0:00	30:16
Biggs, Walter (Beau)	111	7:29	0:00	0:00	0:00	0:00	0:00	0:00	7:29
Daniel, Robert (Ed)	218	29:08	0:00	0:00	0:00	0:00	0:00	0:00	29:08
Day, Ian	407	7:15	0:00	0:00	0:00	0:00	0:00	0:00	7:15
Gaxhja, Aurora	275	21:10	0:00	0:00	0:00	0:00	0:00	0:00	21:10
Gilmore, John C	151	80:26	0:00	0:00	0:00	0:00	0:00	0:00	80:26
Harper, Trey (Fred)	296	128:53	0:00	0:00	0:00	0:00	0:00	0:00	128:53
Hines, Cecilia	277	56:08	0:00	0:00	0:00	0:00	0:00	0:00	56:08
Hodge, John	11	79:32	0:00	0:00	0:00	0:00	0:00	0:00	79:32
Newsome, Stephen	178	22:26	0:00	0:00	0:00	0:00	0:00	0:00	22:26
Nusbaum, Robert	339	10:15	0:00	0:00	0:00	0:00	0:00	0:00	10:15
Parekh, Kevin	228	19:26	0:00	0:00	0:00	0:00	0:00	0:00	19:26

Parker, Gregory	72	498:15	0:00	0:00	0:00	0:00	0:00	0:00	498:15
Spurlock, Noel	56	14:31	0:00	0:00	0:00	0:00	0:00	0:00	14:31
Todd, Steven	0000	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Turner, Helen	245	24:06	0:00	0:00	0:00	0:00	0:00	0:00	24:06
Employee Count: 18		1071:14	0:00	0:00	0:00	0:00	0:00	0:00	1071:14

Dietitian

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Bearce, Juli	303	7:18	0:00	0:00	0:00	0:00	0:00	0:00	7:18
Employee Count: 1		7:18	0:00	0:00	0:00	0:00	0:00	0:00	7:18

Eligibility

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Adams, Brianna	507	17:56	0:00	0:00	0:00	0:00	0:00	0:00	17:56
Freeman, Barbara	46	1035:43	0:00	0:00	0:00	0:00	0:00	0:00	1035:43
Greene, Lara	441	322:40	0:00	0:00	0:00	0:00	0:00	0:00	322:40
Ham, Carlyn	365	51:51	0:00	0:00	0:00	0:00	0:00	0:00	51:51
Jones, Felecia	506	8:54	0:00	0:00	0:00	0:00	0:00	0:00	8:54
Lambert, April	312	298:58	0:00	0:00	0:00	0:00	0:00	0:00	298:58
Mendiola, Dayanara	533	24:42	0:00	0:00	0:00	0:00	0:00	0:00	24:42
Stoutenger, Amy	10	120:18	0:00	0:00	0:00	0:00	0:00	0:00	120:18
Tarter, Leah	81	98:57	0:00	0:00	0:00	0:00	0:00	0:00	98:57
Employee Count: 9		1979:59	0:00	0:00	0:00	0:00	0:00	0:00	1979:59

Encourager

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Adkison, Ronald	419	142:51	0:00	0:00	0:00	0:00	0:00	0:00	142:51
Book, Jim	5	70:07	0:00	0:00	0:00	0:00	0:00	0:00	70:07
Book, Rose	25	48:27	0:00	0:00	0:00	0:00	0:00	0:00	48:27
Clements, Sid	384	25:15	0:00	0:00	0:00	0:00	0:00	0:00	25:15
Clink, Charles	57	0:01	0:00	0:00	0:00	0:00	0:00	0:00	0:01
Dutremble, Kathy	416	140:37	0:00	0:00	0:00	0:00	0:00	0:00	140:37
Faison, Syreeta	378	4:30	0:00	0:00	0:00	0:00	0:00	0:00	4:30
Humrichouser, Gary	213	174:37	0:00	0:00	0:00	0:00	0:00	0:00	174:37
Jones, Ace	278	31:54	0:00	0:00	0:00	0:00	0:00	0:00	31:54
Jones, Patricia	124	32:44	0:00	0:00	0:00	0:00	0:00	0:00	32:44
Keith, Carolyn	179	204:35	0:00	0:00	0:00	0:00	0:00	0:00	204:35
Morris, Larry	82	4:01	0:00	0:00	0:00	0:00	0:00	0:00	4:01
Passmore, Jerry	35	108:06	0:00	0:00	0:00	0:00	0:00	0:00	108:06
Smith, Carol	421	12:10	0:00	0:00	0:00	0:00	0:00	0:00	12:10
St. Cyr, Terry	361	53:19	0:00	0:00	0:00	0:00	0:00	0:00	53:19
TRUETT, RON	215	92:56	0:00	0:00	0:00	0:00	0:00	0:00	92:56
Wyrick-Henry, Pamala	8	162:48	0:00	0:00	0:00	0:00	0:00	0:00	162:48
Employee Count: 17		1308:58	0:00	0:00	0:00	0:00	0:00	0:00	1308:58

Front Desk

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Benson, Paris	482	8:40	0:00	0:00	0:00	0:00	0:00	0:00	8:40

Brownell, Carol	67	772:09	0:00	0:00	0:00	0:00	0:00	0:00	772:09
Brunson, Abbie	184	87:37	0:00	0:00	0:00	0:00	0:00	0:00	87:37
Davis, Gracie (Victoria)	176	5:04	0:00	0:00	0:00	0:00	0:00	0:00	5:04
Deao, Jack	532	3:53	0:00	0:00	0:00	0:00	0:00	0:00	3:53
Duff, Shakila	95	31:34	0:00	0:00	0:00	0:00	0:00	0:00	31:34
Duncan, Shanya	172	37:55	0:00	0:00	0:00	0:00	0:00	0:00	37:55
Dyster, Janene	381	188:34	0:00	0:00	0:00	0:00	0:00	0:00	188:34
Estee, Davidson	28	77:20	0:00	0:00	0:00	0:00	0:00	0:00	77:20
Gibson, Connie	494	78:56	0:00	0:00	0:00	0:00	0:00	0:00	78:56
Giovanini, Zachary	353	9:32	0:00	0:00	0:00	0:00	0:00	0:00	9:32
Granger, Patricia	97	252:18	0:00	0:00	0:00	0:00	0:00	0:00	252:18
Greene, Lara	441	81:12	0:00	0:00	0:00	0:00	0:00	0:00	81:12
Hale, Abigail	59	16:34	0:00	0:00	0:00	0:00	0:00	0:00	16:34
Hicks, Katie	205	111:45	0:00	0:00	0:00	0:00	0:00	0:00	111:45
Hunt, Braeden	518	6:31	0:00	0:00	0:00	0:00	0:00	0:00	6:31
Jimenez, Huntley	106	88:55	0:00	0:00	0:00	0:00	0:00	0:00	88:55
Mary-Gwynne, Millione	487	48:40	0:00	0:00	0:00	0:00	0:00	0:00	48:40
Mayer, Savannah	515	61:26	0:00	0:00	0:00	0:00	0:00	0:00	61:26
Mims, Kre'Shonda	522	70:29	0:00	0:00	0:00	0:00	0:00	0:00	70:29
Padden, Shayne	88	13:49	0:00	0:00	0:00	0:00	0:00	0:00	13:49
Scheno, Gianna	282	139:12	0:00	0:00	0:00	0:00	0:00	0:00	139:12
Sing, Thang	422	30:07	0:00	0:00	0:00	0:00	0:00	0:00	30:07
Singleton, Leah	237	10:52	0:00	0:00	0:00	0:00	0:00	0:00	10:52
Stotts, Alexander	426	92:25	0:00	0:00	0:00	0:00	0:00	0:00	92:25
Tanner, Aston	314	201:53	0:00	0:00	0:00	0:00	0:00	0:00	201:53
Wimberly, Meczy	293	139:56	0:00	0:00	0:00	0:00	0:00	0:00	139:56
Woodhouse, Lauren	94	61:50	0:00	0:00	0:00	0:00	0:00	0:00	61:50
Employee Count: 28		2729:08	0:00	0:00	0:00	0:00	0:00	0:00	2729:08

Interns

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Al-Selwady, Dalal	261	149:28	0:00	0:00	0:00	0:00	0:00	0:00	149:28
Bradford, Breyuana	322	89:52	0:00	0:00	0:00	0:00	0:00	0:00	89:52
Costanza, Cozette	298	68:49	0:00	0:00	0:00	0:00	0:00	0:00	68:49
Crabtree, Layna	455	21:35	0:00	0:00	0:00	0:00	0:00	0:00	21:35
DeLorey, Colby	525	7:36	0:00	0:00	0:00	0:00	0:00	0:00	7:36
Fortune, Michelle	279	91:55	0:00	0:00	0:00	0:00	0:00	0:00	91:55
Hemstreet, Kelsey	497	168:56	0:00	0:00	0:00	0:00	0:00	0:00	168:56
Hixon, Ashley	509	14:20	0:00	0:00	0:00	0:00	0:00	0:00	14:20
Isaac, Renelle	471	220:25	0:00	0:00	0:00	0:00	0:00	0:00	220:25
Kozanlioglu, Evren	459	2:25	0:00	0:00	0:00	0:00	0:00	0:00	2:25
Latham, Lily	387	205:39	0:00	0:00	0:00	0:00	0:00	0:00	205:39
McLeod, Ryan	45	160:31	0:00	0:00	0:00	0:00	0:00	0:00	160:31
Meves, Scott	20	19:49	0:00	0:00	0:00	0:00	0:00	0:00	19:49
Miller, Kelsey	121	11:17	0:00	0:00	0:00	0:00	0:00	0:00	11:17
Parungao, Allysa	434	120:55	0:00	0:00	0:00	0:00	0:00	0:00	120:55
Petrus, Alexandria	147	465:20	0:00	0:00	0:00	0:00	0:00	0:00	465:20
Pitts, Tanisha	125	302:41	0:00	0:00	0:00	0:00	0:00	0:00	302:41
Ramos, Jordan	488	173:44	0:00	0:00	0:00	0:00	0:00	0:00	173:44
Spaar, Hannah	527	7:59	0:00	0:00	0:00	0:00	0:00	0:00	7:59

Employee Count: 19	2303:16	0:00	0:00	0:00	0:00	0:00	0:00	2303:16
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MA/CNA

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Adams, Brianna	507	14:11	0:00	0:00	0:00	0:00	0:00	0:00	14:11
Agadzi, Bryan	325	105:17	0:00	0:00	0:00	0:00	0:00	0:00	105:17
Ajibola, Ayomide	152	188:30	0:00	0:00	0:00	0:00	0:00	0:00	188:30
Al Naser, George	129	102:12	0:00	0:00	0:00	0:00	0:00	0:00	102:12
Alsheikh, Dima	21	56:36	0:00	0:00	0:00	0:00	0:00	0:00	56:36
Alsheikh, Nora	117	8:34	0:00	0:00	0:00	0:00	0:00	0:00	8:34
Altomari, Stephen	13	16:24	0:00	0:00	0:00	0:00	0:00	0:00	16:24
Antonious, Jasmin	403	15:45	0:00	0:00	0:00	0:00	0:00	0:00	15:45
Ball, Rylee	70	26:37	0:00	0:00	0:00	0:00	0:00	0:00	26:37
Ballagan, Romina	489	55:15	0:00	0:00	0:00	0:00	0:00	0:00	55:15
Bautista, Ava	535	11:41	0:00	0:00	0:00	0:00	0:00	0:00	11:41
Bellar, Nicole	364	165:47	0:00	0:00	0:00	0:00	0:00	0:00	165:47
Benson, Alexis	116	110:43	0:00	0:00	0:00	0:00	0:00	0:00	110:43
Benson, Charlie	113	128:39	0:00	0:00	0:00	0:00	0:00	0:00	128:39
Bergosh, Brandon	343	6:21	0:00	0:00	0:00	0:00	0:00	0:00	6:21
Blair, Shelby	375	25:16	0:00	0:00	0:00	0:00	0:00	0:00	25:16
Blanks, Katie	288	10:44	0:00	0:00	0:00	0:00	0:00	0:00	10:44
Blen, Darlene	74	7:10	0:00	0:00	0:00	0:00	0:00	0:00	7:10
Bobbe, Haley	301	120:57	0:00	0:00	0:00	0:00	0:00	0:00	120:57
Brainard, Isabella	493	103:51	0:00	0:00	0:00	0:00	0:00	0:00	103:51
Bramel, Emerson	292	53:37	0:00	0:00	0:00	0:00	0:00	0:00	53:37
Breazeale, Emily	502	62:18	0:00	0:00	0:00	0:00	0:00	0:00	62:18
Brunson, Abbie	184	70:24	0:00	0:00	0:00	0:00	0:00	0:00	70:24
Carter, Kayla	319	7:43	0:00	0:00	0:00	0:00	0:00	0:00	7:43
Cavaliere, Julia	145	81:38	0:00	0:00	0:00	0:00	0:00	0:00	81:38
Cherry, Dylan	9	75:17	0:00	0:00	0:00	0:00	0:00	0:00	75:17
Chisolm, Jonathan	202	241:31	0:00	0:00	0:00	0:00	0:00	0:00	241:31
Choi, Sarah	456	36:39	0:00	0:00	0:00	0:00	0:00	0:00	36:39
Conn, Ana	449	131:21	0:00	0:00	0:00	0:00	0:00	0:00	131:21
Constant, Emma	480	112:30	0:00	0:00	0:00	0:00	0:00	0:00	112:30
Corbett, William	349	47:00	0:00	0:00	0:00	0:00	0:00	0:00	47:00
Cosmas, Ilan	16	123:52	0:00	0:00	0:00	0:00	0:00	0:00	123:52
Dalton, Allie	350	682:29	0:00	0:00	0:00	0:00	0:00	0:00	682:29
Dao, Khang	477	132:55	0:00	0:00	0:00	0:00	0:00	0:00	132:55
Dean, Bethany	468	276:49	0:00	0:00	0:00	0:00	0:00	0:00	276:49
DeVaughn, Jackie	377	15:18	0:00	0:00	0:00	0:00	0:00	0:00	15:18
Dillon, Evelyn	214	79:59	0:00	0:00	0:00	0:00	0:00	0:00	79:59
Ducker, Chloe	217	54:08	0:00	0:00	0:00	0:00	0:00	0:00	54:08
Dunckel, Haley	539	0:19	0:00	0:00	0:00	0:00	0:00	0:00	0:19
Eruani, Azibator	478	47:29	0:00	0:00	0:00	0:00	0:00	0:00	47:29
Fanning, Alexander	229	178:05	0:00	0:00	0:00	0:00	0:00	0:00	178:05
Feltman, Kim	186	6:23	0:00	0:00	0:00	0:00	0:00	0:00	6:23
Ferguson, Mallory	33	20:58	0:00	0:00	0:00	0:00	0:00	0:00	20:58
Figueroa, Adriana	306	0:15	0:00	0:00	0:00	0:00	0:00	0:00	0:15
Fisher, Sydney	475	95:50	0:00	0:00	0:00	0:00	0:00	0:00	95:50
Flannigan, Joseph	485	29:29	0:00	0:00	0:00	0:00	0:00	0:00	29:29
Foles, Bailey	48	96:56	0:00	0:00	0:00	0:00	0:00	0:00	96:56

Gailey, Gavin	413	428:14	0:00	0:00	0:00	0:00	0:00	0:00	428:14
George, Jacob	437	106:30	0:00	0:00	0:00	0:00	0:00	0:00	106:30
Gipson, Jasmine	363	95:54	0:00	0:00	0:00	0:00	0:00	0:00	95:54
Gonzalez Barnes, Williams	465	99:43	0:00	0:00	0:00	0:00	0:00	0:00	99:43
Groundwater, Collin	285	95:39	0:00	0:00	0:00	0:00	0:00	0:00	95:39
Groundwater, Connor	264	85:21	0:00	0:00	0:00	0:00	0:00	0:00	85:21
Hale, Abigail	59	40:01	0:00	0:00	0:00	0:00	0:00	0:00	40:01
Iserman, Jared	433	39:33	0:00	0:00	0:00	0:00	0:00	0:00	39:33
Izaguirre, Denisse	266	260:06	0:00	0:00	0:00	0:00	0:00	0:00	260:06
Jiang, Zhiting (Tina)	479	37:25	0:00	0:00	0:00	0:00	0:00	0:00	37:25
Jimenez, Huntley	106	104:56	0:00	0:00	0:00	0:00	0:00	0:00	104:56
Johnson, Donovan	511	43:17	0:00	0:00	0:00	0:00	0:00	0:00	43:17
Khader, Malak	510	27:58	0:00	0:00	0:00	0:00	0:00	0:00	27:58
Kim, Mayra	276	107:56	0:00	0:00	0:00	0:00	0:00	0:00	107:56
Knighten, Langley	383	133:13	0:00	0:00	0:00	0:00	0:00	0:00	133:13
Kurnia, William	531	2:55	0:00	0:00	0:00	0:00	0:00	0:00	2:55
Lacsamana, Brooke	138	61:59	0:00	0:00	0:00	0:00	0:00	0:00	61:59
Lacsamana, Lauren	181	65:24	0:00	0:00	0:00	0:00	0:00	0:00	65:24
Lawrence, Jacob	399	117:35	0:00	0:00	0:00	0:00	0:00	0:00	117:35
Lawrence, Victoria	425	91:17	0:00	0:00	0:00	0:00	0:00	0:00	91:17
Li, Claudia	300	27:38	0:00	0:00	0:00	0:00	0:00	0:00	27:38
Lloyd, Joshua	295	180:11	0:00	0:00	0:00	0:00	0:00	0:00	180:11
MA, Externship #1	341	66:53	0:00	0:00	0:00	0:00	0:00	0:00	66:53
McGee, Paris	104	86:04	0:00	0:00	0:00	0:00	0:00	0:00	86:04
McMinn, Heather	294	4:00	0:00	0:00	0:00	0:00	0:00	0:00	4:00
Mediola, Elizabeth	281	3:46	0:00	0:00	0:00	0:00	0:00	0:00	3:46
Miller, Madison	271	16:51	0:00	0:00	0:00	0:00	0:00	0:00	16:51
Miller, Taylor	514	172:46	0:00	0:00	0:00	0:00	0:00	0:00	172:46
Miller, Trinity	101	3:30	0:00	0:00	0:00	0:00	0:00	0:00	3:30
Mitchell, Kaylie	538	0:18	0:00	0:00	0:00	0:00	0:00	0:00	0:18
Mixon, Tucker	508	28:52	0:00	0:00	0:00	0:00	0:00	0:00	28:52
Mobley, Jaxson	251	7:11	0:00	0:00	0:00	0:00	0:00	0:00	7:11
Mrahi, Nadia	256	90:43	0:00	0:00	0:00	0:00	0:00	0:00	90:43
Oglesby, Christian	414	277:54	0:00	0:00	0:00	0:00	0:00	0:00	277:54
O'Grady, Hannah	519	6:05	0:00	0:00	0:00	0:00	0:00	0:00	6:05
Oliveira, Tereza	423	9:22	0:00	0:00	0:00	0:00	0:00	0:00	9:22
Pippen, Abigail	127	45:32	0:00	0:00	0:00	0:00	0:00	0:00	45:32
Ploessl, Deon	401	60:49	0:00	0:00	0:00	0:00	0:00	0:00	60:49
Plott, Sara	486	67:29	0:00	0:00	0:00	0:00	0:00	0:00	67:29
Powell, Aurora	440	232:30	0:00	0:00	0:00	0:00	0:00	0:00	232:30
Reeder, Colby	447	55:27	0:00	0:00	0:00	0:00	0:00	0:00	55:27
Robertson, Talia	457	29:39	0:00	0:00	0:00	0:00	0:00	0:00	29:39
Rogers, Trevor	503	71:48	0:00	0:00	0:00	0:00	0:00	0:00	71:48
Rook, Chloe	307	3:55	0:00	0:00	0:00	0:00	0:00	0:00	3:55
Scharfenstine, Tiley	340	76:10	0:00	0:00	0:00	0:00	0:00	0:00	76:10
Shannon, George	505	120:15	0:00	0:00	0:00	0:00	0:00	0:00	120:15
Smith, Aniya	260	9:14	0:00	0:00	0:00	0:00	0:00	0:00	9:14
Stotts, Alexander	426	137:03	0:00	0:00	0:00	0:00	0:00	0:00	137:03
Struckel, Hayden	316	96:49	0:00	0:00	0:00	0:00	0:00	0:00	96:49
Tanveer, Sarah	255	51:40	0:00	0:00	0:00	0:00	0:00	0:00	51:40
Thomas, Aziah	496	149:16	0:00	0:00	0:00	0:00	0:00	0:00	149:16

Thompson, Jerica	168	49:53	0:00	0:00	0:00	0:00	0:00	0:00	49:53
Thompson, Lillie	500	85:34	0:00	0:00	0:00	0:00	0:00	0:00	85:34
Tomasello, Joseph	64	59:59	0:00	0:00	0:00	0:00	0:00	0:00	59:59
Tran, Nhu	389	111:45	0:00	0:00	0:00	0:00	0:00	0:00	111:45
Turk, Shauna	409	297:30	0:00	0:00	0:00	0:00	0:00	0:00	297:30
Tyree, Kellan	126	67:17	0:00	0:00	0:00	0:00	0:00	0:00	67:17
Vogt, Ilodia	451	471:23	0:00	0:00	0:00	0:00	0:00	0:00	471:23
Vowell, Haedyn	49	4:01	0:00	0:00	0:00	0:00	0:00	0:00	4:01
Vredenburg, Zachary	481	25:28	0:00	0:00	0:00	0:00	0:00	0:00	25:28
Wartman, Aubree	219	29:17	0:00	0:00	0:00	0:00	0:00	0:00	29:17
Wells, Victoria	355	54:34	0:00	0:00	0:00	0:00	0:00	0:00	54:34
Woodhouse, Maxim	118	11:16	0:00	0:00	0:00	0:00	0:00	0:00	11:16
Zalar, Evan	483	11:04	0:00	0:00	0:00	0:00	0:00	0:00	11:04
Employee Count: 111		9555:19	0:00	0:00	0:00	0:00	0:00	0:00	9555:19

Medical Records

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Martin, Carole	77	183:36	0:00	0:00	0:00	0:00	0:00	0:00	183:36
Employee Count: 1		183:36	0:00	0:00	0:00	0:00	0:00	0:00	183:36

Medical Student

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Fanous, Sandra	284	0:29	0:00	0:00	0:00	0:00	0:00	0:00	0:29
FSU, Med	135	76:19	0:00	0:00	0:00	0:00	0:00	0:00	76:19
McClenahan, Ryan	157	11:51	0:00	0:00	0:00	0:00	0:00	0:00	11:51
Employee Count: 3		88:39	0:00	0:00	0:00	0:00	0:00	0:00	88:39

Mental Health - APRN

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Kleinschrodt, Emily	14	31:30	0:00	0:00	0:00	0:00	0:00	0:00	31:30
McKay, Linda	467	15:14	0:00	0:00	0:00	0:00	0:00	0:00	15:14
Employee Count: 2		46:44	0:00	0:00	0:00	0:00	0:00	0:00	46:44

Mental health

Counselor

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Alexander, Alexis	320	7:10	0:00	0:00	0:00	0:00	0:00	0:00	7:10
Clark-Boland, Brittany	78	0:55	0:00	0:00	0:00	0:00	0:00	0:00	0:55
Lewis-McCreary, Breacious	428	63:31	0:00	0:00	0:00	0:00	0:00	0:00	63:31
Lyons, Lena	547	31:16	0:00	0:00	0:00	0:00	0:00	0:00	31:16
Miles, Deborah	36	31:33	0:00	0:00	0:00	0:00	0:00	0:00	31:33
Trent, James	42	56:33	0:00	0:00	0:00	0:00	0:00	0:00	56:33
Waters, Lynn	90	30:57	0:00	0:00	0:00	0:00	0:00	0:00	30:57
Winstead, Joni	540	0:18	0:00	0:00	0:00	0:00	0:00	0:00	0:18
Employee Count: 8		222:13	0:00	0:00	0:00	0:00	0:00	0:00	222:13

Not Assigned

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
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Abbasi, Rida	267	53:39	0:00	0:00	0:00	0:00	0:00	0:00	53:39
Ahearn, Joseph	534	3:22	0:00	0:00	0:00	0:00	0:00	0:00	3:22
Al Naser, George	129	0:22	0:00	0:00	0:00	0:00	0:00	0:00	0:22
Alexandre, Schnyde	252	45:36	0:00	0:00	0:00	0:00	0:00	0:00	45:36
Anaston, Juniper	408	23:11	0:00	0:00	0:00	0:00	0:00	0:00	23:11
Bellar, Nicole	364	91:20	0:00	0:00	0:00	0:00	0:00	0:00	91:20
Bramel, Emerson	292	4:28	0:00	0:00	0:00	0:00	0:00	0:00	4:28
Choi, Sarah	456	56:59	0:00	0:00	0:00	0:00	0:00	0:00	56:59
Cooper, Kalob	544	0:17	0:00	0:00	0:00	0:00	0:00	0:00	0:17
Cruz, Diego	246	0:14	0:00	0:00	0:00	0:00	0:00	0:00	0:14
Gujral, Yash	521	17:14	0:00	0:00	0:00	0:00	0:00	0:00	17:14
Hennick, Victoria	436	14:25	0:00	0:00	0:00	0:00	0:00	0:00	14:25
Hotopp, Chelsea	187	21:49	0:00	0:00	0:00	0:00	0:00	0:00	21:49
Huhman, Charlize	346	178:24	0:00	0:00	0:00	0:00	0:00	0:00	178:24
Hunt, Braeden	518	21:11	0:00	0:00	0:00	0:00	0:00	0:00	21:11
Kozubouska, Yuliia	109	27:27	0:00	0:00	0:00	0:00	0:00	0:00	27:27
Lacsamana, Brooke	138	184:07	0:00	0:00	0:00	0:00	0:00	0:00	184:07
McMillan, Caleb	520	32:17	0:00	0:00	0:00	0:00	0:00	0:00	32:17
Mims, Kre'Shonda	522	6:23	0:00	0:00	0:00	0:00	0:00	0:00	6:23
Morales, Amara	189	3:48	0:00	0:00	0:00	0:00	0:00	0:00	3:48
O'Grady, Hannah	519	11:36	0:00	0:00	0:00	0:00	0:00	0:00	11:36
Pitts, Tanisha	125	143:02	0:00	0:00	0:00	0:00	0:00	0:00	143:02
Regmi, Bhumika	545	0:17	0:00	0:00	0:00	0:00	0:00	0:00	0:17
Robertson, Talia	457	16:53	0:00	0:00	0:00	0:00	0:00	0:00	16:53
Scott, Laura	435	41:38	0:00	0:00	0:00	0:00	0:00	0:00	41:38
Smith, Giovanni	543	0:17	0:00	0:00	0:00	0:00	0:00	0:00	0:17
Swanagan, Isaac	369	34:47	0:00	0:00	0:00	0:00	0:00	0:00	34:47
Employee Count: 27		1035:03	0:00	0:00	0:00	0:00	0:00	0:00	1035:03

NP Student

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
UWF MSN,	195	120:12	0:00	0:00	0:00	0:00	0:00	0:00	120:12
Employee Count: 1		120:12	0:00	0:00	0:00	0:00	0:00	0:00	120:12

Nurse

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Andrews, Ruthie	134	215:14	0:00	0:00	0:00	0:00	0:00	0:00	215:14
Carmichael, Kathy	490	55:48	0:00	0:00	0:00	0:00	0:00	0:00	55:48
Christy, Delana	379	29:47	0:00	0:00	0:00	0:00	0:00	0:00	29:47
Collins-Yoder, Angela	3	158:35	0:00	0:00	0:00	0:00	0:00	0:00	158:35
Cornelio, Lila	462	3:20	0:00	0:00	0:00	0:00	0:00	0:00	3:20
Cox, Carol	315	3:54	0:00	0:00	0:00	0:00	0:00	0:00	3:54
Farrell, Amy	108	125:44	0:00	0:00	0:00	0:00	0:00	0:00	125:44
Horne, Selma	89	27:30	0:00	0:00	0:00	0:00	0:00	0:00	27:30
Huang, Eddie	210	18:47	0:00	0:00	0:00	0:00	0:00	0:00	18:47
Hutchinson, Alicia	185	10:04	0:00	0:00	0:00	0:00	0:00	0:00	10:04
Jones, Gabriella	163	7:57	0:00	0:00	0:00	0:00	0:00	0:00	7:57
Laube, Rebecca	159	265:11	0:00	0:00	0:00	0:00	0:00	0:00	265:11
Mckenzie, Bobbie	60	117:07	0:00	0:00	0:00	0:00	0:00	0:00	117:07

Nichols, Corey	345	27:21	0:00	0:00	0:00	0:00	0:00	0:00	27:21
Nichols, Rachel	199	144:20	0:00	0:00	0:00	0:00	0:00	0:00	144:20
Peaden, Stacey	83	0:27	0:00	0:00	0:00	0:00	0:00	0:00	0:27
Semple, Charlotte	429	6:59	0:00	0:00	0:00	0:00	0:00	0:00	6:59
Speer, Emilia	30	47:54	0:00	0:00	0:00	0:00	0:00	0:00	47:54
Stroud, Reilly	446	67:41	0:00	0:00	0:00	0:00	0:00	0:00	67:41
Waller, Kaitlyn	130	48:49	0:00	0:00	0:00	0:00	0:00	0:00	48:49
Westbrook, Tamakee	31	37:25	0:00	0:00	0:00	0:00	0:00	0:00	37:25
Employee Count: 21		1419:54	0:00	0:00	0:00	0:00	0:00	0:00	1419:54

Nursing Student

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Bass, Bria	438	36:07	0:00	0:00	0:00	0:00	0:00	0:00	36:07
PCC BSN 1,	328	161:35	0:00	0:00	0:00	0:00	0:00	0:00	161:35
PCC BSN 2,	329	119:41	0:00	0:00	0:00	0:00	0:00	0:00	119:41
PCC MSN 1,	330	174:11	0:00	0:00	0:00	0:00	0:00	0:00	174:11
PSC Nursing 1,	169	50:36	0:00	0:00	0:00	0:00	0:00	0:00	50:36
PSC Nursing 2,	332	9:57	0:00	0:00	0:00	0:00	0:00	0:00	9:57
UWF BSN, 1	54	3:24	0:00	0:00	0:00	0:00	0:00	0:00	3:24
UWF BSN, 2	114	201:24	0:00	0:00	0:00	0:00	0:00	0:00	201:24
Walker, Diamond	542	0:18	0:00	0:00	0:00	0:00	0:00	0:00	0:18
Employee Count: 9		757:13	0:00	0:00	0:00	0:00	0:00	0:00	757:13

OBGYN

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
LaRose, Paul	366	8:25	0:00	0:00	0:00	0:00	0:00	0:00	8:25
Vilceus, Tayisha	175	22:02	0:00	0:00	0:00	0:00	0:00	0:00	22:02
Employee Count: 2		30:27	0:00	0:00	0:00	0:00	0:00	0:00	30:27

PA Student

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
UF PA, Student	136	827:58	0:00	0:00	0:00	0:00	0:00	0:00	827:58
Employee Count: 1		827:58	0:00	0:00	0:00	0:00	0:00	0:00	827:58

PAP

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Bush, Maria	333	151:55	0:00	0:00	0:00	0:00	0:00	0:00	151:55
Carroll, Annelina	501	17:52	0:00	0:00	0:00	0:00	0:00	0:00	17:52
Drayton, Betrice	304	107:27	0:00	0:00	0:00	0:00	0:00	0:00	107:27
Foland, Zachary	37	45:35	0:00	0:00	0:00	0:00	0:00	0:00	45:35
Han, Claire	96	6:42	0:00	0:00	0:00	0:00	0:00	0:00	6:42
Lyszewski, Sophie	289	505:36	0:00	0:00	0:00	0:00	0:00	0:00	505:36
Naseh, Sukhera	204	12:22	0:00	0:00	0:00	0:00	0:00	0:00	12:22
Owens, Aurora	516	10:15	0:00	0:00	0:00	0:00	0:00	0:00	10:15
Quinlan, Adrienne	374	319:50	0:00	0:00	0:00	0:00	0:00	0:00	319:50
Smith, Megan	193	30:44	0:00	0:00	0:00	0:00	0:00	0:00	30:44
Struckel, Kaydence	432	66:52	0:00	0:00	0:00	0:00	0:00	0:00	66:52
Turner, Murray	466	7:39	0:00	0:00	0:00	0:00	0:00	0:00	7:39

Employee Count: 12	1282:49	0:00	0:00	0:00	0:00	0:00	0:00	1282:49
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Pharmacist

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Carter, Chenita	321	191:04	0:00	0:00	0:00	0:00	0:00	0:00	191:04
Harris, Sandra	76	18:45	0:00	0:00	0:00	0:00	0:00	0:00	18:45
Employee Count: 2	209:49	0:00	0:00	0:00	0:00	0:00	0:00	0:00	209:49

Pharmacy

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Francis, Charity	517	7:29	0:00	0:00	0:00	0:00	0:00	0:00	7:29
Jonasen, Colin	236	121:26	0:00	0:00	0:00	0:00	0:00	0:00	121:26
McDowell, John	243	83:48	0:00	0:00	0:00	0:00	0:00	0:00	83:48
McKinney, Austin	52	8:03	0:00	0:00	0:00	0:00	0:00	0:00	8:03
Ngo, Chau	24	11:02	0:00	0:00	0:00	0:00	0:00	0:00	11:02
Seaman, Gabriel	224	20:00	0:00	0:00	0:00	0:00	0:00	0:00	20:00
Tran, Julie	400	179:46	0:00	0:00	0:00	0:00	0:00	0:00	179:46
Employee Count: 7	431:34	0:00	0:00	0:00	0:00	0:00	0:00	0:00	431:34

Pharmacy Intern/Tech

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Abilay-Billings, Marife	137	11:17	0:00	0:00	0:00	0:00	0:00	0:00	11:17
Carroll, Lacey	442	26:28	0:00	0:00	0:00	0:00	0:00	0:00	26:28
Freeman, Daniel	192	38:14	0:00	0:00	0:00	0:00	0:00	0:00	38:14
Hazinski, David	41	51:26	0:00	0:00	0:00	0:00	0:00	0:00	51:26
Koole, Anna	165	60:25	0:00	0:00	0:00	0:00	0:00	0:00	60:25
Pharmacy Intern 1,	155	194:20	0:00	0:00	0:00	0:00	0:00	0:00	194:20
Pharmacy Intern 2,	191	52:07	0:00	0:00	0:00	0:00	0:00	0:00	52:07
Employee Count: 7	434:17	0:00	0:00	0:00	0:00	0:00	0:00	0:00	434:17

Physician

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Abutaleb, Abeer	75	28:45	0:00	0:00	0:00	0:00	0:00	0:00	28:45
Alexander, Heidi	469	21:22	0:00	0:00	0:00	0:00	0:00	0:00	21:22
Andrawes, Karen	541	0:17	0:00	0:00	0:00	0:00	0:00	0:00	0:17
Blay, Charles	158	14:16	0:00	0:00	0:00	0:00	0:00	0:00	14:16
Dehesh, Mohammadmoein	393	9:11	0:00	0:00	0:00	0:00	0:00	0:00	9:11
Elliot, Jonathan	359	21:08	0:00	0:00	0:00	0:00	0:00	0:00	21:08
Gupta, Megan	7	48:45	0:00	0:00	0:00	0:00	0:00	0:00	48:45
Hatch, Katrina	460	27:50	0:00	0:00	0:00	0:00	0:00	0:00	27:50
Hendrickson, Isabella	512	0:03	0:00	0:00	0:00	0:00	0:00	0:00	0:03
Hendrix, Stephen	197	74:36	0:00	0:00	0:00	0:00	0:00	0:00	74:36
Hyde, Pamela	55	68:02	0:00	0:00	0:00	0:00	0:00	0:00	68:02
Jacenyik, Marta	63	130:39	0:00	0:00	0:00	0:00	0:00	0:00	130:39
Joseph, Michelle	150	25:26	0:00	0:00	0:00	0:00	0:00	0:00	25:26
Kasabian, Michael	128	20:44	0:00	0:00	0:00	0:00	0:00	0:00	20:44
Lee, Kinsey	87	10:45	0:00	0:00	0:00	0:00	0:00	0:00	10:45
Mayeaux, Dennis	201	75:53	0:00	0:00	0:00	0:00	0:00	0:00	75:53

Mayfield, Erin	183	48:05	0:00	0:00	0:00	0:00	0:00	0:00	48:05
McLeod, Paul	39	14:17	0:00	0:00	0:00	0:00	0:00	0:00	14:17
Miles, David	2	110:02	0:00	0:00	0:00	0:00	0:00	0:00	110:02
Mills, Ruth	102	94:26	0:00	0:00	0:00	0:00	0:00	0:00	94:26
Nashed, Maged	171	140:54	0:00	0:00	0:00	0:00	0:00	0:00	140:54
Padden, Maureen	100	71:02	0:00	0:00	0:00	0:00	0:00	0:00	71:02
Posada, Luciano	431	33:24	0:00	0:00	0:00	0:00	0:00	0:00	33:24
Prafke, Jill	286	17:18	0:00	0:00	0:00	0:00	0:00	0:00	17:18
Rubey, Robert	144	4:38	0:00	0:00	0:00	0:00	0:00	0:00	4:38
Sansing, Lillie	458	23:14	0:00	0:00	0:00	0:00	0:00	0:00	23:14
Sarkhoche, Joumana	12	14:19	0:00	0:00	0:00	0:00	0:00	0:00	14:19
Seaman, Ryan	227	15:36	0:00	0:00	0:00	0:00	0:00	0:00	15:36
Slutsker, Vladimir	464	52:05	0:00	0:00	0:00	0:00	0:00	0:00	52:05
Stewart, Martha	32	158:58	0:00	0:00	0:00	0:00	0:00	0:00	158:58
Stoutenger, Wayne	234	344:00	0:00	0:00	0:00	0:00	0:00	0:00	344:00
Taylor, Zachary	354	0:14	0:00	0:00	0:00	0:00	0:00	0:00	0:14
Torres, Adelaida	154	4:44	0:00	0:00	0:00	0:00	0:00	0:00	4:44
Tyler, Jillian	85	33:43	0:00	0:00	0:00	0:00	0:00	0:00	33:43
Walker, Will	360	9:24	0:00	0:00	0:00	0:00	0:00	0:00	9:24
Employee Count: 35		1768:05	0:00	0:00	0:00	0:00	0:00	0:00	1768:05

**Physician Assistant
(PA)**

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Bennett, Cory	491	7:32	0:00	0:00	0:00	0:00	0:00	0:00	7:32
Chonoles, Jean	122	67:56	0:00	0:00	0:00	0:00	0:00	0:00	67:56
Crozier, Marguerite	107	359:47	0:00	0:00	0:00	0:00	0:00	0:00	359:47
Musgrove, Laura Harris	324	52:22	0:00	0:00	0:00	0:00	0:00	0:00	52:22
Onkka, Alyssa	454	17:29	0:00	0:00	0:00	0:00	0:00	0:00	17:29
Snider, Savannah	450	2:55	0:00	0:00	0:00	0:00	0:00	0:00	2:55
Stephens, Bethany	452	16:41	0:00	0:00	0:00	0:00	0:00	0:00	16:41
Worley, Mikaela	190	22:30	0:00	0:00	0:00	0:00	0:00	0:00	22:30
Employee Count: 8		547:12	0:00	0:00	0:00	0:00	0:00	0:00	547:12

Volunteer Services

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Chandrasekaran, Padma	484	205:45	0:00	0:00	0:00	0:00	0:00	0:00	205:45
Cope, Cindy	112	15:13	0:00	0:00	0:00	0:00	0:00	0:00	15:13
Employee Count: 2		220:58	0:00	0:00	0:00	0:00	0:00	0:00	220:58

Work Study

Employee Name	Id	Reg	OT 1	OT 2	OT 3	Sick	Hol	Vac	Total Hrs
Kent, Ali (Alexander)	84	0:33	0:00	0:00	0:00	0:00	0:00	0:00	0:33
Employee Count: 1		0:33	0:00	0:00	0:00	0:00	0:00	0:00	0:33
Employee Count: 396		32754:23	0:00	0:00	0:00	0:00	0:00	0:00	32754:23

? Exception

Pay
\$1,538.75
\$17,453.75
\$6,500.00
\$772.50
\$458.75
\$105.00
\$4,672.50
\$232.50
\$118.75
\$637.50
\$1,751.25
\$858.75
\$131.25
\$3,676.25
\$2,283.75
\$358.75
\$1,545.00
\$308.75
\$3,311.25
\$2,637.50
\$2,752.50
\$52,105.00

? Exception

Pay
\$4,240.00
\$6,422.28
\$10,662.28

? Exception

Pay
\$259.70
\$278.88
\$684.76
\$424.79
\$2,120.53
\$0.00
\$376.30
\$683.17
\$5,377.38
\$358.28

\$365.70
\$2,969.59
\$4,453.59
\$414.46
\$2,884.79
\$1,688.05
\$831.57
\$2,633.04
\$7,731.64
\$737.86
\$2,944.15
\$1,217.94
\$421.35
\$996.40
\$6,110.90
\$126.14
\$2,573.68
\$13,192.76
\$2,085.55
\$1,728.12
\$12,844.55
\$3,796.39
\$1,735.60

\$85,047.61

? Exception

Pay

\$8,528.00
\$1,096.67
\$5,306.67
\$1,117.33
\$831.33

\$16,880.00

? Exception

Pay

\$5,810.00
\$2,583.33
\$6,053.33
\$1,496.67
\$5,826.67
\$1,450.00
\$4,233.33
\$16,086.67
\$25,776.67
\$11,226.67
\$15,906.67
\$4,486.67
\$2,050.00
\$3,886.67

\$99,650.00
\$2,903.33
\$0.00
\$4,820.00
\$214,246.67

? Exception
Pay
\$232.14
\$232.14

? Exception
Pay
\$648.11
\$31,019.71
\$10,260.80
\$1,648.83
\$321.65
\$9,507.14
\$892.66
\$3,825.54
\$2,963.55
\$61,087.99

? Exception
Pay
\$4,542.63
\$2,099.99
\$1,451.08
\$802.95
\$0.60
\$4,471.61
\$143.10
\$5,229.77
\$1,014.42
\$1,040.92
\$6,127.27
\$803.33
\$3,237.60
\$386.90
\$1,695.47
\$2,143.97
\$5,177.04
\$40,368.65

? Exception
Pay
\$275.60

\$23,125.89
\$2,786.21
\$161.12
\$140.34
\$1,003.82
\$1,205.75
\$5,996.42
\$2,459.20
\$2,510.08
\$303.16
\$7,556.39
\$2,582.16
\$526.82
\$0.00
\$235.51
\$2,827.55
\$1,547.60
\$2,220.20
\$2,547.27
\$499.33
\$4,426.56
\$957.71
\$345.56
\$2,938.85
\$6,419.89
\$4,191.00
\$1,851.91

\$81,641.91

? Exception

Pay

\$4,753.04
\$2,857.76
\$2,188.37
\$686.35
\$274.66
\$2,922.95
\$5,372.08
\$518.01
\$7,009.25
\$76.85
\$6,539.67
\$5,104.43
\$0.00
\$358.81
\$3,845.15
\$14,797.60
\$9,625.33
\$5,524.72
\$288.52

\$72,743.55

? Exception

Pay

\$512.59
\$3,348.01
\$5,994.30
\$3,249.96
\$1,799.88
\$272.42
\$521.52
\$500.85
\$846.41
\$1,756.95
\$422.24
\$5,271.91
\$3,520.79
\$4,091.07
\$201.93
\$803.48
\$341.32
\$0.00
\$3,846.21
\$3,302.43
\$1,705.01
\$2,251.52
\$2,238.72
\$245.39
\$2,444.92
\$2,394.01
\$7,680.23
\$1,165.47
\$4,176.93
\$3,577.50
\$1,494.60
\$3,938.96
\$21,702.97
\$4,226.75
\$8,802.77
\$486.54
\$2,543.47
\$1,721.44
\$11.44
\$1,509.97
\$5,663.05
\$230.69
\$666.74
\$7.95
\$3,047.50
\$937.57
\$3,082.48

\$13,617.82
\$3,386.70
\$3,049.62
\$0.00
\$3,041.67
\$2,714.13
\$1,272.53
\$1,257.69
\$8,271.18
\$1,189.85
\$3,336.88
\$1,564.26
\$1,010.72
\$3,432.28
\$4,236.29
\$105.41
\$1,971.07
\$2,079.72
\$3,739.15
\$2,902.81
\$878.74
\$5,729.83
\$2,126.89
\$2,736.92
\$300.00
\$119.78
\$504.66
\$6,243.79
\$111.30
\$10.84
\$1,043.24
\$259.61
\$2,884.79
\$8,837.22
\$219.85
\$297.86
\$1,447.96
\$1,933.97
\$2,145.97
\$7,393.50
\$1,763.31
\$942.87
\$2,594.85
\$117.30
\$2,422.10
\$3,823.95
\$333.69
\$4,358.19
\$3,078.77
\$1,643.00
\$4,746.68

\$1,586.29
\$3,092.38
\$1,907.47
\$3,911.25
\$9,460.50
\$2,139.61
\$14,989.99
\$127.73
\$920.37
\$931.21
\$1,735.22
\$337.44
\$351.92

\$303,281.44

? Exception

Pay

\$5,498.82

\$5,498.82

? Exception

Pay

\$15.37

\$2,671.08

\$376.83

\$3,063.28

? Exception

Pay

\$2,362.50

\$1,142.50

\$3,505.00

? Exception

Pay

\$358.33

\$45.83

\$3,175.83

\$213.33

\$2,334.70

\$4,184.70

\$2,321.25

\$15.00

\$12,648.98

? Exception

Pay

\$0.00
\$121.67
\$11.66
\$1,450.08
\$737.23
\$2,904.40
\$142.04
\$1,812.07
\$10.24
\$7.42
\$622.81
\$458.45
\$0.00
\$5,673.12
\$765.57
\$872.91
\$5,854.91
\$1,166.72
\$230.69
\$120.84
\$419.22
\$4,548.46
\$10.24
\$536.89
\$1,323.94
\$10.24
\$1,106.11
\$30,917.94

? Exception

Pay

\$3,822.36
\$3,822.36

? Exception

Pay

\$9,685.50
\$4,185.00
\$1,042.42
\$7,136.25
\$150.00
\$175.50
\$5,658.00
\$1,237.50
\$845.25
\$453.00
\$357.75
\$11,933.25
\$5,270.25

\$1,230.75
\$6,495.00
\$0.00
\$314.25
\$2,155.50
\$3,045.75
\$2,196.75
\$1,683.75
\$65,251.42

? Exception
Pay
\$1,148.51
\$5,138.35
\$3,805.93
\$7,838.25
\$1,609.08
\$316.41
\$108.12
\$0.00
\$13.50
\$19,978.15

? Exception
Pay
\$2,104.17
\$5,508.33
\$7,612.50

? Exception
Pay
\$26,329.34
\$26,329.34

? Exception
Pay
\$4,830.95
\$645.70
\$3,416.91
\$1,449.55
\$213.06
\$15,142.72
\$446.93
\$370.44
\$10,170.70
\$977.32
\$2,126.36
\$243.27

\$40,033.91

? Exception

Pay

\$14,330.00

\$1,406.25

\$15,736.25

? Exception

Pay

\$270.45

\$3,861.58

\$2,664.84

\$255.99

\$350.86

\$599.00

\$5,716.58

\$13,719.30

? Exception

Pay

\$358.81

\$841.64

\$1,145.09

\$1,635.58

\$1,921.25

\$5,820.28

\$1,657.31

\$13,379.96

? Exception

Pay

\$7,187.50

\$5,341.67

\$70.83

\$3,566.67

\$2,295.83

\$5,283.33

\$12,187.50

\$6,958.33

\$12.50

\$18,650.00

\$17,008.33

\$32,662.50

\$6,358.33

\$5,183.33

\$2,687.50

\$18,970.83

\$12,020.83

\$3,570.83

\$27,508.33

\$23,608.33

\$35,225.00

\$17,758.33

\$8,350.00

\$4,325.00

\$1,158.33

\$5,808.33

\$3,579.17

\$3,900.00

\$13,020.83

\$39,741.67

\$86,000.00

\$58.33

\$1,183.33

\$8,429.17

\$2,350.00

\$442,020.83

? Exception

Pay

\$565.00

\$5,095.00

\$26,983.75

\$3,927.50

\$1,311.25

\$218.75

\$1,251.25

\$1,687.50

\$41,040.00

? Exception

Pay

\$6,542.85

\$684.75

\$7,227.60

? Exception

Pay

\$17.49

\$17.49

\$1,690,100.36

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Health and Hope Clinic, Inc.	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☒ Other (see instructions) 501-c3	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. ☐	
	5 Address (number, street, and apt. or suite no.). See instructions. 1718 E. Olive Rd. 6 City, state, and ZIP code Pensacola, FL 32514 7 List account number(s) here (optional)	Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-				-	
or								
Employer identification number								
2	6	-	4	3	3	6	6	3 8

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>Sally Bergosh</i>	Date <i>8/14/2026</i>
------------------	--	--------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

ATLANTA GA 39901-0001

In reply refer to: 0752439619
May 20, 2016 LTR 4168C 0
26-4336638 000000 00
00027278
BODC: TE

HEALTH AND HOPE CLINIC INC
% RICK HOLLIS
1718 E OLIVE RD
PENSACOLA FL 32514-7553



027951

Employer ID Number: 26-4336638
Form 990 required: Y

Dear Taxpayer:

We issued you a determination letter in July 2009, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0752439619
May 20, 2016 LTR 4168C 0
26-4336638 000000 00
00027279

HEALTH AND HOPE CLINIC INC
% RICK HOLLIS
1718 E OLIVE RD
PENSACOLA FL 32514-7553

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Teri M. Johnson".

Teri M. Johnson
Operations Manager, AM Ops. 3



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 10/25

85-8015665467C-1	05/24/2026	05/31/2031	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

HEALTH AND HOPE CLINIC INC
1718 E OLIVE RD
PENSACOLA FL 32514-7553

is exempt from the payment of Florida sales and use tax on transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 10/25

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases made by your organization. The sale or lease to others of tangible personal property or sleeping accommodations is taxable. Your organization must register to collect and remit sales and use tax on such taxable transactions. **Note:** Churches are exempt from this requirement.
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480. For a written reply to tax questions, email Taxpayer Services at fdortaxpayerservices@floridarevenue.com.

HEALTH AND HOPE CLINIC, INC.

AUDITED FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2024

DURST JORDAN, CPA, PA

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Statement of Functional Expenses	5
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4459-B Hwy. 90
Pace, Florida 32571
Phone: (850) 995-5000

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Health and Hope Clinic, Inc.

Opinion

We have audited the accompanying financial statements of Health and Hope Clinic, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2024, and the related statement of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Health and Hope Clinic, Inc. as of December 31, 2024, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Health and Hope Clinic, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Health and Hope Clinic, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

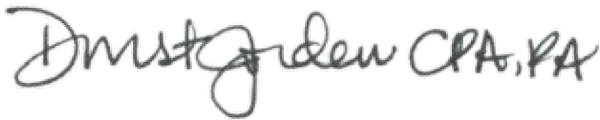
Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Health and Hope Clinic, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Health and Hope Clinic, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

A handwritten signature in dark ink, reading "Dmstr Jordan CPA, PA". The signature is written in a cursive, flowing style.

Pace, FL

September 8, 2025

Health and Hope Clinic, Inc.
Statement of Financial Position
As of December 31, 2024

ASSETS

Current Assets

Cash	\$ 347,344
Investments	325,293
Accounts receivable, net of allowance	2,000
Grants receivable	271,323
Inventory, net of allowance of \$295,094	818,605
Prepaid expenses	<u>2,093</u>
Total current assets	<u>1,766,658</u>

Non-Current Assets

Property and equipment, net of accumulated depreciation of \$98,275	<u>795,850</u>
Total non-current assets	<u>795,850</u>

Total Assets	<u><u>\$ 2,562,508</u></u>
---------------------	----------------------------

LIABILITIES AND NET ASSETS

Current Liabilities

Accounts payable	\$ 52,981
Payroll liabilities	<u>5,184</u>
Total current liabilities	<u>58,165</u>

Total Liabilities	58,165
--------------------------	--------

Net Assets

Net assets without donor restrictions	2,374,060
Net assets with donor restrictions	<u>130,283</u>
Total net assets	<u>2,504,343</u>

Total Liabilities and Net Assets	<u><u>\$ 2,562,508</u></u>
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The accompanying notes are an integral part of these financial statements.

Health and Hope Clinic, Inc.
Statement of Activities
For the year ended December 31, 2024

	Without Donor Restrictions	With Donor Restrictions	Total
Revenues, Gains, and Support			
Contributions of financial assets	\$ 120,828	\$ -	\$ 120,828
Contributions of nonfinancial assets	3,591,583	-	3,591,583
Grants	-	1,093,393	1,093,393
Special events and fundraising	257,373	-	257,373
Less cost of direct benefit to donors	(19,894)	-	(19,894)
Total special events, net	237,479	-	237,479
Net investment return	23,456	-	23,456
Other income	3,052	-	3,052
Net assets released from restrictions	1,053,369	(1,053,369)	-
Total revenues, gains, and support	5,029,767	40,024	5,069,791
Expenses			
Program services	4,344,877	-	4,344,877
General and administrative	204,562	-	204,562
Fundraising	10,863	-	10,863
Total expenses	4,560,302	-	4,560,302
Change in Net Assets	469,465	40,024	509,489
Net Assets - Beginning of Year	1,904,595	90,259	1,994,854
Net Assets - End of Year	<u>\$ 2,374,060</u>	<u>\$ 130,283</u>	<u>\$ 2,504,343</u>

See accompanying notes are an integral part of these financial statements.

Health and Hope Clinic, Inc.
Statement of Functional Expenses
For the year ended December 31, 2024

	Program Services	Supporting Services		Total
		General & Administrative	Fundraising	
Advertising & public awareness	\$ -	\$ 17,531	\$ -	\$ 17,531
Counseling fees	165	-	-	165
Dental supplies	15,296	-	-	15,296
Depreciation	14,315	1,590	-	15,905
Dues & membership fees	-	2,262	-	2,262
Electronic medical records	3,638	-	-	3,638
Facilities expense	66,550	7,394	-	73,944
Grant management fees	-	10,558	-	10,558
Insurance	12,832	6,829	802	20,463
IT hardware & software	-	3,685	-	3,685
Janitorial services	8,689	1,629	543	10,861
Lab fees	614	-	-	614
Licenses	1,410	-	-	1,410
Maintenance & repairs	8,009	1,092	364	9,465
Medical services	1,438,158	-	-	1,438,158
Medical supplies	21,866	-	-	21,866
Medication & supplies	2,253,992	-	-	2,253,992
Miscellaneous	-	2,646	-	2,646
Office expense	-	20,084	-	20,084
Personnel	466,226	77,627	8,154	552,007
Pharmaceuticals	17,128	-	-	17,128
Professional fees	-	30,075	-	30,075
Staff development	-	4,246	-	4,246
Telephone & internet	5,192	974	325	6,491
Travel	-	1,741	-	1,741
Utilities	10,797	2,025	675	13,497
Volunteer retention	-	12,574	-	12,574
Total	<u>\$ 4,344,877</u>	<u>\$ 204,562</u>	<u>\$ 10,863</u>	<u>\$ 4,560,302</u>

The accompanying notes are an integral part of these financial statements.

Health and Hope Clinic, Inc.
Statement of Cash Flows
For the year ended December 31, 2024

Cash Flows from Operating Activities

Change in net assets	\$ 509,489
Adjustments to reconcile changes in net assets to net cash from operating activities:	
Depreciation	15,905
Net investment return	(23,456)
Noncash contribution of stock	(20,085)
Changes in:	
Accounts receivable	(500)
Grants receivable	(212,420)
Inventory, net	190,856
Prepaid expenses	200
Accounts payable	41,115
Payroll liabilities	903
Net cash from operating activities	<u>502,007</u>

Cash Flows from Investing Activities

Fixed asset purchases	(109,239)
Additions to construction in progress	(579,131)
Investment distributions	250,000
Net cash from investing activities	<u>(438,370)</u>

Net Change in Cash

63,637

Cash - Beginning of Year

283,707

Cash - End of Year

\$ 347,344

Supplemental Disclosure of Noncash Investing and Financing Activities:

Donated stock	\$ 20,085
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The accompanying notes are an integral part of these financial statements.

Health and Hope Clinic, Inc.
Notes to the Financial Statements
For the year end December 31, 2024

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Organization and Purpose

Health and Hope Clinic, Inc. (the Organization) is a Florida “not-for-profit” corporation dedicated to serve the uninsured and economically disadvantaged residents of Escambia County, Florida with free primary and specialty healthcare. The Organization operates under the Florida Volunteer Health Services Program which provides sovereign immunity protection to all licensed providers that volunteer at HHC. All patients treated by the Organization must be uninsured, at or below 200% of the Federal poverty line, and not have or be eligible for Medicare, Medicaid, or VA health benefits. Patients of HHC are not charged a fee for services. The Organization is headquartered in Pensacola, Florida. The Organization’s day-to-day operations are under the supervision and direction of the Organization’s Board of Directors.

B. Basis of Accounting

The accompanying financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America. Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Accounting Standards Codification (ASC) Topic 958, *Not-for-Profit Entities*. Under ASC 958, the Organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions. A description of the net asset categories are as follows:

Net assets without donor restrictions – The part of net assets of a not-for-profit that is not subject to donor-imposed restrictions. Net assets without donor restrictions may be designated for specific purposes by action of the Board of Directors. Board-designated net assets may be earmarked for future programs, investments, contingencies, purchases or construction of fixed assets, or other uses. Some governing boards may delegate decisions to internal management. Such designations are considered to be included in board-designated net assets.

Net assets with donor restrictions – The part of net assets of a not-for-profit that is subject to donor-imposed restrictions. Some donors impose restrictions that are temporary in nature or purpose restricted. Other donors impose restrictions that are perpetual in nature that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Organization. Purpose restricted net assets are deemed to be restricted for the donor-specified purpose by explicit donor stipulation. Once appropriated, purpose restricted assets are released to net assets without donor restrictions.

C. Cash and Cash Equivalents

The Organization considers all highly liquid investments with an original maturity of three months or less to be cash equivalents.

Health and Hope Clinic, Inc.
Notes to the Financial Statements
For the year end December 31, 2024

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

D. Investments

Investments are made according to investment objectives and policies adopted by the Board of Directors. The current spending policy is determined by the Board and is based on the performance of the portfolio's market value. Distributions for investments are made on an as-needed basis to help fund the purpose of the Organization.

Because distributions are made on an as-needed basis, the Organization can accurately budget, spend the funds, and adequately plan for adjustments to future spending as market conditions change. Investments are initially recorded at fair value under the provisions of fair value measurement and disclosures codified in ASC 820, Fair Value Measurement. The Organization adjusts its investments to approximate fair value at each year-end. Cost of dispositions of securities is determined using the first-in, first-out method.

Securities which are traded on a national securities exchange or in the over-the-counter market are generally valued at the average bid price on the last business day of the year.

Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of these investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of financial position.

E. Inventory

Inventory consists primarily of pharmaceuticals for distribution to qualified recipients based upon need. Pharmaceutical inventories on hand are valued using an estimated average generic dollar value per prescription. Management sets an obsolescence/expired goods reserve equal to 3.3% of total inventory value plus the valuation of donated pharmaceuticals that are expected to expire within the next accounting period.

F. Property and Equipment

Acquisitions of property and equipment greater than \$2,500 with a useful life of one year or more are capitalized. Property and equipment are carried at cost or, if donated, at the approximate fair value at the date of donation. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets ranging from 5 to 10 years. When any asset is sold, retired or otherwise disposed of, the related cost and accumulated depreciation are removed from the appropriate accounts and any gain or loss is recognized. Gifts of property are presented as unrestricted unless explicit donor stipulations specify how the donated asset must be used.

Health and Hope Clinic, Inc.
Notes to the Financial Statements
For the year end December 31, 2024

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

G. Contributions of Financial Assets

Contributions are recognized in the period received or pledged unconditionally. Conditional promises to give are not recognized until the conditions on which they depend are substantially met. All contributions are considered unrestricted unless specifically restricted by the donor. Amounts received that are designated for future periods or are restricted by the donor for specific purposes are reported as net assets with donor restrictions. A donor restriction expires when a time restriction ends or when the purpose for which it was intended is satisfied. When a restriction expires, net assets with donor restrictions are released from restrictions.

H. Contributions of Nonfinancial Assets

Donated facilities, medical supplies, pharmaceuticals, and professional services are recorded in the financial statements at their estimated fair value on the date of gift according to provisions codified in ASC 820, *Fair Value Measurement*. Contributed professional services are recognized if the services received (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. A number of volunteers donate a significant amount of their time to the Organization. The Organization's volunteer medical professionals operate under the immunity protection provided by the "Access to Health Care Act" Section 766.1115 Florida Statutes which created the Volunteer Health Services Program. Some donated services do not create or enhance nonfinancial assets and are not considered specialized skills that would have to otherwise be purchased. Therefore, some of the donated services have not been reflected in the financial statements. The amounts reflected in the accompanying financial statements as contributions of nonfinancial assets are offset by amounts included in expenses, other than the change in inventory during the year and those assets that have been capitalized in the property and equipment accounts. See additional information at **Note 6**.

I. Income Taxes

The Organization is organized under the laws of the State of Florida as a nonprofit corporation. The Organization is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and has been designated as an organization, which is not a private foundation. The Organization is required to file Form 990 to the Internal Revenue Service.

J. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

K. Functional Expense Allocation

The costs of providing the various programs and other activities have been detailed in the Statement of Functional Expenses and summarized on a functional basis in the Statement of Activities. Expenses directly related to a program or supporting services are charged to that program or supporting service. Labor costs are allocated between program services and supporting services based on established percentages of actual labor hours worked.

Health and Hope Clinic, Inc.
Notes to the Financial Statements
For the year end December 31, 2024

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

L. Subsequent Events

The Organization has evaluated subsequent events for potential recognition and/or disclosure in the financial statements through September 8, 2025, the date the financial statements were available to be issued.

NOTE 2 – INVESTMENTS

The Organization's investment portfolio consisted of the following as of December 31, 2024:

	Market Value	Cost/Fair Value at Donation
Cash	\$ 325,293	\$ 325,293

Investment return for the year ended December 31, 2024 is summarized as follows:

Realized gain (loss) on sale of investments	\$ (413)
Interest and dividend income	23,869
Net investment return	<u>\$ 23,456</u>

NOTE 3 – FAIR VALUE MEASUREMENTS

Accounting principles generally accepted in the United States of America establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy are described below:

- (i) Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization can access.
- (ii) Level 2 - Inputs to the valuation methodology include:
 - quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical or similar assets or liabilities in inactive markets;
 - inputs other than quoted prices that are observable for the asset or liability;
 - inputs that are derived principally from or corroborated by observable market data by correlation or by other means.
- (iii) Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Health and Hope Clinic, Inc.
Notes to the Financial Statements
For the year end December 31, 2024

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

The fair values of the Organization’s assets measured on a recurring basis and levels within the fair value hierarchy on December 31, 2024, were as follows:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Total Fair Value
Investments	\$ 325,270	\$ 325,270

NOTE 4 – GRANTS RECEIVABLE

At December 31, 2024, the \$271,323 grant receivable was for operational and construction grant reimbursements which were spent in 2024, but not received until 2025.

NOTE 5 – PROPERTY AND EQUIPMENT

The following is a summary of property and equipment for the year ended December 31, 2024:

Office equipment	\$ 31,223
Medical equipment	179,332
Furniture and fixtures	90,885
Leasehold improvement	<u>592,685</u>
Total property and equipment	894,125
Less accumulated depreciation	<u>(98,275)</u>
Total property and equipment (net)	<u>\$ 795,850</u>

Depreciation charged to expense totaled \$15,905 for the year ended December 31, 2024.

During the year, the Organization completed the construction of a separate mental health and wellness wing. This addition of \$592,685 was added as a leasehold improvement as of December 31, 2024.

NOTE 6 – CONTRIBUTIONS OF NONFINANCIAL ASSETS

The Organization recognized contributed nonfinancial assets (in-kind contributions) within revenue. These contributed nonfinancial assets did not have donor-imposed restrictions.

Pharmaceuticals and medical supplies are donated from drug manufacturers, medical facilities, doctors, and health care providers.

A wide range of services including medical, pharmaceutical, dental, and administrative were provided by approximately 430 volunteers. Of the 430 volunteers, 410 were skilled volunteers that offered services that would typically need to be purchased if not provided by donation. These skilled volunteer hours were included in the donated medical services of \$1,438,158 at year end.

Health and Hope Clinic, Inc.
Notes to the Financial Statements
For the year end December 31, 2024

NOTE 6 – CONTRIBUTIONS OF NONFINANCIAL ASSETS (CONTINUED)

The Organization operates in a building owned by Ministry Village at Olive, Inc., and the value for this space is based on comparable rents being charged for similar space in the area.

Contributions of nonfinancial assets were recognized in the accompanying Statement of Activities for the year ended December 31, 2024 as follows:

	Revenue Recognized	Utilization	Valuation
Pharmaceuticals	\$ 2,009,312	Program	Estimated fair value based on average generic price per prescription
Medical services	1,438,158	Program	Estimated fair value based on rates mandated by the State of Florida through its Volunteer Health Services Program
Facilities	73,944	Program & general & administrative	Estimated fair value based on comparable rent per square foot in the area
Medical supplies	53,824	Program	Estimate fair value based on market value of supplies when received
Equipment	16,345	Program	Estimated fair value based on market value of equipment when received
Total	<u>\$ 3,591,583</u>		

NOTE 7 – NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions as of December 31, 2024 are as follows:

Amgen program	\$ 120,283
“Food as Medicine” program	5,000
Dental supplies	5,000
Net assets with donor restrictions	<u>\$ 130,283</u>

During 2024, the Organization received a grant from Amgen, Inc. to elevate public awareness regarding the prevalence of heart disease as a leading cause of death in America. The remaining funds of \$120,283 are purpose restricted for the Amgen Director’s salary and program expenses.

The Organization received \$5,000 which is purpose restricted for the “Food as Medicine” program.

Health and Hope Clinic, Inc.
Notes to the Financial Statements
For the year end December 31, 2024

NOTE 7 – NET ASSETS WITH DONOR RESTRICTIONS (CONTINUED)

The Organization received \$5,000 which is purpose restricted for dental supplies.

NOTE 8 – CONCENTRATIONS

Cash in bank and investment accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per institution. At December 31, 2024, the Organization's bank balance was \$79,730 over the insured amount. At December 31, 2024, the Organization's cash in the investment portfolio was \$72,293 over the insured amount.

The Organization received \$989,219 in grant funding from four grantors. These grants represent 20% of total revenue.

NOTE 9 – RELATED PARTY TRANSACTIONS

For the year ended December 31, 2024, contributions from board members totaled approximately \$27,478.

NOTE 10 – AVAILABILITY OF FINANCIAL ASSETS

The Organization's primary sources of support are from contributions, grants, and special events. The Organization has a policy to manage its liquidity following three guiding principles: operating within a prudent range of financial stability; maintaining adequate liquidity to fund near-term operations; and maintaining sufficient resources to provide reasonable assurance that the long-term operations will be maintained.

The following reflects the Organization's financial assets as of December 31, 2024, reduced by amounts not available for general use within one year of the balance sheet date:

Financial assets at 12/31/24:

Cash	\$ 347,344
Accounts receivable	2,000
Grants receivable	271,323
Investments	325,293
Less those unavailable for general expenditures within one year, due to:	
Net assets with donor restrictions	(130,283)
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 815,677</u>

HEALTH AND HOPE CLINIC, INC.

FINANCIAL STATEMENTS

DECEMBER 31, 2025

Health and Hope Clinic, Inc.
Statement of Financial Position
December 31, 2025

	Dec 31, 25
ASSETS	
Current Assets	
Checking/Savings	
11030 · Operating Account (Regions)	191,977.93
11035 · Morgan Stanley	662,880.22
11040 · PayPal	3,793.37
Total Checking/Savings	858,651.52
Accounts Receivable	
11008 · Accounts Receivable	17,500.00
11015 · Grant Receivable	18,034.59
Total Accounts Receivable	35,534.59
Other Current Assets	
12300 · Prepaid Insurance	5,742.95
12500 · Inventory	999,289.77
12550 · Less Inventory Valuation	-288,438.76
Total Other Current Assets	716,593.96
Total Current Assets	1,610,780.07
Fixed Assets	
13000 · Fixed Assets	
13050 · Leasehold Improvements	592,684.75
13100 · Office Equipment	27,420.71
13200 · Medical Equipment	179,331.77
13300 · Furniture & Fixtures	90,884.96
13800 · Accumulated Depreciation	-144,300.62
Total 13000 · Fixed Assets	746,021.57
Total Fixed Assets	746,021.57
TOTAL ASSETS	2,356,801.64
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 · Accounts Payable	2,492.30
Total Accounts Payable	2,492.30
Credit Cards	
22000 · Regions FIA Card Services	4,661.07
Total Credit Cards	4,661.07
Other Current Liabilities	
21000 · Accrued Liabilities	5,944.43
24000 · Payroll Liabilities	-179.93
24100 · Accrued Insurance Benefits	85.58
25000 · Deferred Revenue	5,000.00
Total Other Current Liabilities	10,850.08
Total Current Liabilities	18,003.45
Total Liabilities	18,003.45
Equity	
32000 · Unrestricted Net Assets	2,504,343.48
Net Income	-165,545.29
Total Equity	2,338,798.19
TOTAL LIABILITIES & EQUITY	2,356,801.64

No assurance is provided on these financial statements.
These financial statements do not include a statement of cash flows.
Substantially all disclosures required by GAAP omitted.

Health and Hope Clinic, Inc.
Statement of Activities
For the year ended December 31, 2025

	Jan - Dec 25
Ordinary Income/Expense	
Income	
Receipts	
24020 · Pensacola Bay Baptist Assoc.	6,695.15
24030 · Grants	250,868.64
24035 · Christmas at the Clinic	323,882.87
24060 · Church Contributions	104,631.11
25070 · Community Contributions	161,119.76
25072 · Board of County Commissioners	28,500.00
25080 · Medical Records Reimbursements	3,779.67
Total Receipts	879,477.20
Total Income	879,477.20
Gross Profit	879,477.20
Expense	
Expenses	
35100 · Personnel	
35110 · Executive Director	99,269.18
35131 · Chief Clinical Officer	149,999.98
35166 · Dental Manager	38,325.00
35167 · Dentist	31,200.00
35169 · Health Navigator	32,635.00
35171 · Amgen Director	48,653.92
35172 · Office Manager/Vol Coordinator	47,900.00
35173 · Pharmacy Manager	30,360.00
35174 · Mental Health Manager	44,287.86
35181 · Amgen Health Coach	9,740.00
35182 · Amgen Clinic Support	21,832.50
66000 · Payroll Expenses	42,540.93
Total 35100 · Personnel	596,744.37
36000 · Other Expenses	
36010 · Pharmaceuticals	21,217.33
36030 · Licenses	473.00
36050 · Lab Fees	1,982.36
36060 · Office Supplies	12,413.60
36070 · Medical Equip & Supplies	8,928.11
36075 · Medical Supplies- Amgen	9,963.25
36076 · Amgen Supplies	4,092.49
36077 · Health & Wellness Expenses	409.85
36080 · Counseling Fees	690.00
36090 · Postage	3,054.43
36100 · Telephone/Internet	10,227.46
36110 · Office Equipment	11,041.40
36115 · IT Hardware/Software/Consulting	33,922.42
36120 · Janitorial Services	15,214.00
36125 · Maintenance	1,358.03
36126 · Repairs	4,777.61
36130 · Utilities	16,072.04
36135 · Lease Expense	2,828.99
36150 · EMR/Pharm	4,227.09
36160 · Publicity/Marketing	18,415.23
36162 · Publicity/Marketing- Amgen	1,085.03
36165 · Memberships & Dues	2,919.75
36170 · Travel	2,989.30
36180 · Staff Development	3,512.06
36190 · Volunteer Retention/Appreciation	11,536.32
36200 · Insurance	11,950.77
36210 · Miscellaneous	2,315.94
36220 · Depreciation Expense	49,827.29
36225 · Professional Fees - Audit	15,500.00
36230 · Professional Fees - Bookkeeping	29,500.00
36240 · Grant Expenses	10,460.00
36250 · Christmas at Clinic Expenses	21,177.29
36500 · Dental Supplies	12,909.47

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Substantially all disclosures required by GAAP omitted.

Health and Hope Clinic, Inc.
Statement of Activities
For the year ended December 31, 2025

	Jan - Dec 25
36505 · Dental Equipment	192.40
36506 · Dental Repair	863.29
Total 36000 · Other Expenses	358,047.60
Total Expenses	954,791.97
Total Expense	954,791.97
Net Ordinary Income	-75,314.77
Other Income/Expense	
Other Income	
In-Kind Donations	
26000 · In-Kind Medical Services Income	1,682,954.07
26010 · In-Kind Materials & Supplies In	2,607,938.11
26020 · In-Kind Facilities	96,257.72
80000 · In-Kind Medical Services Exp	-1,682,954.07
80010 · In-Kind Materials & Supplies	-2,715,692.29
80020 · In-Kind Facilities Exp	-96,257.72
Total In-Kind Donations	-107,754.18
26500 · Interest Income	17,444.49
26600 · Realized Gain/Loss	79.17
Total Other Income	-90,230.52
Net Other Income	-90,230.52
Net Income	-165,545.29

No assurance is provided on these financial statements.
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Substantially all disclosures required by GAAP omitted.

**SUPPLEMENTARY
INFORMATION**

Health and Hope Clinic, Inc.
Schedule I - Revenues and Expenses
For the year ended December 31, 2025 and 2024

	Jan - Dec 25	Jan - Dec 24
Ordinary Income/Expense		
Income		
Receipts		
24020 · Pensacola Bay Baptist Assoc.	6,695.15	6,375.25
24030 · Grants	250,868.64	1,072,091.53
24035 · Christmas at the Clinic	323,882.87	257,373.09
24060 · Church Contributions	104,631.11	46,775.43
25070 · Community Contributions	161,119.76	67,678.04
25072 · Board of County Commissioners	28,500.00	21,300.69
25080 · Medical Records Reimbursements	3,779.67	3,052.25
Total Receipts	879,477.20	1,474,646.28
Total Income	879,477.20	1,474,646.28
Gross Profit	879,477.20	1,474,646.28
Expense		
Expenses		
35100 · Personnel		
35110 · Executive Director	99,269.18	89,557.64
35130 · Clinical Manager	0.00	14,400.00
35131 · Chief Clinical Officer	149,999.98	148,682.31
35166 · Dental Manager	38,325.00	37,190.00
35167 · Dentist	31,200.00	7,200.00
35169 · Health Navigator	32,635.00	34,950.00
35171 · Amgen Director	48,653.92	61,476.98
35172 · Office Manager/Vol Coordinator	47,900.00	41,107.00
35173 · Pharmacy Manager	30,360.00	24,810.00
35174 · Mental Health Manager	44,287.86	53,407.65
35181 · Amgen Health Coach	9,740.00	0.00
35182 · Amgen Clinic Support	21,832.50	0.00
66000 · Payroll Expenses	42,540.93	39,225.42
Total 35100 · Personnel	596,744.37	552,007.00
36000 · Other Expenses		
36010 · Pharmaceuticals	21,217.33	17,128.01
36030 · Licenses	473.00	1,410.18
36050 · Lab Fees	1,982.36	614.04
36060 · Office Supplies	12,413.60	9,553.65
36070 · Medical Equip & Supplies	8,928.11	5,178.70
36075 · Medical Supplies- Amgen	9,963.25	11,152.43
36076 · Amgen Supplies	4,092.49	5,535.49
36077 · Health & Wellness Expenses	409.85	0.00
36080 · Counseling Fees	690.00	165.00
36090 · Postage	3,054.43	2,257.44
36100 · Telephone/Internet	10,227.46	6,490.69
36110 · Office Equipment	11,041.40	8,273.20
36115 · IT Hardware/Software/Consulting	33,922.42	3,684.54
36120 · Janitorial Services	15,214.00	10,861.35
36125 · Maintenance	1,358.03	2,553.44
36126 · Repairs	4,777.61	4,729.69
36130 · Utilities	16,072.04	13,496.83
36135 · Lease Expense	2,828.99	16,039.40
36150 · EMR/Pharm	4,227.09	3,637.61
36160 · Publicity/Marketing	18,415.23	13,212.27
36162 · Publicity/Marketing- Amgen	1,085.03	4,318.57
36165 · Memberships & Dues	2,919.75	2,262.00
36170 · Travel	2,989.30	1,741.10
36180 · Staff Development	3,512.06	4,246.98
36190 · Volunteer Retention/Appreciation	11,536.32	12,573.60
36200 · Insurance	11,950.77	4,423.23
36210 · Miscellaneous	2,315.94	2,645.42
36220 · Depreciation Expense	49,827.29	15,904.52
36225 · Professional Fees - Audit	15,500.00	2,825.00
36230 · Professional Fees - Bookkeeping	29,500.00	27,250.00
36240 · Grant Expenses	10,460.00	10,558.00
36250 · Christmas at Clinic Expenses	21,177.29	19,894.15
36500 · Dental Supplies	12,909.47	7,506.99
36505 · Dental Equipment	192.40	360.96

No assurance is provided on these financial statements.

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Substantially all disclosures required by GAAP omitted.

Health and Hope Clinic, Inc.
Schedule I - Revenues and Expenses
For the year ended December 31, 2025 and 2024

	Jan - Dec 25	Jan - Dec 24
36506 · Dental Repair	863.29	2,181.96
36507 · Dental Grant - FAFCC	0.00	7,428.39
Total 36000 · Other Expenses	358,047.60	262,094.83
Total Expenses	954,791.97	814,101.83
Total Expense	954,791.97	814,101.83
Net Ordinary Income	-75,314.77	660,544.45
Other Income/Expense		
Other Income		
In-Kind Donations		
26000 · In-Kind Medical Services Income	1,682,954.07	1,438,158.11
26010 · In-Kind Materials & Supplies In	2,607,938.11	2,063,136.00
26020 · In-Kind Facilities	96,257.72	73,944.34
26030 · In-Kind Donated Assets	0.00	16,345.00
80000 · In-Kind Medical Services Exp	-1,682,954.07	-1,438,158.11
80010 · In-Kind Materials & Supplies	-2,715,692.29	-2,253,992.06
80020 · In-Kind Facilities Exp	-96,257.72	-73,944.34
Total In-Kind Donations	-107,754.18	-174,511.06
26500 · Interest Income	17,444.49	23,869.26
26600 · Realized Gain/Loss	79.17	-412.97
Total Other Income	-90,230.52	-151,054.77
Net Other Income	-90,230.52	-151,054.77
Net Income	-165,545.29	509,489.68

No assurance is provided on these financial statements.
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Substantially all disclosures required by GAAP omitted.

Health and Hope Clinic, Inc.
Schedule II - Revenues and Expenses
For the one month ended December 31, 2025 and 2024

	Dec 25	Dec 24
Ordinary Income/Expense		
Income		
Receipts		
24020 · Pensacola Bay Baptist Assoc.	429.60	0.00
24030 · Grants	91,301.26	302,644.17
24035 · Christmas at the Clinic	92,445.36	77,377.09
24060 · Church Contributions	5,388.75	6,075.79
25070 · Community Contributions	22,999.01	18,543.59
25080 · Medical Records Reimbursements	319.00	90.50
Total Receipts	212,882.98	404,731.14
Total Income	212,882.98	404,731.14
Gross Profit	212,882.98	404,731.14
Expense		
Expenses		
35100 · Personnel		
35110 · Executive Director	9,230.76	6,538.46
35131 · Chief Clinical Officer	11,538.46	11,538.46
35166 · Dental Manager	4,500.00	3,700.00
35167 · Dentist	3,600.00	2,400.00
35169 · Health Navigator	3,145.00	2,755.00
35171 · Amgen Director	3,846.16	5,192.32
35172 · Office Manager/Vol Coordinator	5,100.00	4,532.00
35173 · Pharmacy Manager	2,520.00	3,000.00
35174 · Mental Health Manager	1,175.00	5,503.84
35181 · Amgen Health Coach	1,010.00	0.00
35182 · Amgen Clinic Support	2,415.00	0.00
66000 · Payroll Expenses	3,786.20	3,358.29
Total 35100 · Personnel	51,866.58	48,518.37
36000 · Other Expenses		
36010 · Pharmaceuticals	1,426.16	1,938.57
36050 · Lab Fees	0.00	43.86
36060 · Office Supplies	491.36	2,137.69
36070 · Medical Equip & Supplies	90.96	95.79
36080 · Counseling Fees	0.00	75.00
36090 · Postage	337.38	239.83
36100 · Telephone/Internet	2,080.95	563.61
36110 · Office Equipment	1,948.85	935.97
36115 · IT Hardware/Software/Consulting	2,037.00	34.00
36120 · Janitorial Services	3,259.00	2,693.00
36125 · Maintenance	0.00	64.41
36126 · Repairs	337.04	0.00
36130 · Utilities	1,391.17	1,191.25
36135 · Lease Expense	1,492.34	1,336.65
36150 · EMR/Pharm	350.59	308.35
36160 · Publicity/Marketing	1,223.28	1,050.03
36165 · Memberships & Dues	50.00	0.00
36180 · Staff Development	646.84	550.22
36190 · Volunteer Retention/Appreciation	2,722.55	1,387.89
36200 · Insurance	-2,927.10	892.02
36210 · Miscellaneous	241.39	498.65
36220 · Depreciation Expense	49,827.29	15,904.52
36230 · Professional Fees - Bookkeeping	2,500.00	2,500.00
36240 · Grant Expenses	3,422.50	4,463.00
36250 · Christmas at Clinic Expenses	17,754.97	18,663.17
36500 · Dental Supplies	2,529.33	1,971.27
36506 · Dental Repair	0.00	833.65
36507 · Dental Grant - FAFCC	0.00	-2,008.05
Total 36000 · Other Expenses	93,233.85	58,364.35
Total Expenses	145,100.43	106,882.72
Total Expense	145,100.43	106,882.72
Net Ordinary Income	67,782.55	297,848.42

No assurance is provided on these financial statements.
These financial statements do not include a statement of cash flows.
Substantially all disclosures required by GAAP omitted.

Health and Hope Clinic, Inc.
Schedule II - Revenues and Expenses
For the one month ended December 31, 2025 and 2024

	Dec 25	Dec 24
Other Income/Expense		
Other Income		
In-Kind Donations		
26000 • In-Kind Medical Services Income	1,682,954.07	1,438,158.11
26010 • In-Kind Materials & Supplies In	2,607,938.11	2,063,136.00
26020 • In-Kind Facilities	96,257.72	73,944.34
26030 • In-Kind Donated Assets	0.00	16,345.00
80000 • In-Kind Medical Services Exp	-1,682,954.07	-1,438,158.11
80010 • In-Kind Materials & Supplies	-2,715,692.29	-2,253,992.06
80020 • In-Kind Facilities Exp	-96,257.72	-73,944.34
Total In-Kind Donations	-107,754.18	-174,511.06
26500 • Interest Income	1,593.17	1,119.80
26600 • Realized Gain/Loss	79.17	-412.97
Total Other Income	-106,081.84	-173,804.23
Net Other Income	-106,081.84	-173,804.23
Net Income	-38,299.29	124,044.19

No assurance is provided on these financial statements.
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Substantially all disclosures required by GAAP omitted.

Health and Hope Clinic, Inc.
Schedule III Revenues and Expenses by Classification
For the year ended December 31, 2025

	Dental	G&A	HHC	TOTAL
Ordinary Income/Expense				
Income				
Receipts				
24020 · Pensacola Bay Baptist Assoc.	0.00	6,695.15	0.00	6,695.15
24030 · Grants	0.00	250,868.64	0.00	250,868.64
24035 · Christmas at the Clinic	0.00	323,882.87	0.00	323,882.87
24060 · Church Contributions	0.00	104,631.11	0.00	104,631.11
25070 · Community Contributions	0.00	161,119.76	0.00	161,119.76
25072 · Board of County Commissioners	0.00	28,500.00	0.00	28,500.00
25080 · Medical Records Reimbursements	0.00	3,779.67	0.00	3,779.67
Total Receipts	0.00	879,477.20	0.00	879,477.20
Total Income	0.00	879,477.20	0.00	879,477.20
Gross Profit	0.00	879,477.20	0.00	879,477.20
Expense				
Expenses				
35100 · Personnel				
35110 · Executive Director	0.00	99,269.18	0.00	99,269.18
35131 · Chief Clinical Officer	0.00	149,999.98	0.00	149,999.98
35166 · Dental Manager	0.00	38,325.00	0.00	38,325.00
35167 · Dentist	0.00	31,200.00	0.00	31,200.00
35169 · Health Navigator	0.00	32,635.00	0.00	32,635.00
35171 · Amgen Director	0.00	48,653.92	0.00	48,653.92
35172 · Office Manager/Vol Coordinator	0.00	47,900.00	0.00	47,900.00
35173 · Pharmacy Manager	0.00	30,360.00	0.00	30,360.00
35174 · Mental Health Manager	0.00	44,287.86	0.00	44,287.86
35181 · Amgen Health Coach	0.00	9,740.00	0.00	9,740.00
35182 · Amgen Clinic Support	0.00	21,832.50	0.00	21,832.50
66000 · Payroll Expenses	0.00	42,540.93	0.00	42,540.93
Total 35100 · Personnel	0.00	596,744.37	0.00	596,744.37
36000 · Other Expenses				
36010 · Pharmaceuticals	0.00	50.00	21,167.33	21,217.33
36030 · Licenses	0.00	420.00	53.00	473.00
36050 · Lab Fees	0.00	0.00	1,982.36	1,982.36
36060 · Office Supplies	0.00	12,155.72	257.88	12,413.60
36070 · Medical Equip & Supplies	0.00	0.00	8,928.11	8,928.11
36075 · Medical Supplies- Amgen	0.00	0.00	9,963.25	9,963.25
36076 · Amgen Supplies	0.00	257.91	3,834.58	4,092.49
36077 · Health & Wellness Expenses	0.00	0.00	409.85	409.85
36080 · Counseling Fees	0.00	0.00	690.00	690.00
36090 · Postage	0.00	3,054.43	0.00	3,054.43
36100 · Telephone/Internet	0.00	9,841.51	385.95	10,227.46
36110 · Office Equipment	0.00	9,529.30	1,512.10	11,041.40
36115 · IT Hardware/Software/Consulting	0.00	33,922.42	0.00	33,922.42
36120 · Janitorial Services	0.00	15,214.00	0.00	15,214.00
36125 · Maintenance	0.00	1,358.03	0.00	1,358.03
36126 · Repairs	0.00	4,777.61	0.00	4,777.61
36130 · Utilities	0.00	16,072.04	0.00	16,072.04
36135 · Lease Expense	0.00	2,828.99	0.00	2,828.99
36150 · EMR/Pharm	0.00	0.00	4,227.09	4,227.09
36160 · Publicity/Marketing	0.00	18,415.23	0.00	18,415.23
36162 · Publicity/Marketing- Amgen	0.00	509.48	575.55	1,085.03
36165 · Memberships & Dues	0.00	2,919.75	0.00	2,919.75
36170 · Travel	0.00	2,989.30	0.00	2,989.30
36180 · Staff Development	0.00	3,474.43	37.63	3,512.06
36190 · Volunteer Retention/Appreciation	0.00	11,536.32	0.00	11,536.32
36200 · Insurance	0.00	11,950.77	0.00	11,950.77
36210 · Miscellaneous	0.00	2,315.94	0.00	2,315.94
36220 · Depreciation Expense	0.00	49,827.29	0.00	49,827.29
36225 · Professional Fees - Audit	0.00	15,500.00	0.00	15,500.00
36230 · Professional Fees - Bookkeeping	0.00	29,500.00	0.00	29,500.00
36240 · Grant Expenses	0.00	10,460.00	0.00	10,460.00
36250 · Christmas at Clinic Expenses	0.00	21,177.29	0.00	21,177.29
36500 · Dental Supplies	11,875.94	575.28	458.25	12,909.47

No assurance is provided on these financial statements.
These financial statements do not include a statement of cash flows.
Substantially all disclosures required by GAAP omitted.

Health and Hope Clinic, Inc.
Schedule III Revenues and Expenses by Classification
For the year ended December 31, 2025

	Dental	G&A	HHC	TOTAL
36505 · Dental Equipment	192.40	0.00	0.00	192.40
36506 · Dental Repair	863.29	0.00	0.00	863.29
Total 36000 · Other Expenses	12,931.63	290,633.04	54,482.93	358,047.60
Total Expenses	12,931.63	887,377.41	54,482.93	954,791.97
Total Expense	12,931.63	887,377.41	54,482.93	954,791.97
Net Ordinary Income	-12,931.63	-7,900.21	-54,482.93	-75,314.77
Other Income/Expense				
Other Income				
In-Kind Donations				
26000 · In-Kind Medical Services Income	0.00	1,682,954.07	0.00	1,682,954.07
26010 · In-Kind Materials & Supplies In	0.00	2,607,938.11	0.00	2,607,938.11
26020 · In-Kind Facilities	0.00	96,257.72	0.00	96,257.72
80000 · In-Kind Medical Services Exp	0.00	-1,682,954.07	0.00	-1,682,954.07
80010 · In-Kind Materials & Supplies	0.00	-2,715,692.29	0.00	-2,715,692.29
80020 · In-Kind Facilities Exp	0.00	-96,257.72	0.00	-96,257.72
Total In-Kind Donations	0.00	-107,754.18	0.00	-107,754.18
26500 · Interest Income	0.00	17,444.49	0.00	17,444.49
26600 · Realized Gain/Loss	0.00	79.17	0.00	79.17
Total Other Income	0.00	-90,230.52	0.00	-90,230.52
Net Other Income	0.00	-90,230.52	0.00	-90,230.52
Net Income	-12,931.63	-98,130.73	-54,482.93	-165,545.29

No assurance is provided on these financial statements.
These financial statements do not include a statement of cash flows.
Substantially all disclosures required by GAAP omitted.

Health and Hope Clinic, Inc.
Schedule IV-Revenue & Expenses-Actual vs. Budget

For the one month and twelve months ended December 31,2025

	Dec 25	Budget	\$ Over Budget	Jan - Dec 25	YTD Budget	\$ Over Budget	Annual Budget
Ordinary Income/Expense							
Income							
Receipts							
24020 - Pensacola Bay Baptist Assoc.	429.60	336.00	93.60	6,695.15	5,000.00	1,695.15	5,000.00
24030 - Grants	91,301.26	21,448.00	69,853.26	250,868.64	388,790.00	-137,921.36	388,790.00
24035 - Christmas at the Clinic	92,445.36	95,000.00	-2,554.64	323,882.87	225,000.00	98,882.87	225,000.00
24060 - Church Contributions	5,388.75	6,250.00	-861.25	104,631.11	75,000.00	29,631.11	75,000.00
25070 - Community Contributions	22,999.01	5,413.00	17,586.01	161,119.76	65,000.00	96,119.76	65,000.00
25072 - Board of County Commissioners	0.00	7,199.00	-7,199.00	28,500.00	28,500.00	0.00	28,500.00
25080 - Medical Records Reimbursements	319.00	144.00	175.00	3,779.67	3,244.00	535.67	3,244.00
Total Receipts	212,882.98	135,790.00	77,092.98	879,477.20	790,534.00	88,943.20	790,534.00
Total Income	212,882.98	135,790.00	77,092.98	879,477.20	790,534.00	88,943.20	790,534.00
Gross Profit	212,882.98	135,790.00	77,092.98	879,477.20	790,534.00	88,943.20	790,534.00
Expense							
Expenses							
35100 - Personnel							
35110 - Executive Director	9,230.76	7,084.00	2,146.76	99,269.18	85,000.00	14,269.18	85,000.00
35131 - Chief Clinical Officer	11,538.46	12,500.00	-961.54	149,999.98	150,000.00	-0.02	150,000.00
35166 - Dental Manager	4,500.00	1,508.00	2,992.00	38,325.00	37,500.00	825.00	37,500.00
35167 - Dentist	3,600.00	1,202.00	2,398.00	31,200.00	30,000.00	1,200.00	30,000.00
35169 - Health Navigator	3,145.00	1,350.00	1,795.00	32,635.00	34,768.00	-2,133.00	34,768.00
35171 - Amgen Director	3,846.16	3,846.16	0.00	48,653.92	50,000.08	-1,346.16	50,000.08
35172 - Office Manager/Vol Coordinator	5,100.00	3,467.00	1,633.00	47,900.00	46,455.00	1,445.00	46,455.00
35173 - Pharmacy Manager	2,520.00	2,500.00	20.00	30,360.00	30,000.00	360.00	30,000.00
35174 - Mental Health Manager	1,175.00	4,424.00	-3,249.00	44,287.86	53,000.00	-8,712.14	53,000.00
35181 - Amgen Health Coach	1,010.00	480.00	530.00	9,740.00	10,262.50	-522.50	10,262.50
35182 - Amgen Clinic Support	2,415.00	900.00	1,515.00	21,832.50	21,240.00	592.50	21,240.00
57199 - Cost of Living Adjustment	0.00	803.00	-803.00	0.00	9,391.00	-9,391.00	9,391.00
66000 - Payroll Expenses	3,786.20	2,665.00	1,121.20	42,540.93	44,172.00	-1,631.07	44,172.00
Total 35100 - Personnel	51,866.58	42,729.16	9,137.42	596,744.37	601,788.58	-5,044.21	601,788.58
36000 - Other Expenses							
36010 - Pharmaceuticals	1,426.16	1,337.00	89.16	21,217.33	16,000.00	5,217.33	16,000.00
36030 - Licenses	0.00	0.00	0.00	473.00	1,161.00	-688.00	1,161.00
36050 - Lab Fees	0.00	80.00	-80.00	1,982.36	640.00	1,342.36	640.00
36060 - Office Supplies	491.36	785.00	-293.64	12,413.60	9,420.00	2,993.60	9,420.00
36070 - Medical Equip & Supplies	90.96	500.00	-409.04	8,928.11	6,000.00	2,928.11	6,000.00
36075 - Medical Supplies- Amgen	0.00	1,691.71	-1,691.71	9,963.25	20,300.63	-10,337.38	20,300.63
36076 - Amgen Supplies	0.00	1,235.46	-1,235.46	4,092.49	14,825.63	-10,733.14	14,825.63
36077 - Health & Wellness Expenses	0.00	0.00	0.00	409.85	0.00	409.85	0.00
36080 - Counseling Fees	0.00	40.00	-40.00	690.00	480.00	210.00	480.00
36090 - Postage	337.38	240.00	97.38	3,054.43	2,880.00	174.43	2,880.00
36100 - Telephone/Internet	2,080.95	784.00	1,296.95	10,227.46	9,408.00	819.46	9,408.00
36110 - Office Equipment	1,948.85	660.00	1,288.85	11,041.40	7,920.00	3,121.40	7,920.00
36115 - IT Hardware/Software/Consulting	2,037.00	2,600.00	-563.00	33,922.42	31,200.00	2,722.42	31,200.00
36120 - Janitorial Services	3,259.00	1,077.00	2,182.00	15,214.00	12,924.00	2,290.00	12,924.00
36125 - Maintenance	0.00	500.00	-500.00	1,358.03	6,000.00	-4,641.97	6,000.00
36126 - Repairs	337.04	400.00	-62.96	4,777.61	4,800.00	-22.39	4,800.00
36130 - Utilities	1,391.17	1,600.00	-208.83	16,072.04	19,200.00	-3,127.96	19,200.00
36135 - Lease Expense	1,492.34	272.00	1,220.34	2,828.99	3,789.00	-960.01	3,789.00
36150 - EMR/Pharm	350.59	325.00	25.59	4,227.09	3,900.00	327.09	3,900.00
36160 - Publicity/Marketing	1,223.28	1,333.00	-109.72	18,415.23	15,996.00	2,419.23	15,996.00
36162 - Publicity/Marketing- Amgen	0.00	0.00	0.00	1,085.03	5,000.00	-3,914.97	5,000.00
36165 - Memberships & Dues	50.00	0.00	50.00	2,919.75	2,262.00	657.75	2,262.00
36170 - Travel	0.00	300.00	-300.00	2,989.30	3,200.00	-210.70	3,200.00
36180 - Staff Development	646.84	325.00	321.84	3,512.06	3,900.00	-387.94	3,900.00
36190 - VolunteerRetention/Appreciatio	2,722.55	1,100.00	1,622.55	11,536.32	13,200.00	-1,663.68	13,200.00
36200 - Insurance	-2,927.10	0.00	-2,927.10	11,950.77	14,543.00	-2,592.23	14,543.00
36210 - Miscellaneous	241.39	300.00	-58.61	2,315.94	3,600.00	-1,284.06	3,600.00
36220 - Depreciation Expense	49,827.29	0.00	49,827.29	49,827.29	18,100.00	-2,600.00	18,100.00
36225 - Professional Fees - Audit	0.00	0.00	0.00	15,500.00	30,000.00	-14,500.00	30,000.00
36230 - Professional Fees - Bookkeeping	2,500.00	2,500.00	0.00	29,500.00	30,000.00	-500.00	30,000.00
36240 - Grant Expenses	3,422.50	125.00	3,297.50	10,460.00	11,125.00	-665.00	11,125.00
36250 - Christmas at Clinic Expenses	17,754.97	9,000.00	8,754.97	21,177.29	15,000.00	6,177.29	15,000.00
36500 - Dental Supplies	2,529.33	2,750.00	-220.67	12,909.47	15,000.00	-2,090.53	15,000.00
36505 - Dental Equipment	0.00	300.00	-300.00	192.40	4,200.00	-4,007.60	4,200.00
36506 - Dental Repair	0.00	200.00	-200.00	863.29	2,400.00	-1,536.71	2,400.00
Total 36000 - Other Expenses	93,233.85	32,360.17	60,873.68	358,047.60	328,374.26	29,673.34	328,374.26
Total Expenses	145,100.43	75,089.33	70,011.10	954,791.97	930,162.84	24,629.13	930,162.84
Total Expense	145,100.43	75,089.33	70,011.10	954,791.97	930,162.84	24,629.13	930,162.84
Net Ordinary Income	67,782.55	60,700.67	7,081.88	-75,314.77	-139,628.84	64,314.07	-139,628.84
Other Income/Expense							
Other Income							
In-Kind Donations							
26000 - In-Kind Medical Services Income	1,682,954.07	0.00	1,682,954.07	1,682,954.07	0.00	1,682,954.07	0.00
26010 - In-Kind Materials & Supplies In	2,607,938.11	0.00	2,607,938.11	2,607,938.11	0.00	2,607,938.11	0.00
26020 - In-Kind Facilities	96,257.72	0.00	96,257.72	96,257.72	0.00	96,257.72	0.00
80000 - In-Kind Medical Services Exp	-1,682,954.07	0.00	-1,682,954.07	-1,682,954.07	0.00	-1,682,954.07	0.00
80010 - In-Kind Materials & Supplies	-2,715,692.29	0.00	-2,715,692.29	-2,715,692.29	0.00	-2,715,692.29	0.00
80020 - In-Kind Facilities Exp	-96,257.72	0.00	-96,257.72	-96,257.72	0.00	-96,257.72	0.00
Total In-Kind Donations	-107,754.18	0.00	-107,754.18	-107,754.18	0.00	-107,754.18	0.00

No assurance is provided on these financial statements.
These financial statements do not include a statement of cash flows.
Substantially all disclosures required by GAAP omitted.

	Dec 25	Budget	\$ Over Budget	Jan - Dec 25	YTD Budget	\$ Over Budget	Annual Budget
26500 - Interest Income	1,593.17	1,500.00	93.17	17,444.49	18,000.00	-555.51	18,000.00
26600 - Realized Gain/Loss	79.17	0.00	79.17	79.17	0.00	79.17	0.00
Total Other Income	-106,081.84	1,500.00	-107,581.84	-90,230.52	18,000.00	-108,230.52	18,000.00
Net Other Income	-106,081.84	1,500.00	-107,581.84	-90,230.52	18,000.00	-108,230.52	18,000.00
Net Income	-38,299.29	62,200.67	-100,499.96	-165,545.29	-121,628.84	-43,916.45	-121,628.84

No assurance is provided on these financial statements.
These financial statements do not include a statement of cash flows.
Substantially all disclosures required by GAAP omitted.

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

HEALTH AND HOPE CLINIC, INC.
1718 E OLIVE RD
PENSACOLA, FL 32514

- [X] Your Form 8868, Application for Extension of Time to File an Exempt Organization Return for tax year ending December 31, 2025 is being filed electronically with the IRS by the services of Durst Jordan CPA PA.
- [X] Your extension was accepted by the IRS on 04/13/26 and the Submission Identification Number assigned to your extension is 59248720261030762513.

Since you are filing your extension electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR EXTENSION TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE EXTENSION.

Acknowledgement Process

The IRS will notify your electronic return originator when they accept your extension, usually within 48 hours. If your extension was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

Form **8453-TE**

Tax Exempt Entity Declaration and Signature for E-file

OMB No. 1545-0047

For calendar year 2024, or tax year beginning , and ending

2024

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
Go to www.irs.gov/Form8453TE for the latest information.

Name of filer

EIN or SSN

HEALTH AND HOPE CLINIC, INC.

26-4336638

Part I

Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). 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

☒

2a

Form 990-EZ check here

☐

3a

Form 1120-POL check here

☐

4a

Form 990-PF check here

☐

5a

Form 8868 check here

☐

6a

Form 990-T check here

☐

7a

Form 4720 check here

☐

8a

Form 5227 check here

☐

9a

Form 5330 check here

☐

10a

Form 8038-CP check here

☐

b

Total revenue, if any (Form 990, Part VIII, column (A), line 12)

1b

3,557,689

b

Total revenue, if any (Form 990-EZ, line 9)

2b

b

Total tax (Form 1120-POL, line 22)

3b

b

Tax based on investment income (Form 990-PF, Part V, line 5)

4b

b

Balance due (Form 8868, line 3c)

5b

b

Total tax (Form 990-T, Part III, line 4)

6b

b

Total tax (Form 4720, Part III, line 1)

7b

b

FMV of assets at end of tax year (Form 5227, Item D)

8b

b

Tax due (Form 5330, Part II, line 19)

9b

b

Amount of credit payment requested (Form 8038-CP, Part III, line 22)

10b

Part II

Declaration of Officer or Person Subject to Tax

11a

☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the 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.

b

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that ☒ I am an officer of the above named entity or ☐ I am the person subject to tax with respect to (name of entity) , (EIN) , and that I have examined a copy of the 2024 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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.

Sign

EXECUTIVE DIRECTOR

Here

Signature of officer or person subject to tax

Date

Title, if applicable

Part III

Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature

JOSHUA C. DURST

Date

Check if also paid preparer ☒

Check if self-employed ☐

ERO's SSN or PTIN

P00436839

Firm's name (or yours if self-employed), address, and ZIP code

DURST JORDAN CPA PA
4459-B HIGHWAY 90 MILTON FL 32571

EIN

45-0529207

Phone no.

850-995-5000

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed ☐

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-TE** (2024)

DAA

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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.

OMB No. 1545-0047

2024
Open to Public
Inspection**A For the 2024 calendar year, or tax year beginning , and ending****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/
terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

HEALTH AND HOPE CLINIC, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1718 E OLIVE RD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

PENSACOLA

FL 32514

D Employer identification number

26-4336638

E Telephone number

850-479-4456

G Gross receipts\$ 3,601,452**F** Name and address of principal officer:SALLY BERGOSH
1718 E OLIVE RD
PENSACOLA FL 32514**H(a)** Is this a group return for subordinates ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.HEALTHANDHOPECLINIC.ORG**H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 2009**M** State of legal domicile: FL**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0		
	2 Check this box ☐ 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)	3	0
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	430
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,385,874	3,528,075
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,766	23,456
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,552	6,158
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,422,192	3,557,689
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	350,845	552,007
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	17,302	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,060,332	2,496,193
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,411,177	3,048,200
	19 Revenue less expenses. Subtract line 18 from line 12	2,011,015	509,489
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	2,011,001	2,562,508
	22 Net assets or fund balances. Subtract line 21 from line 20	16,147	58,165
		1,994,854	2,504,343

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

SALLY BERGOSH

EXECUTIVE DIRECTOR

Type or print name and title

Paid**Preparer Use Only**

Preparer's name

Preparer's signature

Date

Check ☐ if self-employed PTIN P00436839

JOSHUA C. DURST

JOSHUA C. DURST

Firm's name

DURST JORDAN CPA PA

Firm's EIN

45-0529207

Firm's address

4459-B HIGHWAY 90
MILTON, FL 32571

Phone no.

850-995-5000

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2024)

Part III Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:**SEE SCHEDULE O****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 ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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 \$ **2,817,780** including grants of\$) (Revenue \$)
HEALTH AND HOPE CLINIC IS A VOLUNTEER AND DONOR DRIVEN MEDICAL CLINIC ESTABLISHED IN ORDER TO HELP MEET THE NEEDS OF THE MEDICALLY UNDERSERVED POPULATION. THE CLINIC OFFERS PRIMARY MEDICAL CARE, PREVENTATIVE CARE, SPECIALTY CARE, LABORATORY SERVICES, PRESCRIPTION ASSISTANCE, AND REFERRALS TO COMMUNITY SOCIAL SERVICES. DENTAL SERVICES INCLUDING CONSULTATIONS, EXTRACTIONS, AND RESTORATIVE CARE ARE ALSO PROVIDED. THE CLINIC OPERATES WITH OVER 430 VOLUNTEER MEDICAL PROFESSIONALS AND SUPPORT STAFF WHOSE VALUE IS OVER \$1,052,164. OVER 12,510 PATIENT VISITS WERE PROVIDED IN 2023. THERE WERE OVER 9,046 PRESCRIPTIONS FILLED IN 2024 WITH A VALUE OF \$4,526,806.

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **2,817,780**

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>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 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>	3	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>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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>	6	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>	7	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>	8	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>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	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>	11a 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>	11b 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>	11c	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>	11d	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>	11e	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>	11f	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>	12a	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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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. See instructions</i>	17	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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21	X

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 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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>		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>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
25b 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>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
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)?	4a	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?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
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?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
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?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
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 on 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
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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 on 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
1a Enter the number of voting members of the governing body at the end of the tax year												
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 on Schedule O.												
b Enter the number of voting members included on line 1a, above, who are independent												
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?												
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?												
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?												
5 Did the organization become aware during the year of a significant diversion of the organization's assets?												
6 Did the organization have members or stockholders?												
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?												
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?												
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
a The governing body?												
b Each committee with authority to act on behalf of the governing body?												
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 on Schedule O												

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b
10a Did the organization have local chapters, branches, or affiliates?													
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?													
b Describe on 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													
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?													
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done													
13 Did the organization have a written whistleblower policy?													
14 Did the organization have a written document retention and destruction policy?													
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													
b Other officers or key employees of the organization													
If "Yes" to line 15a or 15b, describe the process on 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?													
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 on Schedule O)

19 Describe on 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.

GINNY STEVENS

1718 E OLIVE RD

PENSACOLA

FL 32514

850-479-4456

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

☐ 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 dotted 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) SALLY BERGOSH	40.00									
EXECUTIVE DIRECTOR	0.00			X				89,559	0	0
(2) J. NIXON DANIEL, III	2.00									
CHAIRMAN	0.00	X		X				0	0	0
(3) LINDA HINSON	1.00									
VICE CHAIRMAN	0.00	X		X				0	0	0
(4) DONALD MCLAUGHLIN	1.00									
TREASURER	0.00	X		X				0	0	0
(5) BRIGETTE BROOKS	1.00									
SECRETARY	0.00	X						0	0	0
(6) JOHN PORTER	1.00									
DIRECTOR	0.00	X						0	0	0
(7) ANNA CAUSEY	1.00									
DIRECTOR	0.00	X						0	0	0
(8) DR. BRIAN NALL	1.00									
DIRECTOR	0.00	X						0	0	0
(9) PAUL MCLEOD, MD	1.00									
DIRECTOR	0.00	X						0	0	0
(10) JOHN LARRY MORRIS, DMD	1.00									
DIRECTOR	0.00	X						0	0	0
(11) JARL "JT" YOUNG	1.00									
DIRECTOR	0.00	X						0	0	0

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 dotted 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(12) WILL CONDON (12) DIRECTOR	1.00 0.00	X						0	0	0
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal								89,559		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								89,559		

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

3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	No
3			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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	No
4			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? <i>If "Yes," complete Schedule J for such person</i>	Yes	No
5			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

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

Part VIII Statement of RevenueCheck 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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	234,373				
	d Related organizations	1d					
	e Government grants (contributions)	1e	755,380				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,538,322				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,079,481				
	h Total. Add lines 1a-1f		3,528,075				
	Program Service Revenue						
2a							
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)			23,869			23,869
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
		7a	23,456				
	b Less: cost or other basis and sales exps.	7b	23,869				
	c Gain or (loss)	7c	-413				
	d Net gain or (loss)			-413	-413		
	8a Gross income from fundraising events (not including \$ 234,373 of contributions reported on line 1c). See Part IV, line 18	8a	23,000				
	b Less: direct expenses	8b	19,894				
	c Net income or (loss) from fundraising events			3,106			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a OTHER INCOME			3,052	3,052		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			3,052			
12 Total revenue. See instructions			3,557,689	2,639	0	23,869	

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	89,559	67,169	17,912	4,478
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	423,223	347,249	67,820	8,154
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	39,225	29,419	7,845	1,961
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
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 Schedule O.)	30,075		30,075	
12 Advertising and promotion	17,531		17,531	
13 Office expenses	20,084		20,084	
14 Information technology	3,685		3,685	
15 Royalties				
16 Occupancy	30,849	24,678	4,628	1,543
17 Travel	1,741		1,741	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,905	14,315	1,590	
23 Insurance	20,463	12,832	6,829	802
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICATION & SUPP	2,253,992	2,253,992		
b MEDICAL SUPPLIES	21,866	21,866		
c PHARMACEUTICALS	17,128	17,128		
d DENTAL SUPPLIES	15,296	15,296		
e All other expenses	47,578	13,836	33,378	364
25 Total functional expenses. Add lines 1 through 24e	3,048,200	2,817,780	213,118	17,302
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 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	283,707	1	347,344
	2 Savings and temporary cash investments	531,752	2	
	3 Pledges and grants receivable, net	58,903	3	271,323
	4 Accounts receivable, net	1,500	4	2,000
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,009,461	8	818,605
	9 Prepaid expenses and deferred charges	2,293	9	2,093
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 894,125		
	b Less: accumulated depreciation	10b 98,275	10c	795,850
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	325,293
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	13,554	15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,011,001	16	2,562,508	
Liabilities	17 Accounts payable and accrued expenses	16,147	17	58,165
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	16,147	26	58,165
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		1,904,595	27	2,374,060
28 Net assets with donor restrictions		90,259	28	130,283
Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		1,994,854	32	2,504,343
33 Total liabilities and net assets/fund balances		2,011,001	33	2,562,508

Part XI Reconciliation of Net AssetsCheck 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	3,557,689
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,048,200
3	Revenue less expenses. Subtract line 2 from line 1	3	509,489
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,994,854
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,504,343

Part XII Financial Statements and ReportingCheck 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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		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. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	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 on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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 on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization	HEALTH AND HOPE CLINIC, INC.	Employer identification number	26-4336638
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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).)

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 on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,266,546	2,059,901	4,352,790	4,385,874	3,528,075	16,593,186
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	2,266,546	2,059,901	4,352,790	4,385,874	3,528,075	16,593,186
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.						16,593,186

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	2,266,546	2,059,901	4,352,790	4,385,874	3,528,075	16,593,186
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				21,766	23,869	45,635
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.)	24,725	28,140	1,961	3,013	3,052	60,891
11 Total support. Add lines 7 through 10						16,699,712
12 Gross receipts from related activities, etc. (see instructions)					12	168,631
13 First 5 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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.36 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.36 %
16a 33 1/3% support test — 2024. 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	☒	
b 33 1/3% support test — 2023. 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	☐	
17a 10%-facts-and-circumstances test — 2024. 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	☐	
b 10%-facts-and-circumstances test — 2023. 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	☐	
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	☐	

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 5 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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests — 2024. 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 — 2023. 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 ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
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.)		

Part IV Supporting Organizations (continued)

- 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 on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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 on line 2, above, 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.*

	Yes	No
1		
2		
3		

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** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described on line 2a, above, 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.*

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. Answer lines 3a and 3b 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? *If "Yes" or "No," 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.*

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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).		

Part V 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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.)

PART II, LINE 10 - OTHER INCOME DETAIL	
\$	60,891

Schedule B (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service	Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
Name of the organization HEALTH AND HOPE CLINIC, INC.		Employer identification number 26-4336638

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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

Name of organization

Employer identification number

HEALTH AND HOPE CLINIC, INC.

26-4336638

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		\$ 117,850	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
2	HEART TO HEART INTERNATIONAL 11500 RENNER BLVD LENEXA KS 66219	\$ 95,316	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
3		\$ 1,507,532	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
4		\$ 193,216	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
5		\$ 257,780	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		\$ 125,475	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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
7		\$ 497,600	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		\$ 108,364	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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
1	MEDICAL SUPPLIES AND MATERIALS	\$ 117,850	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	MEDICAL SUPPLIES & MATERIALS	\$ 95,316	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	MEDICAL SUPPLIES AND MATERIALS	\$ 1,507,532	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	MEDICAL SUPPLIES AND MATERIALS	\$ 193,216	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of the organization	Employer identification number
HEALTH AND HOPE CLINIC, INC.	26-4336638

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 (for example, 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 conversation 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 2d 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 FASB 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 FASB 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 FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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 make 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 program
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
1c	
1d	
1e	
1f	

- c** Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

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 in 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 Term 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:

- (i)** Unrelated organizations?
(ii) Related organizations?

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
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		894,125	98,275	795,850
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				795,850

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 CASH IN INVESTMENT ACCOUNT	325,293	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	325,293	

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. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

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, line 15, col. (B))	

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, line 25, col. (B))	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		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.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		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.

SCHEDULE G
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
HEALTH AND HOPE CLINIC, INC.

Employer identification number
26-4336638

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of nongovernment grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
-
-

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>CHRISTMAS GALA</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	257,373		257,373
	2 Less: Contributions ..	234,373		234,373
	3 Gross income (line 1 minus line 2)	23,000		23,000
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages ..	15,254		15,254
	8 Entertainment			
	9 Other direct expenses	4,640		4,640
	10 Direct expense summary. Add lines 4 through 9 in column (d)			19,894
	11 Net income summary. Subtract line 10 from line 3, column (d)			3,106

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:
.....

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:
.....

- 11 Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility

13a %

b An outside facility

13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
- Name
- Address
- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c If "Yes," enter the name and address of the third party:
- Name
- Address
- 16 Gaming manager information:
- Name
- Gaming manager compensation \$
- Description of services provided
- ☐ Director/officer

☐ Employee

☐ Independent contractor
- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$
- Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
- Schedule G (Form 990) (Rev. 12-2024)
- DAA

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open To Public
Inspection

HEALTH AND HOPE CLINIC, INC.

Employer identification number
26-4336638

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	5	2,063,136	FV OF DONATED SUPPLIES
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (EQUIPMENT)	X	1	16,345	FV OF DONATED EQUIPMENT
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
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SCHEDULE O
(Form 990)
(Rev. December 2024)

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 Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	HEALTH AND HOPE CLINIC, INC.	Employer identification number	26-4336638
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FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
THE MISSION OF THE HEALTH AND HOPE CLINIC IS TO PROVIDE HELP AND HOPE TO THE HURTING. THE CLINIC PROVIDES FREE AND CHARITABLE MEDICAL AND DENTAL CARE TO QUALIFIED INDIVIDUALS WITH LIMITED INCOME, NO ACCESS TO CARE, AND NO HEALTH INSURANCE.

FORM 990 - ORGANIZATION'S MISSION
THE MISSION OF THE HEALTH AND HOPE CLINIC IS TO PROVIDE HELP AND HOPE TO THE HURTING. THE CLINIC PROVIDES FREE AND CHARITABLE MEDICAL AND DENTAL CARE TO QUALIFIED INDIVIDUALS WITH LIMITED INCOME, NO ACCESS TO CARE, AND NO HEALTH INSURANCE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
ALL BOARD MEMBERS RECEIVED AN ELECTRONIC COPY OF THE FORM 990 AND THE ACCOMPANYING SCHEDULES IN "PDF" FORMAT FOR THEIR REVIEW BEFORE FILING WITH THE IRS. THE BOARD MEMBERS WERE ALSO INFORMED THAT A PAPER COPY OF THE FORM 990 AND THE ACCOMPANYING SCHEDULES IS AVAILABLE AT THE ORGANIZATION'S OFFICE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
BOARD MEMBERS AND OFFICERS RECEIVE CORRESPONDENCE EACH YEAR THAT MUST BE COMPLETED AND SIGNED CONFIRMING THAT THEY WILL DISCLOSE ANY CONFLICTS THAT VIOLATE THE ORGANIZATION'S POLICY. THE BOARD REVIEWS ALL CONFLICTS AND DETERMINES IF FURTHER ACTIONS NEED TO BE TAKEN.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES IS DETERMINED BY THE BOARD OF DIRECTORS BASED ON THE PERFORMANCE, THE ORGANIZATION'S BUDGET, AND COMPARABLE COMPENSATION WITHIN THE SAME MARKET.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES IS DETERMINED BY THE BOARD OF DIRECTORS BASED ON THE PERFORMANCE, THE ORGANIZATION'S BUDGET, AND COMPARABLE COMPENSATION WITHIN THE SAME MARKET.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION HAS ALL GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND THE COMPILED FINANCIAL STATEMENTS ON FILE AT THE ORGANIZATION'S PRINCIPAL OFFICE. ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.

Cash - EOY

Description	Amount
	\$ 347,344
TOTAL	\$ 347,344



DEPARTMENT OF THE NAVY
NAVY MEDICINE OPERATIONAL TRAINING COMMAND
220 HOVEY ROAD
PENSACOLA FLORIDA 32508-1047

IN REPLY REFER TO

HOPE AND HEALTH CLINIC

NAVMEOPTRACMD
1520
N8
29 Sep 25

MEMORANDUM OF UNDERSTANDING
BETWEEN
NAVY MEDICINE OPERATIONAL TRAINING COMMAND
AND
HEALTH AND HOPE CLINIC
FOR
RESIDENCY IN AEROSPACE MEDICINE

Subj: MEMORANDUM OF UNDERSTANDING

Ref: (a) DoD Instruction 4000.19 of 16 December 2020
(b) 49 U.S.C. 106 (f)(2)(A) and 106(l) and (m)

1. Participants. This is a memorandum of understanding (MOU) between Navy Medicine Operational Training Command (NMOTC) and the Health and Hope Clinic (Clinic). When referred to collectively, NMOTC and the Clinic are referred to as the "Parties".
2. Background. The administrators of the Clinic have agreed to allow a rotation of residents at the Clinic to further an approved NMOTC residency program. The program curriculum requires special clinical training in preparation for residency program completion. The training program benefits NMOTC Detachment, Naval Aerospace Medical Institute (NAMI) by providing Residency in Aerospace Medicine (RAM) residents with hands-on experience in the enhancement of women's health as it applies to occupational medicine. Under the terms of this agreement, NMOTC faculty and staff will use the Clinic facilities to train the residents in clinical aerospace and occupational medicine during a rotation.
3. Purpose. The purpose of this residency rotation is to:
 - a. Develop detailed working knowledge of women's healthcare at one of Pensacola's leading clinics serving the uninsured and medically underserved. The Clinic has clinical and research opportunities that RAMs may benefit from.
 - b. Understand how women's health can affect civilian occupational safety and fitness for duty.
 - c. Identify individual areas of strength and weakness that need to be developed and advanced to successfully perform women's healthcare as an occupational and aerospace medicine specialist.

Subj: MEMORANDUM OF UNDERSTANDING

training and screenings to the Clinic. The Parties will work together to schedule rotation periods consistent with preceptor staff needs and limitations and the specific curricular requirements of the residency program and the individual resident according to the resident's individual education plan.

(2) While at the Clinic and while engaging in training at the Clinic, residents will be under the direct supervision of physician preceptors. Residents will be subject to and required to abide by all facility rules and applicable regulations (e.g., health and safety requirements and proper identification), except where compliance would be inconsistent with federal statute, regulation, or any other law binding members of the United States Navy.

(3) The Parties will communicate regarding issues, problems, and/or concerns that may arise through the following designated contacts:

(a) NAMI's RAM program director (or their designee) is the designated contact for any issues arising under this MOU and for monitoring residents at the Clinic.

(b) The Clinic's site director (or their designee) is the designated contact for the Clinic with respect to any issues arising under this MOU and shall monitor residents at the Clinic.

(4) This will not result in, nor is it meant to displace employees or impair existing service contracts.

(5) The Clinic reserves the right to refuse acceptance of any resident when it is determined that further participation would not be in the best interest of the Clinic. The Clinic will not use NMOTC, NAMI, or the name of any resident in their publicity or advertising media unless approved in writing by NMOTC. However, the existence and scope of the program may be made known publicly. Likewise, NMOTC will not use the name of the Clinic or the name of Clinic personnel in their publicity or advertising media unless approved in writing by the Clinic.

(6) There will be no training expense incurred by the U.S. Navy from this MOU. Additionally, a resident assigned to the RAM program under this MOU will receive compensation from the U.S. Navy only and is strictly prohibited from receiving compensation, in any form, from the Clinic or any other source.

(7) If the Clinic's policy requires that a resident in the same or similar programs are individually responsible for financing the cost of any meetings, courses, or travel, residents may request funding from appropriate military sources via their administrative chain of command. Only those meetings, courses, or relevant travel necessary for residents to satisfactorily complete the program will be considered.

(8) Residents assigned to the Clinic under the program are under orders issued by the U.S. Navy, remain employees of the United States and perform duties within the course and scope of their federal employment. Consequently, the provision of the Federal Tort Claims Act (title 28, U.S.C. §1346(b), 2671-2680), including its defenses and immunities, will apply to allegations of negligence or wrongful acts or omissions of trainees while acting within the scope

Subj: MEMORANDUM OF UNDERSTANDING

(2) No protected health care information is anticipated to be exchanged between NMOTC and the Clinic. Trainees will not use or disclose information outside of the Clinic. It is understood that the trainees are considered members of the Clinic's workforce pursuant to the terms of this agreement and do not meet the definition of business associates under the Health Insurance Portability and Accountability Act; therefore, no business associate agreement between the Parties is necessary.

6. Personnel. Each party is responsible for all costs of its personnel, including pay and benefits, support, and travel. Each party is responsible for supervision and management of its personnel.

7. POCs. The following POCs will be used by the Parties to communicate matters concerning this MOU. Each party may change its POC upon reasonable notice to the other party.

For NMOTC —

Administrative Modifications:

Mr. Michael Walter, (850) 452-8125, michael.l.walter.civ@health.mil

Technical Inquiries:

NAMI Program Director

Capt. Jonathan N. Elliot, (850) 452-2258, Jonathan.n.elliott.mil@health.mil

Legal:

NMOTC Legal Officer, (850) 452-4554,

usn.pensacola.navmedoptracmd.list.nmotc-legal@health.mil

For the Clinic— Administrative Modifications:

Dr. Paul McLeod, CMO, (850)-572-8915, paul.mcleod@med.fsu.edu

Technical Inquires:

Bonnie Rieland, APRN, Site Director (850)-479-4456, brieland@healthandhopeclinic.org

Legal:

Bonnie Rieland, APRN, Site Director (850)-479-4456, brieland@healthandhopeclinic.org

8. Correspondence. All correspondence to be sent and notices to be given pursuant to this MOU will be addressed,

if to NMOTC, to—

NMOTC Det NAMI

340 Hulse Rd.

Pensacola, FL, 32508

and, if to the Clinic, to—

Executive Director Health and Hope Clinic

1718 East Olive Road

Pensacola, Florida 32514

Subj: MEMORANDUM OF UNDERSTANDING

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APPROVED:

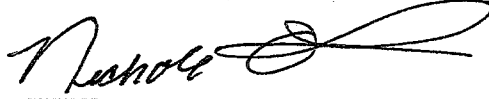
FOR THE CLINIC



Signature
Sally Bergosh, Executive Director

10/1/2025
(Date)

FOR NMOTC/NAMI



Signature
CAPT Nichole Olson, Commanding Officer

10/22/2025
(Date)

Good morning, Team,

Please accept this email as confirmation that the Memorandum of Understanding (MOU) regarding our resident exchange program is now fully executed. I am very pleased to have reached this agreement and am excited to see this new partnership grow and benefit both our organizations.

I will coordinate with Dr. Elliot and your team to establish a timeline and process for sending our residents. Please do not hesitate to reach out if you have any questions or require further clarification.

V/R

Michael Walter
GME Coordinator
340 Hulse Rd
Pensacola, FL 32508
(850) 452-8125 (Office)
(850) 291-2945 (Cell)

<https://health.mil/gme/nmotc>

Sally,

I am grateful for the partnership. Your team is outstanding. It is the ideal environment for training the next generation of physicians. It is also good for the residents to feel a that they are contributing to something bigger than themselves. As a volunteer, I can attest to the fulfilment of providing high quality healthcare with no other agenda other than meeting the needs of the patient where they are. I am blessed that Bonnie brought me onboard.

I will send this up to our boss. She has already seen it. So, I don't foresee any delay. I have cc'd our program coordinator and our assistant program director for awareness.

Very Respectfully,
Jon

Jonathan N Elliot MD MPH FAAFP
CAPT MC USN
Family and Aerospace Medicine
Residency in Aerospace Medicine Program Director
Naval Aerospace Medical Institute

AFFILIATION AGREEMENT

THIS AGREEMENT, made and entered into, by and between the acting for and on behalf of the Florida State University Board of Trustees, a public body corporate of the State of Florida, on behalf of the FLORIDA STATE UNIVERSITY COLLEGE OF NURSING, at Tallahassee, Florida, hereinafter referred to as the "UNIVERSITY" and HEALTH AND HOPE CLINIC hereinafter referred to as the "CLINICAL AGENCY."

WITNESSETH

WHEREAS, the UNIVERSITY, through the College of Nursing, educates students in the profession of nursing and utilizes community facilities to provide clinical experience for such students; and

WHEREAS, the CLINICAL AGENCY has available facilities necessary for providing clinical experience for students of nursing;

NOW, THEREFORE, the UNIVERSITY and the CLINICAL AGENCY in consideration of the mutual benefits to be attained by both, do hereby covenant and agree each with the other to participate in a cooperative program of instruction in clinical experience for nursing students of the College of Nursing at the UNIVERSITY as follows:

1. The UNIVERSITY College of Nursing will provide and the CLINICAL AGENCY will accept nursing students from the UNIVERSITY College of Nursing, provided such students are available to participate and receive instruction in clinical nursing experience within the framework of the UNIVERSITY College of Nursing curriculum for such students. This is intended to include students enrolled in the Bachelor of Science in Nursing (BSN), the Doctor of Nursing Practice (DNP) and Psychiatric/Mental Health Nurse Practitioner Certificate (PMHNP). The number of nursing students and the dates they are to be received under the provisions of this paragraph shall be agreed upon by the UNIVERSITY College of Nursing and the CLINICAL AGENCY.

2. The UNIVERSITY College of Nursing agrees to provide one or more faculty members to be responsible for instruction and evaluation of the nursing students participating in the clinical nursing program. Said faculty member(s) will have the responsibility of selecting, planning, and supervising the work of students, so long as responsibility of selecting, planning and supervision is accomplished in accordance and consistent with the policies and programs of the CLINICAL AGENCY. A copy of such policies and programs shall be provided to the UNIVERSITY prior to execution of this Agreement. Furthermore, the parties hereto agree to the type and extent of duties, responsibilities, and authority for UNIVERSITY College of Nursing faculty member(s) exercising supervisory functions over nursing students in the clinical nursing program.

3. The CLINICAL AGENCY agrees to provide appropriate administrative personnel to cooperate with and provide assistance to the faculty of the UNIVERSITY College of Nursing in selecting patients and planning for the clinical nursing experience. The CLINICAL AGENCY agrees to provide facilities satisfactory to the faculty of the UNIVERSITY College of Nursing, wherein the clinical nursing experience can be conducted. The extent of such facilities shall be decided upon by mutual agreement between the UNIVERSITY College of Nursing and the CLINICAL AGENCY.

4. Both parties hereto mutually agree, and it is hereby understood, that the UNIVERSITY is a governmental entity of the State of Florida, and its liability for tort claims is governed by section 768.28, Florida Statutes. UNIVERSITY is self-insured under the State Risk Management Trust Fund up to the liability limits prescribed in section 768.28, Florida Statutes. Students of the UNIVERSITY College of Nursing, while participating in a pre-approved course of study or training program and when not subject to the immunity as described in section 768.28, Florida Statutes, are provided professional and patient general liability protection for total claims or judgments arising out of the same incident or occurrence up to a liability limit of one million dollars (\$1,000,000) with an annual aggregate of three million dollars (\$3,000,000), with such protection being provided by the Florida State University College of Medicine Self-Insurance Program (FSUSIP). See Attachment A for a description of the protections afforded by the Self-Insurance Program.

Nothing in this Agreement is intended to be construed or interpreted as (1) denying either UNIVERSITY or CLINICAL AGENCY any remedy or defense available to it under state laws; (2) the consent of the State of Florida or any of its agents and agencies to be sued; or (3) a waiver of sovereign immunity of the State of Florida or UNIVERSITY beyond any waiver explicitly stated in state statutes.

5. The CLINICAL AGENCY agrees to provide care and treatment as is reasonably available at the CLINICAL AGENCY to all UNIVERSITY College of Nursing students participating in the clinical nursing program in the event an emergency situation arises during the hours said students are engaged in clinical nursing at the CLINICAL AGENCY facility. The student will assume responsibility of costs for such care.

6. All UNIVERSITY College of Nursing students participating in the clinical nursing program are to be notified by the UNIVERSITY College of Nursing that they are responsible for their own health care, and the CLINICAL AGENCY is in no way responsible or liable for said students health care except in emergency situations as set forth in paragraph (5) above.

7. The UNIVERSITY College of Nursing agrees to require students to satisfactorily complete a physical examination and necessary immunizations prior to beginning the clinical rotation experience.

8. The UNIVERSITY College of Nursing agrees to require students to complete necessary paperwork for background check prior to beginning the clinical rotation experience to include reviews of County of Residence Criminal Record, Nationwide Sexual Offender Registry, Social Security Verification, Nationwide Healthcare Fraud and Abuse, and U.S. Patriot Act.

9. The UNIVERSITY College of Nursing may at any time withdraw a student whose progress, conduct or work does not meet the standards of the UNIVERSITY College of Nursing required for continuation in the program. Final academic action regarding the student is the responsibility of the faculty of the UNIVERSITY College of Nursing.

10. The UNIVERSITY College of Nursing shall instruct all students and faculty members assigned to the CLINICAL AGENCY regarding the confidentiality of records and patient/client data imparted during the clinical educational experience, especially regarding the requirements of the Health Insurance Portability and Accountability Act (HIPAA). The UNIVERSITY agrees to take appropriate disciplinary action against any student or faculty member who violates the CLINICAL AGENCY's confidentiality requirements.

11. The UNIVERSITY College of Nursing shall instruct or otherwise provide training materials necessary for all students assigned to the CLINICAL AGENCY regarding standard precautions and bloodborne pathogens.

12. The UNIVERSITY College of Nursing agrees to provide the CLINICAL AGENCY with names of students, the location to which they are assigned, and the activities in which the students will engage.

13. All UNIVERSITY College of Nursing students participating in the clinical nursing program understand that CLINICAL AGENCY is a drug free and tobacco free facility, and are expected to adhere to all policies regarding drug and tobacco use set by the CLINICAL AGENCY during their clinical rotation experience.

15. The CLINICAL AGENCY agrees that to the extent that the CLINICAL AGENCY maintains records regarding the student's CLINICAL experience, that it shall not release, except to the UNIVERSITY or its agents or employees, such personal information contained therein, without the written consent of the student provided in section 1002.22, Florida Statutes, and the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g.

16. The UNIVERSITY shall provide each student assigned to the CLINICAL AGENCY from the UNIVERSITY College of Nursing with a complete copy of this Agreement, upon request.

17. Term: Unless earlier terminated, this agreement shall be for a term of two (2) years beginning on the effective date ("Initial Term"). Following the

conclusion of the Initial Term, this Agreement shall automatically renew for successive one (1) year terms, not to exceed two (2) additional years in total. Each Party may terminate the Agreement by giving not less than 30 calendar days written notice to the other party of intention to terminate, with or without cause. However, any termination of this Agreement shall not affect the student(s) currently enrolled in a clinical rotation experience, and every reasonable effort must be made to allow all affected students to finish their clinical rotation experience.

18. This Agreement contains the entire Agreement between the Parties and for all purposes shall be deemed to have been executed under and subject to and construed in accordance with the laws and statutes of the State of Florida.

19. The UNIVERSITY and CLINICAL AGENCY are independent contractors, and nothing contained herein shall be deemed to constitute either UNIVERSITY or CLINICAL AGENCY as agent for the other.

20. This Agreement may not be assigned by either UNIVERSITY or CLINICAL AGENCY.

21. In accordance with §288.860, Florida Statutes, UNIVERSITY may not participate in an agreement with any foreign principal organized under the laws of, or having its principal place of business in, a foreign country of concern as defined by §288.860(1), Florida Statutes, as may be amended from time to time, or a subsidiary thereof. CLINICAL AGENCY affirms and represents that it is not a foreign principal of a country of foreign concern, and in the event of any assignment to such foreign principal, the Agreement shall be subject to immediate termination by UNIVERSITY.

22. If any clause or paragraph of this Agreement shall be held invalid, such invalidity shall not affect the remainder of this Agreement.

23. Each party to this Agreement will be responsible for claims, losses, liabilities, damages, and expenses arising out of each party's own negligent performance or non-performance by its agents and employees, acting within the scope of their agency or employment, of its respective tasks, duties, and obligations contained within this Agreement, and neither party will be responsible for claims, losses, liabilities, damages, and expenses arising out of the other party's negligent performance or non-performance by its agents and employees, acting within the scope of their agency or employment, of its respective tasks, duties, and obligations contained within this Agreement. In the event of litigation between the parties arising from any provision of this Agreement, each party shall bear its own costs, including reasonable attorney's fees. This recognition by the parties hereto is intended to be consistent with the State of Florida's waiver of sovereign immunity pursuant to section 768.28, Florida Statutes, and it does not alter said waiver nor extend the liability of either party beyond the limits established in section 768.28, Florida Statutes.

24. Each party to this Agreement shall prohibit the use of logos or marks associated with the other party without the express written consent of the other party.

25. This Agreement shall take effect on the 12th day May, 2025

26. All Notices, Reports, Letters, etc. to the UNIVERSITY shall be mailed or otherwise delivered to:

Dr. Jing Wang, Dean
The Florida State University
College of Nursing
98 Varsity Way
PO Box 3064310
Tallahassee, FL 32306-4310

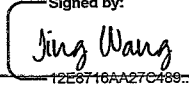
27. All Notices, Reports, Letters, etc. to the CLINICAL AGENCY shall be mailed or otherwise delivered to:

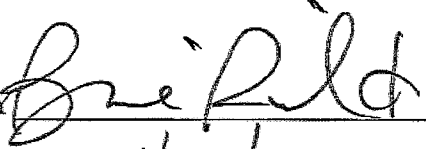
1718 E. Olive Rd
Pensacola, FL 32514

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be executed in their behalf, by their duly-authorized agents, on the day, month, and year written below.

FLORIDA STATE UNIVERSITY, FOR
and on behalf of the FLORIDA STATE
UNIVERSITY BOARD OF TRUSTEES

CLINICAL AGENCY

BY 
DATE: 5/13/2025 | 10:54 AM EDT

BY 
DATE: 4/24/25
Bonnie Rieland APRN FNP C

HUMAN TRAFFICKING DECLARATION

I declare, under penalty of perjury, that (1) I am a duly authorized officer or representative of CLINICAL AGENCY, and (2) CLINICAL AGENCY does not use coercion for labor or services as defined in Section 787.06, Florida Statutes.

Under penalty of perjury, I declare that I have read the foregoing Declaration and that the facts stated in it are true.

ON BEHALF OF CLINICAL AGENCY:

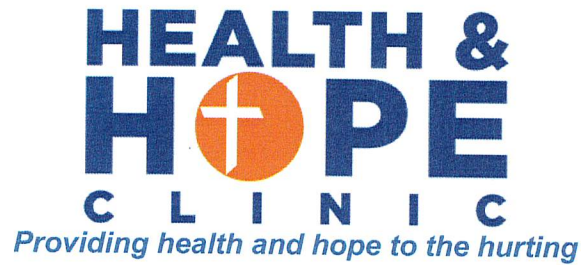
SIGNATURE:

NAME:

TITLE:

DATE:

Bonnie Rieland
Bonnie Rieland
Chief Clinical Officer
9/24/25



June 15, 2026

U.S. Department of Housing and Urban Development

Re: Letter of Support for Opening Doors Northwest Florida, Lead Agency for Continuum of Care FL-511-FY 2026 Continuum of Care Notice of Funding Opportunity

To Whom it may Concern,

On behalf of Health & Hope Clinic, I am pleased to provide this letter of strong support for Opening Doors Northwest Florida in its role as the Lead Agency for Continuum of Care FL-511 and its application for funding under the U.S. Department of Housing and Urban Development's Fiscal Year 2026 Continuum of Care (CoC) Notice of Funding Opportunity (NOFO).

Health & Hope Clinic is a faith-based healthcare ministry dedicated to providing compassionate, high-quality medical care to uninsured and underinsured individuals throughout Escambia and Santa Rosa Counties. We believe that access to healthcare is essential to restoring hope, promoting dignity, and improving quality of life for individuals facing significant economic hardship. Many of the patients we serve are also experiencing housing instability or homelessness, making strong partnerships with housing providers and community organizations essential.

Opening Doors Northwest Florida has demonstrated exceptional leadership in creating a coordinated regional response to homelessness that integrates healthcare, behavioral health, housing, and supportive services. As the Lead Agency for FL-511, Opening Doors has strengthened collaboration among healthcare providers, hospitals, behavioral health organizations, housing providers, faith-based organizations, local governments, educational institutions, veteran service organizations, and nonprofit agencies to improve outcomes for individuals and families experiencing homelessness.

Health & Hope Clinic values our partnership with Opening Doors and appreciates the Organization's commitment to ensuring that individuals experiencing homelessness have access to healthcare as they work toward permanent housing. Through coordinated referrals and collaboration, patients who are experiencing homelessness or housing instability can be connected to Street Outreach, Coordinated Entry, emergency shelter, housing navigation, behavioral health services, and permanent housing resources available through the FL-511 Continuum of Care.

Likewise, Opening Doors refers individuals experiencing homelessness to Health & Hope Clinic for primary medical care, management of chronic health conditions, preventive services, prescription assistance, and ongoing healthcare support. This coordination improves overall health outcomes while reducing barriers that often interfere with obtaining and maintaining stable housing.

We particularly appreciate Opening Doors' leadership in:

- Strengthening partnerships between healthcare providers, faith-based organizations, and the regional homeless response system.
- Promoting person-centered, compassionate care that recognizes the relationship between health and housing stability.
- Coordinating referrals among healthcare providers, behavioral health agencies, Street Outreach teams, and housing programs.
- Supporting collaborative planning that improves access to comprehensive healthcare and permanent housing resources.
- Building a Continuum of Care that brings together organizations from across the public, private, nonprofit, and faith communities to serve our most vulnerable neighbors.

As a faith-based organization, Health & Hope Clinic shares Opening Doors' commitment to serving every individual with compassion, dignity, and respect. Together, we are helping individuals move beyond crisis by addressing both their immediate healthcare needs and the long-term housing challenges that affect overall health and well-being.

The FY 2026 HUD Continuum of Care NOFO emphasizes strengthening partnerships with mainstream systems, improving access to permanent housing, reducing unsheltered homelessness, and fostering coordinated community responses. Health & Hope Clinic believes Opening Doors Northwest Florida has demonstrated outstanding leadership in advancing these priorities while creating a collaborative system that improves both housing and health outcomes.

We look forward to continuing our partnership with Opening Doors Northwest Florida and the many organizations that comprise the FL-511 Continuum of Care as we work together to improve health, housing stability, and quality of life throughout Escambia and Santa Rosa Counties.

It is without reservation that Health & Hope Clinic supports Opening Doors Northwest Florida's FY 2026 Continuum of Care funding application and respectfully encourages the U.S. Department of Housing and Urban Development to give favorable consideration to its request. Thank you for your consideration.

Sincerely,



Sally Bergosh, Executive Director



February 14, 2025

To Whom it May Concern,

On behalf of Health and Hope Clinic, I am writing this letter of support for Together We Weather, Inc. and their initiative, the 4th Annual Pensacola Happy Hour (PHH). As a dedicated partner in promoting health equity in the underserved communities of Northwest Florida, we are proud to endorse this exceptional event and its mission.

At Health and Hope, our mission is to provide health and hope to the hurting and underserved. Through collaboration with local organizations such as Together We Weather, Inc., we strive to improve the overall quality of life by fostering health education, financial literacy, and community building. This alignment of goals makes the Pensacola Happy Hour an invaluable platform for us to engage with the community, address vital health needs, and promote well-being.

The 4th Annual Pensacola Happy Hour provides an important opportunity to reach individuals and families in the area with essential services that align with our values. The event's emphasis on mental health awareness, HIV/AIDS testing, blood pressure checks, financial literacy education, voter education, and more reflects our shared commitment to supporting the holistic well-being of underserved communities. By offering these vital resources in a fun, inclusive, and engaging environment, PHH fosters a sense of unity and empowerment that is necessary for long-term community development.

Thank you for your continued dedication to uplifting and educating our community. If you have any questions or require additional information, please do not hesitate to reach out.

Respectfully,

Sally Bergosh, Executive Director

P: 850-479-4456 C: 850-748-4456 F: 850-473-6808

sbergosh@healthandhopeclinic.org



September 10, 2026

Escambia County Opioid Abatement Funding Committee
221 Palafox Place, 4th Floor
Pensacola, FL 32502

RE: Letter of Support for Health & Hope Clinic

To the Selection Committee,

The opioid epidemic continues to have a profound impact on our community, straining families, healthcare systems, and public resources. Our community of non-profits have come together to fight this epidemic and provide care, regardless of an individual's ability to pay for that care. Financial resources for the care of the uninsured are inadequate and this collaboration of community partners is key to the health of our community.

Lakeview Center is committed to partnering with Health & Hope Clinic to ensure that those struggling with opioid use disorder receive the care and support they need. Through this partnership we support their referrals for psychiatric services and SUD patients.

Lakeview Center is proud to support Health & Hope Clinic in their efforts and to provide this letter of support.

Respectfully,

M. Allison Hill, CEO

LIBERTY UNIVERSITY, INC.
CLINICAL/OCCUPATIONAL AFFILIATION AGREEMENT
(UNDERGRADUATE & GRADUATE PROGRAM)

THIS AGREEMENT ("Agreement") made this 18th day of August, 2026 (the "Effective Date"), by and between LIBERTY UNIVERSITY, INC. ("Liberty") and Health and Hope Clinic ("Affiliate"), on behalf of itself and its affiliates and subsidiaries, if any;

RECITALS:

WHEREAS, Liberty, as part of its formal, educational course of studies may require clinical/occupational experiences of students, and desires to assign certain of its students to one or more of Affiliate's facilities to obtain such clinical/occupational experience; and

WHEREAS, Affiliate, in service to the community and to promote high standards of preparation and training for students, is willing to provide the necessary facilities for clinical/occupational experiences;

NOW, THEREFORE, in consideration of the foregoing premises and mutual covenants and promises contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

1.0 Definitions.

1.1 "Liaison" shall mean the individual appointed by or designated by Affiliate to administer the provisions of this Agreement.

1.2 "Clinical/Occupational Experience" shall mean a structured learning experience at an Affiliate facility in which a Student provides care to patients/clients under the guidance of a Faculty Member or Preceptor and/or participates in observational and/or other educational activities appropriate to the Student's level of preparation.

1.3 "Director" shall mean the Liberty's Director of the Program in which the Student is participating.

1.4 "Faculty Member" shall mean the member of Liberty's academic faculty or Departmental Representative who has direct oversight of the Student in the Program and who has been assigned by Liberty to administer the provisions of this Agreement.

2.6 Retain responsibility for education of Students in the Program and for the design, delivery, quality and curriculum of the Program.

2.7 Maintain all educational records and reports relating to the Clinical/Occupational Experience of the Students.

2.8 Maintain for all undergraduate and graduate students professional liability coverage with a minimum of i) combined single limit of One Million Dollars (\$1,000,000.00) or an annual aggregate liability limit of Three Million Dollars (\$3,000,000.00) or ii) coverage sufficient to meet the requirements of Affiliate.

2.9 Have the Faculty Member periodically consult with the Liaison regarding Student progress and other issues related to administration of this Agreement.

3.0 Obligations of Affiliate. Affiliate shall:

3.1 Provide facilities suitable for fulfillment of the course objectives for the Clinical/Occupational Experience, as mutually agreed upon by the parties.

3.2 Determine, upon mutual consideration and agreement, the maximum number of Students to be assigned to the Facility for each Clinical/Occupational Experience and the schedule for each Clinical/Occupational Experience.

3.3 Where applicable, select patients for Student assignments required by the Clinical/Occupational Experience. The Facility may, at its discretion and at any time, make changes in the selection of patients for Student assignments.

3.4 Within normal limits imposed by the institutional setting and space constraints of the Facility, conference rooms, lockers and storage space for the Clinical/Occupational Experience as appropriate.

3.5 Permit Students to use cafeteria facilities at their own expense, if available to Affiliate employees.

3.6 Where available, permit Students to utilize parking spaces. If parking at an Affiliate Facility charges employees for the use of such parking spaces, Students shall be responsible for the payment of such parking fees.

3.7 Where available, permit Students to use the library and research materials for research and study, if available.

3.8 Orient Students to the Facility and provide information regarding the Facility's rules, regulations, policies and procedures.

3.9 Arrange for the Preceptor and provide to the Faculty Member the name and telephone number of the Preceptor. Affiliate shall cause the Preceptor to:

8.0 Independent Contractors/No Agency. In the performance of duties and obligations hereunder, no Faculty, Student, employee, or agent of Liberty shall, for any purpose, be deemed to be an agent, servant or employee of Affiliate. No employee or agent of Affiliate shall be authorized to act for or on behalf of the Liberty. Nothing in this Agreement is intended nor shall be construed to create any employer/employee relationship, a joint venture relationship, or to allow the parties to exercise control over one another or over the manner in which their employees or agents perform the services which are the subject of this Agreement.

9.0 Assignment. This Agreement shall not be assigned or subcontracted, whether individually or by operation of law, by either party hereto.

10.0 Term. The initial term of this Agreement shall be for one (1) year from the Effective Date and thereafter shall automatically renew for successive one (1) year periods.

11.0 Termination.

11.1 This Agreement shall run for the Term unless earlier terminated as provided herein.

11.2 This Agreement may be terminated at any time upon written mutual consent of the parties hereto.

11.3 This Agreement may be terminated by either party at any time without cause by giving prior written notice of not less than sixty (60) days.

11.4 This Agreement shall terminate based on a material breach of this Agreement by either party, provided that the breaching party fails to cure the breach within thirty (30) days of the date of a written notice of the breach. If such breach is not cured within thirty (30) days of the notice, the date of termination shall be the thirtieth (30th) day following the date of the notice.

12.0 Confidentiality.

12.1 Liberty, its Faculty, Students, employees and agents shall not at any time during or after the Term of this Agreement, without the prior written consent of Affiliate, either directly or indirectly divulge, disclose or communicate in any manner whatsoever to any person not employed or affiliated with Affiliate: (a) any confidential information, including, but not limited to, patient information and information regarding quality assurance, risk management and peer review activities; and (b) any information concerning any matters affecting or relating to the business or operations or future plans of the Affiliate, including, but not limited to, Facility or Affiliate policies, procedures, rules, regulations, and protocols.

12.2 The parties agree that the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and regulations promulgated thereunder, including the Privacy Rule (Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. part 160 and part 164, subparts A and E), require certain protection of Protected Health Information

17.0 Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument.

18.0 Headings. Headings used in this Agreement are solely for the convenience of the parties and shall be given no effect in the construction or interpretation of this Agreement.

19.0 Waiver. No waiver of any breach of this Agreement shall constitute or be deemed a waiver of any other or subsequent breach. All remedies afforded in this Agreement shall be taken and construed as cumulative to every other remedy provided hereby or at law.

20.0 No Third Party Beneficiaries. This Agreement is not intended to and shall not confer upon any other person or business entity, other than the parties hereto, any rights or remedies with respect to the subject matter of this Agreement.

21.0 Indemnification. The parties shall indemnify, defend and hold harmless each other and each other's respective officers, employees and agents from and against any and all actions, liabilities, claims, damages, suits, liens, judgments, attorneys' fees and costs arising out of or resulting from the negligent and/or unlawful acts or omissions of the indemnifying party or the indemnifying party's officers, employees, agents or subcontractors occurring during or in connection with performance under or regarding this Agreement. The parties' obligation to indemnify each other and each other's respective officers, employees and agents shall survive the expiration or termination of this Agreement for any reason.

IN WITNESS WHEREOF, and in agreement hereto, Liberty and Affiliate have caused this Agreement to be executed by their authorized representatives.

LIBERTY UNIVERSITY, INC.

AFFILIATE: Health and Hope Clinic

By: Hunter Targosh

By: Sally Bergosh

Name: Hunter Targosh

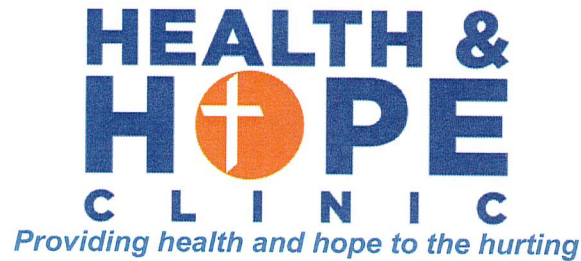
Name: Sally Bergosh

Title: Contracts Specialist

Title: Executive Director

Date: 8/20/26

Date: 8/18/26



September 1, 2026

Courtney Stanford, COO
NWF Health Network
910 Harrison Avenue
Panama City, Florida 32301

RE: Letter of Support – NWF Health Network Responsible Fatherhood Initiative
DCF RFA 2526-076

Dear Mrs. Stanford,

On behalf of Health and Hope Clinic, we are pleased to support NWF Health Network's application for the Florida Department of Children and Families (DCF) Responsible Fatherhood Initiative Direct Services Grant.

We recognize that engaged and responsible fathers contribute to strong families and healthy communities. We support NWF Health Network's efforts to provide fathers with services that address their comprehensive needs, strengthen parenting capacity, increase father engagement, promote family stability, and support economic self-sufficiency.

Our faith community is committed to partnering with NWF Health Network to help reach, engage, and connect fathers and families to appropriate services and resources. We are willing to support the initiative through community outreach, referrals, resource connections, and other collaborative efforts within our capacity.

We believe collaboration between NWF Health Network and faith-based organizations can help reach fathers who may be disconnected from traditional services, including fathers experiencing challenges related to incarceration, reentry, employment, relationships, or maintaining meaningful connections with their children.

We are proud to support NWF Health Network's application for DCF Responsible Fatherhood Initiative funding and look forward to being a community partner in this important work.

Thank you for your consideration.

Sincerely,



Sally Bergosh
Executive Director
Health and Hope Clinic

**NWF HEALTH NETWORK
STANDARD CONTRACT
GRANT #G0031**

The grant to **Health and Hope Clinic, Inc.**, hereinafter referred to as "Grantee" from Big Bend Community Based Care, Inc. d/b/a **NWF Health Network** (NWFHN) hereinafter referred to as "Grantor" is for the explicit purposes described in Grantee's request and subject to Grantee's acceptance of the terms described herein.

WHEREAS, NWFHN entered into a contract (the "DCF Contract"), with the Florida Department of Children and Families (the "Department"), pursuant to which NWFHN shall provide the administration, management, support and oversight of Department funded behavioral health services (substance abuse and mental health) within the meaning of subsection 287.057(3)(e)5, F.S., pursuant as the Managing Entity for community based behavioral health services in the Northwest Region of Florida including Escambia, Santa Rosa, Okaloosa, Walton, Franklin, Gadsden, Jefferson, Leon, Liberty, Wakulla, Bay, Calhoun, Gulf, Holmes, Jackson, Madison, Taylor and Washington Counties; and

WHEREAS, NWFHN desires to retain Provider to provide services in connection with NWFHN's performance under the DCF Contract, a copy of the DCF Contract is available at <https://www.myflfamilies.com/services/samh/providers/managing-entities/managing-entities-fy24-25-templates>.

NOW, THEREFORE, in consideration of the mutual covenants and promises of the parties, the parties agree as follows:

Grant Purpose: This grant is for the exclusive purpose of supporting Grantor's published purpose, requirements, and overall objective and aims of original grant solicitation and award.

Grant Term: This Agreement shall begin on **January 1, 2025**, and end on **June 30, 2025**. The Grantor may terminate the Agreement if the Grantee fails to meet the terms and conditions outlined herein, including failure to submit required reports, improper use of funds, or non-compliance with legal requirements.

Expenditure of Grant Funds: The funds provided may be spent only in accordance with the provisions of Grantee's funding request and budget as approved. The program and budget are not subject to modification without specific amendment agreed to by both parties. Questions that may arise about the program's responsibilities, goals, expected results, and work plan are resolved by reference to these documents and original grant solicitation. Grantor reserves the right to exercise oversight, in whatever manner it deems suitable with respect to Grantee's use of these funds.

Grantee shall not engage in any activity on behalf of Grantor that jeopardized Grantor's status as a nonprofit charity qualified to receive tax-deductible contributions under section 501(c)(3) of the Code. Without limiting the generality of the preceding sentence, Grantee understands that none of these funds can be used for any political purpose or to support any political party or candidate for public office. To the extent that Grantee regularly engages in any such conduct, such conduct shall be completely separate from the administration of this grant or any program or provision of service related therein. Failure to adhere to these requirements will require the forfeiture of grant funds and render Grantee ineligible for consideration for any future grants by Grantor.

Amount: The total award amount of the grant is **\$25,000.00**. Funds will be disbursed to Grantee in accordance with **Table 1 – Deliverable Schedule**.

Invoice: Grantee shall invoice Grantor in accordance with **Table 1 – Deliverable**. Invoices shall be submitted on the 5th of month following the completion of the deliverable. The final invoice shall be submitted no later than **July 5, 2025**. Invoice shall include supporting documentation and shall be submitted to businessinvoice@nwfhealth.org.

Deliverables to Grantor: Grantee will provide Grantor the following reports and deliverables in accordance with the table below. These reports will supply sufficient information for Grantor to determine that the grant is being used for the purposes intended and for Grantor to fulfill its own public reporting responsibilities. Submission of these reports and deliverables will result in funding disbursements in accordance with **Table 1 – Deliverable Schedule**.

Table 1 – Deliverable Schedule			
Deliverable	Supporting Documentation to Provide with Invoice	Monthly Amount	Total
Full-Time Behavioral Health Manager	Pay stub and timesheet	\$4,166.65 per month (Jan) \$4,166.67 per month (Feb-June)	\$25,000.00

Grantee shall keep records satisfactory to Grantor related to performance of this Agreement. Grantee shall make all books, ledgers, accounts, files, computer records, and personnel involved in performing functions under this contract available to Grantor or its designated representatives, auditors, or legal counsel to determine compliance with the terms of the contract and applicable law.

Reversion of Grant Funds: Grantee will return to Grantor any unexpended funds at the close of the grant period. Funds also shall be promptly returned if Grantor determines that Grantee has not performed in accordance with the Terms of Grant, and approved program and budget.

If this Agreement sets forth Grantee's understanding of the terms of this grant, please indicated agreement to such terms by having the enclosed copy of this letter countersigned by an appropriate officer of the organization and returned to Grantor. It is also understood that by countersigning this letter Grantee confirms that there has been no change in its qualification as an organization exempt from income tax pursuant to section 501(c)(4) of the Code. If any change in classification occurs, Grantee must notify Grantor immediately.

For Grantee:


(Signature of Authorized Representative)

Sally Bergosh
(Print Name)

Executive Director
(Title)

For Grantor:

(Signature of Authorized Representative)

Mike Watkins/Courtney Stanford
(Name)

CEO/COO
(Title)



**PENSACOLA
CHRISTIAN
COLLEGE®**

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August 5, 2026

Ms. Sally Bergosh
Health & Hope Clinic
1718 East Olive Road
Pensacola, FL 32514

Dear Ms. Bergosh:

We would like to get an updated renewal agreement between your agency and Pensacola Christian College for our files. We appreciate your cooperation and the valuable, practical experience our nursing students have received within your facility.

Please review the complete agreement previously signed by your agency. If it remains acceptable, sign one copy of the agreement renewal form. The second copy is for your file.

If you have any questions concerning the contractual agreement, we will be glad to discuss these with you. We continue to be grateful for the support you and your staff have given us in providing clinical learning experiences for our students.

Additionally, once a year, the Nursing Department at Pensacola Christian College likes to verify the contact information we have on file for your agency.

Enclosed you will find the contact information we have on file in addition to the agreement renewal forms. Please make any updates or corrections and return this to me along with your renewal form in the enclosed envelope or email it to kJarrell@pcci.edu.

Thank you for your assistance in this matter. We appreciate your continued partnership.

Sincerely,

Heather Hartkopf, D.N.P., R.N.
Chair, Nursing Department

HH:kj
Enclosures

CONTRACTUAL AGREEMENT RENEWAL

We have reviewed the contractual agreement between Pensacola Christian College, Inc., and our agency, Health & Hope Clinic, Inc., and agree to extend it for the academic year 2026-2027.

8/12/2026
Date

Sally Burgoon
Administrator

STUDENT TRAINING AGREEMENT

THIS STUDENT TRAINING AGREEMENT (this "Agreement") is entered by and between Health and Hope Clinic and Troy University, a public institution of higher learning, School of Social Work and Human Services, located at Troy University, 204F Jones Hall, 327 Veterans Memorial Drive, Troy, AL 36082.

RECITALS:

WHEREAS, University conducts educational programs for social work students (each a "Student" and collectively, the "Students");

WHEREAS, University desires to utilize Health and Hope Clinic located at 1718 E. Olive Rd. Pensacola, FL 32514 to provide clinical educational programs for the education and training of the Students; and

WHEREAS, Health and Hope Clinic desires to permit University to utilize the Facilities for such purposes;

NOW, THEREFORE, in consideration of the foregoing and the mutual covenants set forth below, the parties agree as follows:

1. University Responsibilities. University hereby agrees to:
 - a. Provide adequate faculty for teaching the Students, as faculty members are ultimately responsible for the teaching, supervision, guidance, and evaluation of the Students.
 - b. At the beginning of each clinical experience in which the Students are to be assigned, send to the Facilities a list of names of the Students who may be assigned to the Facilities. This list shall include the name(s) of supervising faculty and the dates and times of the assignments.
 - c. Initiate communication, through appropriate faculty members, with the contact person at the Facilities in order to discuss appropriate learning experiences for the Students. The contact person at the Facilities may delegate this responsibility to other personnel.
 - d. Ensure that the Students have received Hepatitis and TB immunizations along with CPR training and training concerning universal precautions and Blood Borne Pathogens. University shall provide proof of the immunizations and training to Health and Hope Clinic. University shall further ensure that the Students use universal precautions when they are in the treatment area or in any location in which there is a risk of exposure to patient fluids.
 - e. Ensure that each Student and each University faculty member participating in training covered by this Agreement carries and maintains, at all times during the term hereof, professional liability insurance with policy limits in the amounts of two million dollars (\$2,000,000.00) per occurrence and six million dollars (\$6,000,000.00) in the aggregate. University agrees to Health and Hope Clinic a certificate evidencing such coverage for each Student and faculty member participating in

training at Health and Hope Clinic before such Student or faculty member is present at the Facilities.

- f. Not hold Health and Hope Clinic responsible for any injury sustained by any Student, faculty member, employee or agent of University while on or about Health and Hope Clinic premises. University hereby agrees to indemnify and hold Health and Hope Clinic harmless from all claims, damages, liabilities, judgments, including reasonable attorneys' fees, which may Health and Hope Clinic incur in connection with any injury sustained by any Student, faculty member, employee or agent of University while on Health and Hope Clinic premises. This provision will survive the expiration or earlier termination of this Agreement.
- g. Meet at appropriate times to evaluate clinical experiences of the Students and to review contractual agreements.
- h. Ensure that the Students understand that they are not entitled to wages for their activities during the period of affiliation with Health and Hope Clinic and are not agents, employees, or representatives of Health and Hope Clinic and will not hold themselves out as agents of Health and Hope Clinic at any time while they are assigned to train at the Facilities.
- i. Ensure that the Students will only observe the treatment provided by Health and Hope Clinic staff and will not provide direct patient care.
- j. Ensure that the time spent by any particular Student training at the Facilities shall not exceed four hundred (400) hours per year for the Bachelor of Social Work program and Foundation Master of Social Work program or five hundred and ten (510) hours per year for the Master of Social Work specialization program.
- k. Ensure Students undergo and successfully complete any training, clinical testing or other checks, including but not limited to criminal background checks and drug screenings, as may be reasonably required by Health and Hope Clinic as a condition of beginning or continuing training at the Facilities. The parties agree that failure of, or refusal by, a Student of any such measures shall serve to immediately prohibit such Student's participation from training at the Facilities. Any testing or other checks performed by Health and Hope Clinic shall be charged at cost to University.

2. **Placement Responsibilities.** Health and Hope Clinic hereby agrees to:

- a. Provide the use of such clinical facilities as are needed to provide a learning experience for the Students, provided such facilities are mutually agreed upon by Health and Hope Clinic administrative personnel and University's administrative personnel and faculty.
- b. When and where possible, provide for the use of conference rooms, teaching and instructional areas, library facilities and resources, and locker, dressing room and parking space.
- c. Assist University faculty and students with the interpretation and implementation of policies and procedures of Health and Hope Clinic.

3. **Term and Termination.** The term of this Agreement shall be one (1) year from the date of last signing by the parties hereto and shall be automatically renewed for successive one (1) year periods unless terminated

by either party in accordance with the terms hereof. Either party may terminate this Agreement at any time and for any reason by providing thirty days (30) written notice to the other party.

4. **Withdrawal of Students.** Health and Hope Clinic may immediately withdraw a Student from training at Health and Hope Clinic facilities for failure to follow Health and Hope Clinic administrative procedures or if, in the sole discretion of Health and Hope Clinic, the actions of the Student threaten patient safety or well-being or are disruptive to the Facility.
5. **Compliance with HIPAA.**
 - a. The parties recognize that Health and Hope Clinic information concerning its patients is confidential and both Health and Hope Clinic and University are under an obligation to maintain the confidentiality of such patient information in accordance with Federal and state law. Notwithstanding the foregoing, University specifically covenants and agrees that, for the purposes of this Agreement, it shall not access, use or disclose any Protected Health Information of Health and Hope Clinic other than as permitted under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its implementing regulations. As used in this Agreement, "Protected Health Information" means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual, and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and as further described under 45 C.F.R. § 160.103.
 - b. University shall notify the Students of their obligation to comply with Health and Hope Clinic policies and procedures governing the confidentiality of medical records and the use and disclosure of Protected Health Information. Solely for the purpose of defining the Students' duties and obligations regarding use and disclosure of Health and Hope Clinic Protected Health Information, the Students shall be considered members of Health and Hope Clinic "workforce", as that term is defined under 45 C.F.R. § 163.103, when engaged in activities pursuant to this Agreement. However, the Students are not, and shall not for any other purpose be considered, employees or agents of Health and Hope Clinic. University further agrees that prior to receiving training at Health and Hope Clinic, each Student shall be required to sign the Student Confidentiality Agreement and Release/Waiver attached hereto as Exhibit A and incorporated herein by reference.
 - c. The parties acknowledge that Federal and state laws relating to the privacy and security of patient information are evolving rapidly and that changes to this Agreement may be required to ensure compliance with such developments. The parties specifically agree to take such actions as may be necessary to implement the standards and requirements of HIPAA and other Federal and state laws relating to the security or confidentiality of patient information.
6. **Non-Exclusion.** University represents and warrants to Health and Hope Clinic that neither University nor any of its employees, officers, directors, managers, agents, students, owners or affiliates (within the meaning of such term as set forth in Rule 501 of Regulation D under the Federal Securities Act of 1933) (collectively, "Affiliates") (a) is or has been excluded from participation in any federal health care program, as defined under 42 U.S.C. §1320a- 7b(f), for the provision of items or services for which payment may be made under such federal health care programs; or (b) has arranged or contracted (by

employment or otherwise) with any employee, contractor or agent that such party or its Affiliates knows or should know is excluded from participation in any federal health care program to provide items or services hereunder. University represents and warrants that it will affirmatively and currently screen each student participating in training at Facilities for exclusion from participation in federal healthcare programs through, at a minimum, the exclusion lists maintained by the Office of the Inspector General (OIG) and Government Service Administration (GSA). University will immediately inform Facilities if it discovers that any student has been excluded from participation in federal healthcare programs as contemplated within this Section 6. University will indemnify and hold Facilities harmless from any liability, including reasonable attorney fees and expenses, arising from University's breach of this Section.

7. Counterparts. The parties hereto stipulate and agree that this Amendment may be executed in two or more counterparts, including by facsimile or electronic (e.g., PDF) signature, each of which will be deemed an original and all of which together shall constitute one and the same instrument.

[Signature Page Follows]

IN WITNESS WHEREOF, the parties hereto have executed this Agreement to be effective as of the date of the last signature set forth below.

Health and Hope Clinic

TROY UNIVERSITY

By:


Sally Bergosh

By:

Dr. Jack Hawkins, Jr.

Name: Sally Bergosh

Name: Dr. Jack Hawkins, Jr.

Title: Executive Director

Title: Chancellor

Date: 12/4/2025

Date: _____

Funded Agency Memorandum of Agreement

BETWEEN: United Way of West Florida

(Herein called UWWF)

AND: HEALTH AND HOPE CLINIC INC

(Herein called the Agency)

AGREEMENT:

Grant funding is being provided to HEALTH AND HOPE CLINIC INC in an annual amount of \$33800 for the Access to Care program. This funding is awarded monthly, beginning July 1, 2025, and ending June 30, 2026. Funding will be contingent upon the availability of funds from UWWF and the Agency's successful operation and achievement of goals.

INTRODUCTION:

The mission of United Way of West Florida is uniting our community and leveraging resources to improve lives.

One of the means by which UWWF achieves its mission is to establish financial resources to meet the needs of the community, including through fundraising.

Underscoring the cooperative nature of the UWWF-Agency relationship is a reciprocal commitment to communicate on matters of mutual concern and to work together to reach solutions that are in the best interest of the community.

SECTION I:

By entering into this agreement, the Agency recognizes the fundamental principles that characterize the UWWF-Agency relationship and agrees to adhere to the policies and procedures summarized in this written agreement.

By signing this agreement, the Agency certifies the following is true and any deficiencies or changes in status will be immediately brought to the attention of UWWF.

The Agency agrees to:

(A) Utilize all UWWF dollars paid to the agency in support of its program operating budget in accordance with the approved investment, as outlined in the Award Letter(s), provided to each Agency
(B) Provide semi-annual progress reports as required by UWWF (due January and July) on the program outputs, outcomes, and data as proposed in the application for program support, through the online portal provided by UWWF.

(C) Make available agency program, project, service, statistical, and financial reports as required by UWWF.

(D) Ensure the organization and applicable program service(s) is/are listed in the 211 Northwest Florida Database and the listing is consistently accurate.

(E) Submit agency paperwork with updates as requested by UWWF.

(F) Advise UWWF immediately of any organizational changes (change in professional leadership, service, program or funding)..

(G) Display an easily visible standard window cling (available from UWWF) on its facilities identifying the agency as a United Way funded agency

(H) Use the United Way logo and/or the words "United Way Funded Agency" on all printed and web-based materials. Use of the United Way logo and the style of lettering should always conform to the standards in current use by UWWF.

(I) Abide by UWWF policies, discouraging self-designations and the promotion of donor designations. When fundraising for the UWWF campaign, Agencies are expected to promote the Community Investment Fund and

not promote self-designations, either in their literature and/or during participation in any speaking engagements on behalf of UWWF.

(J) Hold a Time to Shine visit that is open to UWWF staff and board, Community Investment volunteers, and members of the public if allowable. If your agency does not have the space to host a visit, contact UWWF to arrange for the presentation to be hosted elsewhere.

(K) Include UWWF on the Agency's website and include a text and/or logo hyperlink to the United Way of West Florida's website. Funded Agency Tools are located at <https://www.uwwf.org/funded-agency-tools>

(L) Participate actively in the UWWF fundraising campaign, which includes holding an Employee Campaign, and participating in UWWF's presentations when asked. Agencies are NOT required to raise a certain amount of money through their workplace campaign; however they are required to have a UWWF Staff member or volunteer present about UWWF to their employees. The agency's workplace campaign must be completed by December 31st.

(M) Request, in writing, an extension of the use of unused funds that remain at the end of the grant period. UWWF reserves the right to request the return of any unspent funds that remain after the funding period approved within this Agreement.

(N) Request in writing to UWWF if changes are required in the approved goals, objectives and/or overall program. In this event, UWWF reserves the right to renegotiate, adjust, suspend or cancel its grant to the Agency, and will request further information as to the proposed changes. UWWF will inform the Agency of its decision in a timely manner.

Payment of funds to the Agency is subject to reduction or cancellation, in whole or in part, if the Agency fails to carry on its activities, in whole or in part, as represented at the time of the request for funds. Where the Agency uses or applies funds invested in the Agency by UWWF, or it is anticipated that such funds may be used or applied, for purposes other than those for which such funds were invested, UWWF may renegotiate, adjust, suspend or cancel further payment of funds not already paid to the Agency. Any change in investment would require the approval of the UWWF Board of Directors.

SECTION II:

By entering into this Agreement, UWWF agrees to:

(A) Conduct a comprehensive fundraising campaign within Escambia and Santa Rosa Counties.

(B) Support the Agency's UWWF workplace campaign.

(C) Identify the Agency as a UWWF Funded Agency and to communicate to the public the broad range of services provided by all Funded Agencies.

(D) Remit on a monthly basis, July to June fiscal year, the investment committed to the Agency, subject to the regulations and restrictions laid out in this Agreement.

(E) Provide access to the online portal so that the Agency can provide semi-annual updates on progress.

(F) Notify the Agency of any adjustments of investments that may be necessary in the event of a campaign shortfall, or other financial shortfall.

(G) Make available the UWWF annual report on the UWWF website, including the most recent audited financial statement.

(H) Ensure the Agency is aware of the rationale for the investment decision.

(I) Act as a liaison to provide opportunities for professional development and non-profit training.

(J) Adhere to UWW Membership Standards and comply with all federal, state, local and IRS regulations.

SECTION III:

In the event of a violation by either party of its obligations herein, the other party shall have the right to terminate this agreement upon thirty (30) days written notice. The parties hereby acknowledge UWWF also reserves the right to renegotiate, adjust, suspend or cancel the investment to the Agency in the event of a violation of the obligations of the Agency set out herein; or in the event of a shortfall in UWWF's anticipated revenue or other financial hardship. UWWF also reserves the right to renegotiate, adjust, suspend or cancel the investment if the approved goals, objectives and/or overall program become unachievable, and an alternative

cannot be supported by UWWF.

By signing this agreement, the Agency certifies that to the best of its knowledge, is in compliance with all federal, state, and local governmental regulations pertaining to its operations and is currently eligible to receive tax deductible contributions in accordance with IRS regulations. In the event the Agency determines, or is notified, that it is not in compliance with federal, state, or local governmental regulations, or is no longer eligible to receive tax deductible contributions under IRS guidelines, the Agency will notify UWWF in writing of said non-compliance immediately.

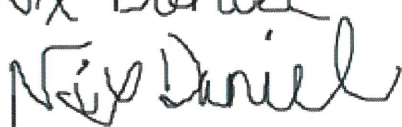
This Funded Agency Agreement, upon its approval by both UWWF and the Agency, shall supersede any previous Funded Agency Agreements executed between UWWF and the Agency.

This Funded Agency Agreement was reviewed and approved by the Agency's Board of Directors, or a representative of the Board, on: 8/1/2025 (month / date / year)

FOR THE FUNDED AGENCY:

Signed on: 8/1/2025 (month / date / year)

By:

Nix Daniel


Signed: 8/1/2025 Chair of Agency Board (print name and provide signature)

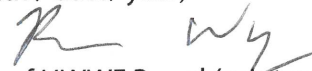
By:



Signed: 8/1/2025 Agency Executive Director/CEO (print name and provide signature)

FOR UNITED WAY OF WEST FLORIDA:

Signed on: 8/25/25
(month / date / year)

By: 
Chair of UWWF Board (print name and provide signature)

By:  
UWWF Chief Executive Officer (print name and provide signature)

**UNIVERSITY OF WEST FLORIDA
AGENCY AFFILIATION AGREEMENT
(Medical)**

This Agency Affiliation Agreement ("Agreement") is made and entered into by and between the University and Agency effective the last date signed below (the "Commencement Date"). The parties agree as follows:

I. Parties:

"University" or "UWF"	"Agency"
The University of West Florida Board of Trustees 11000 University Parkway Pensacola, Florida 32514	Health & Hope Clinic 1718 East Olive Rd. Pensacola, FL 32514

II. Addendum:

The UWF Medical Addendum for Agency Affiliation Agreement attached hereto is made part of this Agreement.

III. Term

The term of this Agreement shall start on the Commencement Date and shall continue for a period of five (5) years from the Commencement Date unless either Party provides written notice of its intent to terminate this Agreement as provided below.

IV. Coordinators:

University:

Contact: LaKisha Harrison
11000 University Parkway
Building: 37 Room: 124
Pensacola, Florida 32514
Telephone No.: 850-474-3215
Email: lharrison1@uwf.edu

Agency:

Contact: Sally Bergosh
Address: 1718 E. Olive Rd.
Pensacola, FL 32561
Telephone No.: 850-748-4456
Email: sbergosh@healthandhopeclinic.org

A Party may change their Coordinator at any time by providing written notice to the other Party of the new Coordinator's name and contact information.

The Coordinators' duties are as follows:

- A. University Coordinator. University shall designate a person(s) to coordinate and act as a liaison with Agency personnel. University shall provide to Agency the current curriculum, course objectives, and any syllabus of University's applicable educational Program, as well as all forms regarding practicum experience and instructions for completion of these forms. The University shall provide one or more faculty who will be responsible for instruction of the Students while participating in the Program and for

evaluation of each such Student. The University faculty has the responsibility of selecting, planning, and evaluating the work of the Students and for providing the Agency with necessary forms and information relating to the Program.

- B. Agency Coordinator. The Agency shall designate a coordinator or preceptor from its staff to act as the liaison with the University in this Agreement. The Agency coordinator has the responsibility of selecting, planning, and evaluating the work of the Students in accordance and consistent with the policies and programs of the University.

V. Background checks:

Check applicable one:

- ☐ The Agency shall be responsible for completing any background checks of each Student that is required by law or by the Agency's policies.
- ☐ The Agency must coordinate any required background check directly with the Student.
- ☒ The University shall be responsible for completing any background checks of each Student. It is understood and agreed to by the Parties that the University may utilize, at its discretion, a third-party vendor to complete the background checks; further, the Parties agree that the University will share only whether the Student has a clear background report as determined by the third-party vendor. Regardless of whether the University conducts the background check or it utilizes a third-party vendor, Agency will rely on its own policies and procedures to determine if the information provided meets Agency's requirements for participation. A Student may choose to provide more detailed information directly to the Agency at Agency's request if additional information is needed to determine eligibility to participate.
- ☐ Not applicable

VI. Purpose of Agreement

It is mutually agreed that the purpose of this Agreement is to provide a comprehensive learning experience (the "Program") for participating students from the University within a professional setting in accordance with the guidelines set forth in this Agreement and any attached addenda. This Agreement confirms the mutually-agreed terms and conditions of supervised learning experiences to be performed at the Agency. Students placed in internships with Agency pursuant to this Agreement are referred to herein as "Students."

VII. Early Termination

This Agreement may be terminated by either Party without cause upon written notice of at least ninety (90) days. This Agreement may be terminated for cause due to a default by a Party of a term of this Agreement after at least ten (10) days' written notice to the other Party of the default and the opportunity to cure the default within the ten (10) days. In the event that this Agreement is terminated early pursuant to this paragraph, the Parties should use their best efforts to ensure that the termination will not negatively affect Students currently placed at the Agency.

VIII. Compliance with University and Agency Policies

- A. Students working for the Agency will be subject to the UWF Student Code of Conduct, which can be found at uwf.edu/studentconduct. If alleged violations occur, the Agency will notify the University Coordinator. If such alleged violations reasonably seem to pose a continuous threat to others, the alleged violator may be suspended immediately by the Agency from participating in the Agency's activities.

- B. Agency reserves the right to remove any Student from its facilities whose conduct or work is not in accordance with the policies and procedures of the Agency. In such event, the Student's participation in the Program at the Agency shall immediately cease. It is understood and agreed that only the University can dismiss a Student from the University's academic programs. Agency will advise the University at the earliest possible time of any deficit noted in a Student's ability to progress toward achievement of the stated objectives of the experience. Agency shall provide an orientation session/material for Students and shall assure that all Students are made aware of those actions that may result in dismissal for cause.
- C. The Agency may also require Students participating in the Agency's activities to comply with its own operational policies and procedures.

IX. Mutual Responsibilities

A. Educational Program.

1. The Parties agree to provide a comprehensive learning experience within a professional setting for Students enrolled in the University.
2. The Parties agree that Students selected for the Program will be permitted to participate at dates and times mutually agreeable between the Agency and the University. The number of Students and specific dates when Students will be working at the Agency will be established and agreed upon by both Parties in advance of the specific session.
3. The Parties agree to work together to maintain an environment that meets student learning outcomes within the curriculum of the Program. Agency and University shall be mutually responsible for the assignment of Students taking part in the Program based upon the goals and objectives of the Program.
4. The Parties shall ensure that Student participation shall complement, rather than displace, the work of paid employees of the Agency.

B. Non-Discrimination/Harassment. The Parties agree to continue their respective policies prohibiting discrimination and harassment based on protected classifications. Each Party shall be responsible for their compliance with applicable local, state, and federal laws, rules, and regulations prohibiting discrimination and/or harassment.

C. FERPA, GDPR, and Public Records Law. The University may disclose information from a Student's education record and personal data, as appropriate, to personnel at the Agency who have a legitimate need to know in accordance with the Family Educational Rights and Privacy Act of 1974 as amended (20 U.S.C. §1232g; 34 CFR Part 99) and the European Union General Data Protection Regulation. The Agency hereby agrees that its personnel will use such information only in furtherance of the Program for the Student and that the information (1) will not be disclosed to any other Party without notice to the University, and (2) will be disclosed only with the Student's prior written consent. The Agency will immediately notify the University of any unauthorized disclosure of Student information. For the purposes of this Agreement, the University hereby designates Agency as a school official with a legitimate educational interest in the education records of the participating Students to the extent that access to the Student's records is required by Agency to carry out the Program. Records of the University and Agency will be subject to public access to the extent required by Chapter 119, Florida Statutes, and as determined by the University in its sole discretion.

D. Number of Placements. Agency and University will mutually determine the number of Students to be placed at Agency for a given term. Agency and University may decide to have no active placements for a period of time without affecting the continuation of this Agreement.

- E. Conflicts. Both Parties agree that in the event conflicts or problems arise related to the participation of any Student pursuant to this Agreement, Agency shall immediately contact the University Coordinator. In the event that disagreements are not resolved by the Student involved and the coordinators, such disagreements shall be resolved by the Chairperson of the Department at the University and the chief executive officer of Agency or that person's designee.

X. Responsibilities of the University

The University shall be responsible for the following:

- A. Approval. The University shall approve the placement site and learning objectives of the internship to ensure they align with the Program objectives.
- B. Student List. University shall provide the Agency with a list of Students participating in the learning experience at least ten (10) days before each Program is to start unless this requirement is waived by the Agency.
- C. Communication with Students. The University shall implement procedures to notify Students of their obligations listed below:
1. Attend orientation sessions regarding learning activities;
 2. Comply with the University's Student Code of Conduct;
 3. Comply with all applicable policies and procedures of the Agency and University;
 4. Comply with all applicable federal, state, and local laws and regulations;
 5. Attend all relevant educational activities of the Agency;
 6. Adhere to applicable attendance policies of the Agency where Student is assigned and give reasonable notice of each necessary absence to appropriate University and Agency personnel;
 7. Obtain and maintain any required insurance and/or immunizations;
 8. Provide information for a background check when required by the Agency;
 9. Maintain professional standards of confidentiality;
 10. Participate in all individual or group meetings associated with each learning activity;
 11. Purchase as needed and wear any necessary and appropriate uniform while on duty with the Agency or otherwise adhere to the Agency's dress code; and
 12. Arrange for all transportation requirements for participation in the Program.
- D. Academic Calendar. The University shall inform the Agency of the University academic calendar and initiate discussion of the Student's obligations to report to the Agency whenever classes are not in session.
- E. Student Progress. The University agrees to communicate with the Agency Coordinator and each Student to assess each Student's progress as necessary. The University will provide the Agency with any necessary evaluation forms and applicable deadlines.

XI. Responsibilities of the Agency

The Agency shall be responsible for the following:

- A. Orientation. The Agency shall provide an appropriate orientation to each Student concerning the facilities, rules, policies, procedures, and other related material of the Agency, such as scheduling information. Written policies and operational procedures to which Students are expected to adhere while they are at the Agency shall be provided to each Student and the University Coordinator.

- B. Educational Experience. The Agency shall provide to the University a list of duties or job descriptions for Student placements with notation of any specific prerequisite skills or abilities. The Agency agrees to provide professional facilities and services for Students in accordance with the objectives of the Program and assist in the evaluation of each Student's learning experience. The Agency agrees to participate in planning and evaluation sessions with Students and, where appropriate, with University faculty. The Agency agrees to provide on-site supervision of Students relating to the educational experience. The Agency agrees to provide timely evaluation of Student performance in the manner specified by the University and conduct exit interviews with Students that include discussions of the Agency's evaluation of the Student.
- C. Safety. The Agency shall provide a safe environment in compliance with all federal, state, and local laws and inform University and Students of hazardous conditions and unusual circumstances that may create unsafe conditions.
- D. Performance or Behavioral Issues. The Agency shall notify the University Coordinator of unsatisfactory performance or misconduct of a Student and provide related documentation to the University Coordinator. If a Student fails to comply with Agency's policies and procedures, the Agency may immediately suspend or terminate that Student from further participation in the Program on its premises.
- E. Compensation
1. Compensation Not Required. While not required, monetary compensation may be provided to Students placed in learning activities under this Agreement by either Agency or by the University. Accounting for such compensation and for any applicable taxes and benefits will be the responsibility of the Party providing such compensation to the Student.
 2. For Profit Companies. Where the Agency is a private "for profit" entity and it is contemplated that the Student will not be compensated in compliance with the wage and hour provisions of the Fair Labor Standards Act, then Agency agrees that the placement will comply with the Fair Labor Standards Act consistent with the [U.S.D.O.L. Fact Sheet #71: Internship Programs Under the Fair Labor Standards Act](#) (April 2010).

XII. Mutual Terms and Conditions

- A. Independent Contractors. The relationship of the Parties hereunder shall be an independent contractor relationship and not an agency, employment, joint venture, or partnership relationship. Neither Party shall have the power to bind the other Party or contract in the name of the other Party. All persons employed by a Party in connection with operations under this Agreement shall be considered employees of that Party and shall in no way, either directly or indirectly, be considered employees or agents of the other Party. For the purposes of this Agreement, Students are not considered employees or agents of University.
- B. Assumption of Risk. Each Party assumes any and all risk of personal injury and property damage attributable to the negligent acts or omissions of that Party and its own officers, employees, and agents while acting within the course and scope of their employment or agency. Nothing contained in this Agreement shall be construed or interpreted as: (1) denying the University or other state entity any remedy or defense available under the laws of the State of Florida; (2) consent of the University to be sued; or (3) a waiver of sovereign immunity of the University beyond the waiver provided in Section 768.28, Florida Statutes.

- C. Notices. All notices shall be hand delivered, sent by private overnight mail service, or sent by registered or certified U.S. mail and addressed to the coordinator of the other party to receive such notice at the address given above, or such other address as may hereafter be designated by notice in writing.
- D. Integration. This Agreement, together with any applicable Addenda, represents the entire understanding and agreement between the Parties with respect to the subject matter hereof, and supersedes all negotiations, understandings and representations (if any) made by and between such Parties. The terms and provisions hereof may be amended, supplemented, waived or changed by a writing signed by each of the Parties hereto.
- E. Governing Law and Venue. This Agreement shall be construed and enforced in accordance with the laws of the State of Florida and any disputes shall be filed in the federal or state court in Escambia County, Florida.
- F. Severability. If any provision of this Agreement is held to be illegal, invalid, or unenforceable under present or future laws effective during the term of this Agreement, the legality, validity, and enforceability of the remaining provisions shall not be affected thereby.
- G. Assignment. This Agreement may not be assigned, in whole or in part, by either Party without the prior written consent of the other Party.
- H. Florida Public Records Law. The University is a public entity of the State of Florida and subject to its Public Records Law (Chapter 119, Florida Statutes). This Agreement and any related documents, including correspondence, that Agency submits to the University are public records and may be subject to disclosure upon request. The University has no obligation to provide the Agency with notice of a public records request before or after the University responds to the request.
- I. No Coerced Labor or Services. If Agency is not a governmental entity under Section 287.138(1), Florida Statutes, Agency agrees that, prior to this Agreement being executed, renewed, or extended between the parties, it shall comply with the requirements of Section 787.06(13), Florida Statutes, by providing University with an affidavit signed by an officer or representative of Agency under penalty of perjury attesting that Agency does not use *coercion* for *labor* or *services*, as those terms are defined in that Section 787.06.
- J. Electronic copies. This Agreement may be executed by electronic or facsimile means and in counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same instrument.
- K. Entire Agreement. This Agreement represents the entire agreement between the Parties and may not be modified without the written consent of both Parties.

Signature Page Follows

Not effective until executed by both parties and a copy is delivered to UWF.

IN WITNESS WHEREOF, the Parties have executed this Agreement by their duly authorized representatives.

**THE UNIVERSITY OF WEST FLORIDA
BOARD OF TRUSTEES**

By: DocuSigned by:
Shelley Diviney
Signature

Print Name: Shelley Diviney

Title: Interim Dean of UKCOH

Date: 04/11/2026

Signed by:
Renee Davis
Signature

Print Name: Renee Davis

Title: Executive Director, SON

AGENCY:

By: Signed by:
Sally Bergosh
Signature

Print Name: Sally Bergosh

Title: Executive Director

Date: 04/09/2026

**UNIVERSITY OF WEST FLORIDA
CLINICAL – MEDICAL ADDENDUM FOR AGENCY AFFILIATION AGREEMENT**

Agency: Health & Hope Clinic

Date of the Agency Affiliation Agreement between UWF and Agency: 04/11/2026

This Addendum ("Addendum") is incorporated into and made a part of the Agency Affiliation Agreement between The University of West Florida Board of Trustees ("University") and the above-named Agency on the date shown. This Addendum provides additional terms to the Agency Affiliation Agreement between the parties, who agree as follows:

A. Responsibilities of University: Because the Agency is a clinical setting, the University shall be responsible for the following:

1. University Insurance. The University will maintain or cause its Students to maintain medical professional liability insurance with limits of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) aggregate per policy year, to provide liability coverage for claims arising from any negligent act or omission of Students participating in activities which are part of and a requirement of the Program. Such coverage shall be in effect for the entire duration of this Agreement
2. Compliance with Bloodborne Pathogens Standard: The University shall provide training to Students in universal precautions prior to assigning a Student to participate in a learning experience at Agency. Agency will be responsible for providing appropriate personal protective equipment required to comply with OSHA Standards as such compliance relates to the performance of this Agreement. The University shall provide documentation to the Agency that each participating student has received the hepatitis B vaccine or has declined such vaccine in writing.
3. Patient Confidentiality. Each Student will be instructed by the University to obtain the Agency's written approval prior to publication of confidential or proprietary information related to the learning experience or Agency's operations. Confidential or proprietary information is defined as all patient care and patient identifying information, as well as all business information covering unique hospital specific operations, strategic planning, personnel, financial and information management systems information.

B. Responsibilities of Agency: Because the Agency is a clinical setting, the Agency shall be responsible for the following:

1. Patient Care. The Agency shall retain absolute control over the organization, administration, operation, and financing of its services, and it shall retain ultimate responsibility for all patient care even if that care is provided by a Student.
2. Agency's Insurance. Maintain in full force and effect throughout the term of this Agreement such policies of comprehensive general and professional liability insurance as necessary to insure the Agency and its employees and agents against any claim or claims for damages occurring as the result of personal injuries or death occasioned directly or indirectly in connection with the performance of any service of the Agency and its employees and agents in connection with this Agreement.
3. Emergency Student Care. Provide to the Student, at the Student's expense, emergency care for injuries or acute illness and post-occupational exposure evaluation and follow-up while on duty in the Agency's facility in accordance with the provision of emergency health care and exposure plans for employees of the Agency.

C. Locations: Only when required by a program accrediting body, the initial location(s) of the placement of each Student for an internship are indicated in a separate document that may be appended to this

Agreement. Additional locations of placements of Students may be memorialized by the parties through written documentation that shows the acknowledgement of the locations by both parties, which may be in the form of an email exchange between the parties. Revisions to the locations of internships and the documentation thereof, without any changes to the other terms and conditions of this Agreement, does not require an amendment to this Agreement.

D. Participating Departments: UWF participating department(s) are:

School of Nursing