



Project Description

Narrative

Opening Doors Northwest Florida is seeking to apply for Coordinated Entry Supportive Services to expand the existing Coordinated Entry System within Escambia and Santa Rosa Counties, including the cities of Jay, Milton, and Gulf Breeze. The goal of this project is to support up to 25 long-term homeless individuals in accessing SSI, SSDI, or other mainstream benefits by hiring a dedicated SOAR Case Manager. In addition, this project aims to assist the participants in moving into stable housing with the help of a Housing Navigator. The project will follow two evidence-based models: **SOAR (SSI/SSDI Outreach, Access, and Recovery)** and **Housing First**, both of which are proven to reduce housing insecurity and promote stability, particularly for individuals with disabilities. Opening Doors would like to provide these services to an estimated 48-100 individuals in a 4-year period.

Evidence-Based Program Models

SOAR (SSI/SSDI Outreach, Access, and Recovery) Model

The **SOAR** program is a nationally recognized, evidence-based approach designed to help individuals experiencing homelessness access Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) benefits. Many people experiencing homelessness also have disabilities that prevent them from achieving housing stability. Securing SSI or SSDI is often the first step in gaining financial independence, which is critical for long-term housing success. Studies show that SOAR significantly increases the likelihood of clients receiving the benefits they are eligible for, thereby providing the financial stability necessary to secure permanent housing.

Housing First Model

The **Housing First** approach prioritizes providing stable housing before addressing other challenges such as mental health, substance use, or unemployment. This model is proven to reduce homelessness and improve well-being, especially for those with complex needs. By offering a safe place to live first, the Housing First model allows individuals to stabilize and address other life issues at their own pace, rather than requiring them to resolve those challenges before obtaining housing.

Innovative Approach

Collaboration with Workforce Development Boards

Our Housing Case Manager will collaborate with local workforce development boards to connect clients with job training, employment services, and career development opportunities. This partnership will focus on helping clients build skills for financial independence, which is key to maintaining housing stability in the long term. The Housing Case Manager will support clients in creating resumes, applying for jobs, and accessing job readiness programs. Additionally, the collaboration will involve participation in job fairs, internships, and apprenticeships, providing clients with valuable work experience and skills. Beyond initial job placement, we will assist clients with career advancement through further education, certifications, and job development opportunities.

Creating a Housing Liaison Network

To streamline the housing placement process, we will establish a **Housing Liaison Network**. This network will facilitate faster access to affordable and accessible housing, particularly for individuals with disabilities. The Housing Case Manager will work with local housing providers—including landlords, affordable housing developers, and housing authorities—to ensure quick placement into stable housing. This collaboration will help bridge the gap between clients and available housing options. We will work closely with landlords to encourage their participation in housing individuals with disabilities, ensuring that placements are made swiftly and successfully.

Coordination with Key Partners

1. Coordination with Housing Providers

Collaboration with housing providers is a critical element of the project. We will work closely with local affordable housing developers, housing authorities, and landlords to ensure clients have access to safe, stable, and affordable housing. The Housing Case Manager will assist clients in identifying available housing units and will help them navigate the application process. We will also build relationships with landlords to encourage their participation in housing individuals with disabilities, helping to prevent evictions and ensure stable housing.

- **Housing Placement and Retention:** The Housing Case Manager will guide clients through the housing application process, ensuring eligibility requirements are met and necessary documentation is submitted. Once clients are housed, our team will continue to monitor housing retention, addressing any issues with tenants or landlords to prevent eviction and resolve housing-related challenges.
- **Innovative Housing Liaison Network:** To facilitate faster housing placements, we will create a Housing Liaison Network that will connect clients with housing opportunities quickly. This will ensure that housing options are available, accessible, and suitable for individuals with disabilities.

2. Coordination with Workforce Development Boards

We understand that employment is a key factor in long-term housing stability. By partnering with workforce development boards, we will connect clients to job training, career development, and employment services tailored to their skills and needs. This collaboration will provide clients with the tools and opportunities necessary for achieving financial independence, which is essential for sustaining housing.

- **Employment Readiness and Job Placement:** The Housing Case Manager will support clients with resume building, job applications, and job readiness training. Clients will also be connected to job fairs, internships, and apprenticeships that provide valuable work experience and skills development.
- **Career Advancement Support:** Beyond job placement, our program will provide continued support for career advancement. This will include access to additional training, certifications, and professional development opportunities to help clients advance in their careers and improve their financial outlook.

3. Coordination with Wrap-Around Supportive Services

The project will provide comprehensive, wrap-around services to address the full range of needs individuals face in maintaining housing stability. These services will include mental health counseling, substance use treatment, healthcare, transportation assistance, legal aid, and financial literacy education. By collaborating with community-based organizations, we will ensure clients have access to the support they need to address both immediate and long-term challenges.

- **Mental Health and Substance Use Treatment:** We will partner with local healthcare providers to ensure clients receive necessary physical and mental health services, including substance use treatment when needed.

- **Legal Aid and Housing Support:** Legal barriers, such as eviction records or unresolved disputes with landlords, can be significant obstacles to housing stability. We will collaborate with legal service providers to help clients resolve these issues and prevent eviction.
- **Transportation Assistance and Financial Literacy:** We will connect clients to transportation resources, enabling them to attend work, appointments, and services. Financial literacy education will help clients manage their finances, build credit, and sustain housing.
- **Coordinated Care Team:** To ensure that clients receive holistic support, we will establish a coordinated care team that includes representatives from local supportive service organizations. The team will meet regularly to discuss client progress, share information, and address emerging needs, ensuring a seamless and comprehensive approach to service delivery.

Project Impact

This comprehensive, collaborative approach will provide a person-centered, individualized plan for each client, addressing both their immediate housing needs and long-term goals. By combining the **SOAR** and **Housing First** models with strong partnerships with housing providers, workforce development boards, and supportive service organizations, the project will offer a well-rounded, integrated system of care.

- **Reducing Housing Insecurity:** By leveraging evidence-based models like SOAR and Housing First, the project will reduce barriers to housing, helping individuals with disabilities access the benefits they need and secure stable housing.
- **Improving Housing Retention:** Through ongoing case management, housing support, and wrap-around services, clients will be equipped with the tools and resources to maintain stable housing in the long term.
- **Promoting Long-Term Self-Sufficiency:** Through tailored employment services and continued career support, the project will help clients achieve financial independence and increase their chances of long-term housing stability.

Conclusion

This project will make a meaningful impact by reducing homelessness and increasing housing stability for individuals with disabilities. By integrating **SOAR**, **Housing First**, and innovative partnerships with housing providers, workforce development boards, and supportive service organizations, we will provide a comprehensive support system to help individuals move from homelessness to stable housing and self-sufficiency.

Through this coordinated and holistic approach, we aim to reduce housing insecurity, improve housing retention, and enhance the overall quality of life for individuals experiencing homelessness and disabilities. We are confident that this project will significantly contribute to long-term housing stability for our most vulnerable community members.

10. Completeness Checklist

Applicants must complete chart below and attach as PAGE 1 of the submission.

<u>Application Forms and Attachments</u>	<u>Page #</u>
<u>Project Name:</u>	
<u>Project Applicant:</u>	
Table of Contents (COMPLETENESS CHECKLIST)	1
1. Applicant Information	
2. Project Information	
3. Certification	
4. Project Description	
5. Quality of Service Questionnaire	
6. Ability to Complete Activities Outline	
7. Budget Narrative	
8. Budget and Match Form	
9. Project Outcomes	
10. Required Attachments	
Affirmation of attendance/viewing of pre-application meeting/video.	
a. Documentation of Partnerships – MOUs, Letters of Commitment or Contracts demonstrating location and program services in Escambia County and/or Santa Rosa County	
b. Applicants Annual Operating Budget	
c. Proof of 501c3 Status (if applicable)	
d. Current W-9	
e. 2022 and 2023 Tax returns	
f. Two most recent years’ financial statements (audited, if applicable)	

SECTION V: Application Forms

All forms must be complete for application to be considered for conditional award.

1. Applicant Information

Applicant Name: Opening Doors Northwest Florida, Inc.	Authorized Representative Name/Title: Serene Keiek Interim Executive Director
Address: 1020 North New Warrington Road	Telephone: 850-741-4616
City, State/Zip: Pensacola, Florida 32506	Applicant Website: www.openingdoorsnwfl.org
Contact Person Name/Title: Serene Keiek/Interim-Director	Unique Entity ID (SAM #): TZDXQLMMCSY1
Contract Person E-mail: serenek@openingdoorsnwfl.org	Federal Employer ID #: 59-2909065

2. Project Information

Project Name: Targeted Coordinated Entry Supportive Services	
Project Address (if different from organization address):	
This is a/an: <input type="checkbox"/> New Project <input type="checkbox"/> Expanded Project	
Total Funding Requested for this Project: \$ _____	
Number of Persons to be Served: _____	
Project Type:	
Target Qualifying Population (check as many as applicable below):	
<input type="checkbox"/> Homeless <input type="checkbox"/> At Risk of Homelessness <input type="checkbox"/> Fleeing, or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking	<input type="checkbox"/> Unaccompanied Youth (ages 18-24) Who Have Experienced Persistent Instability in Housing <input type="checkbox"/> Veterans, or Families of Veterans with a Member that Meets the Criteria for one of the Qualifying Populations
Target Service Location (check as many as applicable below):	
<input type="checkbox"/> City of Pensacola, District _____ <input type="checkbox"/> City of Milton, District _____	<input type="checkbox"/> Unincorporated Escambia County, District _____ <input type="checkbox"/> Unincorporated Santa Rosa County, District _____ <input type="checkbox"/> Other: _____

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: Serene Keiek

Typed Name: Serene Keiek

Title: Interim Executive Director Date: 01/06/2025



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5. Quality of Service Questionnaire

The applicant shall provide a brief response to each question below:

1. Describe how the project aligns with the Escambia HOME Consortium HOME-ARP Allocation Plan (Appendix 1).

This project aligns with the Escambia HOME Consortium HOME-ARP Allocation Plan by addressing homelessness and housing instability among individuals with disabilities and other vulnerable populations. The HOME-ARP plan focuses on increasing access to affordable housing, supportive services, and enhancing housing stability for those who are long-term homeless, disabled, or at risk of homelessness—populations targeted by this initiative.

The Housing Navigator and SOAR Case Manager project directly supports the HOME-ARP plan's goals by:

- Assisting individuals who are long-term homeless and disabled in securing permanent supportive housing, a primary target of the plan.
- Facilitating access to essential supportive services, such as SSI/SSDI, mental health care, and healthcare, which are critical for the qualifying populations.
- Promoting housing stability by ensuring clients not only secure stable housing but also have the necessary resources (benefits, treatment, and support services) to maintain their housing.

2. Explain how your agency is actively participating in the Homeless Continuum of Care (CoC) and existing HMIS and Coordinated Entry systems in the Consortium service area, and how this project will integrate with those systems.

Our agency plays a vital role as the Lead Agency for the Homeless Continuum of Care (CoC) in [Region]. As part of this responsibility, we oversee the Coordinated Entry and Homeless Management Information System (HMIS), ensuring that individuals experiencing homelessness are connected to the appropriate services and housing resources in an efficient and coordinated manner.

We actively participate in the CoC by collaborating with local service providers, attending regular meetings, and supporting community-wide strategies aimed at preventing and ending homelessness. Through our role, we support the collective efforts to ensure resources are allocated effectively and that service delivery is streamlined.

In addition, we ensure the integrity and functionality of the HMIS by maintaining accurate data entry standards and ensuring compliance with privacy regulations. Our involvement in Coordinated Entry allows us to prioritize the most vulnerable individuals' needs and connect them with housing and services that are responsive to their circumstances.

The proposed project to expand Coordinated Entry and HMIS, through the hiring of a Housing Navigator and SOAR Case Manager, will be fully integrated into HMIS. All program participants will be enrolled in a dedicated project within the system, where their progress and performance metrics will be tracked. This data will contribute to the overall system performance measures, with specific goals to:

- Reduce the length of time homeless.
- Decrease recidivism.
- Improve successful exits to permanent housing destinations.

By integrating these efforts into the CE System and HMIS, we will enhance our ability to monitor outcomes, improve service delivery, and ensure that individuals with complex needs receive the support necessary to achieve stable housing.

3. Describe how the project will provide connections to supportive solutions, include the extent to which this project will connect client to mainstream services (i.e. food stamps, SSI/SSDI, Medicare/Medicaid, physical health care, mental health care, substance abuse treatment, recovery support groups, public housing, childcare providers, etc.), and community-based supports (i.e. volunteer opportunities, faith-based organizations, civic groups, etc.) to ensure long term stability.

The Coordinated Entry expansion project will hire two key positions – Housing Navigator and SOAR Case Manager – to provide comprehensive support for clients and ensure long-term stability. These roles will connect clients to

essential supportive services, both mainstream and community-based, addressing their individual needs.

1. The Housing Navigator will assist clients in securing stable housing, guiding them through the process and connecting them to available housing options, public housing, and transitional programs. This position ensures that clients are successfully housed and supported long-term.
2. The SOAR Case Manager will help clients apply for and access SSI/SSDI, Medicaid, and other disability benefits, ensuring they receive necessary healthcare and income support. This role will also connect clients to physical and mental health care, substance abuse treatment, and recovery support groups.
3. Both positions will collaborate to connect clients to vital services, including food stamps (SNAP), Medicaid, public housing, and mental/physical health care. The Housing Navigator and SOAR Case Manager will ensure clients can access the resources they need to maintain housing and overall well-being.
4. The project will also link clients to community organizations, volunteer opportunities, faith-based groups, and civic organizations, fostering social connections and providing additional support networks. These connections will promote stability and resilience, empowering clients to thrive.

Together, these roles will address immediate housing needs while creating a foundation for long-term stability by connecting clients to the full spectrum of mainstream and community-based services. This holistic support approach will help ensure that clients are not only housed but equipped to maintain self-sufficiency and well-being.

4. Describe how your agency has worked to remove traditional barriers (i.e. no income, no insurance, no transportation, etc.) to provide services for individuals and families who are members of the qualifying populations.

Our agency has worked to remove traditional barriers by fully embracing the Housing First model, which prioritizes stable housing as the foundation for addressing other needs. Historically, we operate an 8-participant permanent supportive housing program where we connect long-term homeless individuals from the qualifying population to safe, permanent housing without requiring preconditions such as sobriety or employment. This approach ensures that clients are not delayed by traditional barriers like waitlists or prerequisites for housing placement. In addition, we operate a Challenge State Rapid Rehousing program where we connect individuals and families that belong to the HOME-ARP target qualifying populations to stable housing through tenant-based rental assistance.

Once clients are housed, we offer a range of supportive services tailored to their specific needs, including case management, mental health and substance abuse treatment, job training, and more. These services are at no cost, flexible, and provided in a way that respects clients' autonomy, with participation being voluntary and not a condition for housing. By focusing on client choice and empowerment, we allow individuals to determine their own path to stability.

Through these efforts, our agency has successfully eliminated barriers that typically hinder access to housing and services, creating an environment where individuals and families can focus on long-term stability and well-being.

5. Describe how your agency evaluates program success.

To evaluate the success of the HOME-ARP project, our agency will focus on both immediate and long-term outcomes, measuring the impact of the Housing Navigator and SOAR Case Manager roles.

We will assess housing outcomes by tracking the number of clients successfully housed, the time it takes to place them, and their long-term housing retention rates. Regular follow-ups will help us determine if clients are maintaining housing stability and accessing the necessary support services. For the SOAR Case Manager, success will be measured by the number of clients assisted with SSI/SSDI applications, the approval rates of those applications, and the connections made to healthcare services. Periodic follow-ups will also track improvements in clients' physical and mental health. Long-term outcomes will include tracking clients' employment status, income changes, and improvements in their health. Case managers will assess clients' progress toward financial stability, including employment outcomes and wage increases, along with improvements in physical and mental health.

We will monitor the performance of the HMIS system by evaluating the accuracy, completeness, and timeliness of data entered by the Housing Navigator and SOAR Case Manager. Key metrics, such as data entry timeframes and error rates, will help us measure improvements in system performance.

Client satisfaction will be assessed through regular surveys, focusing on their satisfaction with housing placement, services received, and benefits accessed. This feedback will be used to refine and improve the program. Finally, we will gather feedback from clients, staff, and community partners to evaluate how well the program adapts to client needs. This will ensure the project remains responsive and continuously improves its services.

Overall, this evaluation approach will ensure the HOME-ARP project achieves its goals of providing stable housing, improving access to benefits, and enhancing long-term outcomes for clients, while also strengthening our Coordinated Entry and HMIS systems.

6. Describe how the agency will continue to provide quality services in the community in the case of reduced or loss of funding, and after funding has ended.

In the event of reduced or lost funding, our agency is committed to ensuring the continued delivery of quality services to the community. We have a strong history of sustainability and will use several strategies to maintain support for vulnerable populations after the HOME-ARP project concludes.

First, we will diversify our funding sources by actively pursuing alternative funding opportunities through federal, state, and local grants, as well as private foundations and individual donors. This will help us fill any gaps and ensure ongoing service delivery.

We will also strengthen our partnerships with other community organizations, local government agencies, and service providers. By collaborating, we can share resources, reduce operational costs, and continue offering essential services. These partnerships will help us sustain housing and case management support even if funding is reduced.

If necessary, we will make staffing adjustments and reallocate resources to ensure continued service. While the Housing Navigator and SOAR Case Manager positions may need to be restructured, we will integrate these roles into existing staff functions or adjust responsibilities to maintain critical services such as housing placement and benefits assistance. Specifically, we are ensuring that all existing and any future CE program staff will complete SOAR Case Management training and are cross training the processes of both roles.

Additionally, we will focus on improving operational efficiency by enhancing our HMIS system, streamlining case management processes, and using technology to reduce administrative costs. These efforts will allow us to maximize the impact of available resources and continue providing services effectively.

Finally, we will continue engaging the community, building a strong network of volunteers, faith-based organizations, and civic groups to supplement our services. These partnerships will provide additional support, ensuring that clients remain connected to essential resources.

Through these strategies, our agency will remain adaptable and committed to providing critical services, ensuring clients continue to receive the support they need, even with reduced or lost funding.

6. Ability to Complete Activities Outline

Fund Obligation Plan and Timeline

In response to the request for an outline demonstrating our ability to complete the proposed activities within the allotted grant timeframe, we have developed a comprehensive plan that details key tasks, timelines, financial obligations, and reporting mechanisms. This outline ensures the project stays on track while meeting the objectives set forth in the grant proposal.

1. Timelines of Critical Tasks

The critical tasks required for the successful completion of this project are organized within a structured timeline that spans the entirety of the grant period. These tasks include personnel hiring, procurement of necessary equipment, staff training, and ongoing operational needs. The timeline below outlines the major milestones:

Task	Timeline	Details
Personnel Hiring	Within 30 days from the grant start date	Hire Housing Navigator and SOAR Case Manager, with onboarding and training to begin immediately upon hire.
Procurement of Equipment	Within 60 days from grant start date	Purchase laptops, mobile hotspots, and office furniture to ensure staff can work effectively.
Training for Key Personnel	Within 120 days from grant start date	Housing Navigator and SOAR Case Manager will complete necessary certification and training programs.
Ongoing Operations	Throughout the grant period	Funds will be expended as needed for operational supplies, travel, client services, and other necessary costs. Reviews will be conducted regularly.

Monthly Spending Planning

The funding allocation and expenditure schedule will follow a strategic approach to ensure funds are used effectively and on time. The breakdown of the spending plan is as follows:

Month	Spending Focus	Estimated Expenditure	Notes
Month 1	Personnel Hiring, Initial Equipment Procurement	20% of total grant funds	Funds will be allocated to hire a Housing Navigator and SOAR Case Manager. Purchase essential equipment such as laptops and mobile hotspots.
Month 2	Continued Personnel and Equipment Procurement	20% of total grant funds	Finalize hiring and onboard staff. Procure office furniture and

			supplies.
Month 3	Training and Development	15% of total grant funds	Allocate funds for training Housing Navigator and SOAR Case Manager. Begin any additional procurement if necessary.
Months 4 – 6	Ongoing Operations	25% of total grant funds	Regular operational costs, including supplies, client services, and any additional staff training or certifications.
Months 7-9	Ongoing Operations	15% of total grant funds	Continue client services, travel, outreach, and operational needs.
Months 10 - 12	Final Adjustments and Contingency Use	5% of total grant funds	Allocate remaining funds towards underfunded areas or areas requiring additional resources, such as additional client services or outreach initiatives.

Reporting Schedule for Outcomes

The agency utilizes a robust reporting system, including quantitative and qualitative factors. Monthly financial tracking and outcome reporting will be carried out as follows:

Report Type	Frequency	Responsible Party	Details
Financial Tracking Report	Monthly	Project Manager and Finance Manager	A detailed report will be submitted that tracks all expenditures against the project budget. Any adjustments or reallocations will be noted.
Monthly Status Report	Monthly	Project Manager	A report documenting progress on hiring, procurement, training, and client services will be submitted to ensure milestones are met.
Qualitative Report	Mid-Grant	Project Manager	SOAR Participant testimonial/success story, Grantee testimonial success story, and Housing Participant testimonial/success story.
Final Financial and Performance Report	End of Grant Period	Project Manager and Finance Manager	A comprehensive report summarizing all activities and expenditures, as well as documenting the project’s success in achieving desired outcomes.

1. **Obligation Methods:**

- **Personnel:** Funds will be obligated through payroll once staff are hired and onboarded.
- **Procurement:** Equipment and supplies will be procured in accordance with the agency's established purchasing policies, including competitive bidding for larger items and direct purchasing for smaller supplies.
- **Training & Services:** Funds for training and services will be obligated as contracts are finalized and services are rendered, with payments issued on an as-needed basis.

Timely and Effective Fund Management

1. **Monthly Financial Tracking:**

Expenditures will be tracked monthly, with budget reports reviewed by both the **Project Manager** and **Finance Team** to ensure funds are aligned with the project timeline. Adjustments will be made as necessary to prevent delays or underspending.

2. **Monthly Financial Reviews:**

Monthly financial reviews will be conducted to assess whether the funds are being spent according to the budget and whether adjustments are needed to stay on track. Any identified issues will be addressed promptly.

3. **Prioritizing Key Activities:**

Early expenditures will be focused on key activities—personnel hiring, equipment procurement, and training—ensuring the project starts smoothly and all critical resources are in place within the first 90 days.

4. **Contingency Plan:**

If funds remain unspent as the grant period nears its conclusion, they will be directed toward any underfunded areas, such as additional client services or outreach, ensuring full utilization of the funds within the approved project scope.

7. Budget Narrative

Personnel Costs

Housing Navigator – \$41,250

The Housing Navigator will be responsible for assisting individuals and families experiencing homelessness in finding permanent housing solutions. The Housing Navigator will guide clients through the Coordinated Entry system, helping them access available housing resources, complete necessary paperwork, and connect with supportive services. This position will be full-time (40 hours per week) for the duration of the project, and the salary is based on the current annual compensation for similar roles within the organization. This includes salary plus any applicable payroll taxes.

SOAR Case Manager - \$37,500

The SOAR (SSI/SSDI Outreach, Access, and Recovery) Case Manager will assist individuals with disabilities in applying for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). This position is critical in supporting individuals who are homeless or at risk of homelessness and need disability benefits to secure stable housing. The SOAR Case Manager will work full-time (40 hours per week) and will be responsible for case management, coordinating medical documentation, and providing advocacy during the application process. The salary reflects the position's required qualifications and responsibilities.

Fringe Benefits - \$23,625

Calculated at 30% of total personnel costs, including health insurance, retirement contributions, and payroll taxes. This covers:

- Health Insurance: Comprehensive health, dental, and vision coverage for the Housing Navigator and SOAR Case Manager.
- Retirement Contributions: 3% employer contribution to employee retirement plans.
- Payroll Taxes: Federal and

The total fringe benefits for both positions is \$31,500 total. We are requesting 75% of this total for the grant.

Travel - \$3,000

This category covers travel expenses related to both the Housing Navigator and the SOAR Case Manager attending relevant training sessions, conferences, and client meetings. The expenses include:

- Hotel and Travel for Conferences: \$1,500 (for two staff members to attend training conferences on housing navigation, Coordinated Entry, and SOAR services. Estimated at \$750 per person, including transportation and lodging).
- Client Meetings/Field Visits: \$1,500 (travel costs for the Housing Navigator and SOAR Case Manager to meet clients in person, visit potential housing sites, and coordinate with other community service providers. Includes mileage reimbursement and local transportation).

Supplies and Materials - \$1,500

This category includes supplies needed for the day-to-day operations of the expanded Coordinated Entry system:

- Office Supplies: \$500 (stationery, paper, pens, binders, etc., for case management and administrative work).
- Client Support Materials: \$500 (brochures, housing resource guides, and other printed materials for clients navigating the Coordinated Entry process).

- SOAR Application Materials: \$500 (documentation and resources required to help individuals with disabilities apply for SSI/SSDI benefits).

Equipment - \$3,000

This category includes the purchase of equipment to support the expanded roles and improve the efficiency of Coordinated Entry operations:

- Computers and Software: \$1,750 (two new laptops for the Housing Navigator and SOAR Case Manager, including necessary software and licensing to access housing databases, manage case files, and track client progress).
- Mobile Hotspots: \$750 (two mobile hotspots to ensure both staff members can stay connected while working with clients in the field or at off-site locations).
- Office Furniture: \$500 (additional desks, chairs, and filing cabinets to accommodate the new positions and ensure a functional workspace).

Other Direct Costs - \$3,750

Other costs necessary to support the project’s expansion, including:

- **Training and Professional Development:** \$1,750 (costs for specialized training for the Housing Navigator and SOAR Case Manager, including housing navigation and SOAR-specific workshops, certifications, and conferences to build expertise in these areas).
- **Outreach and Marketing:** \$500 (costs for outreach materials, including flyers, social media ads, and website updates to promote the availability of housing resources and services to individuals seeking assistance through Coordinated Entry).
- **Miscellaneous Client Support:** \$1,500 (funding for transportation assistance (bus passes, gas cards) and emergency client support needs to ensure individuals can access services, appointments, and housing options).

Indirect Costs - \$11,362.50

Indirect costs are calculated at 10% of total direct costs. These costs will cover the administrative expenses related to supporting the project, including:

- Office Rent: Costs for the office space needed to support the expanded Coordinated Entry team.
- Utilities: Electricity, phone, internet, and other utilities necessary for daily operations.
- General Administration: Overhead costs for general office supplies, administrative staff time, and other operational support.

Total Project Budget: \$124,987.50

Opening Doors NWFL is requesting \$124,987.50 for the first year of HOME-ARP funding to support its proposed project. In addition, the agency plans to contribute \$33,712.50 in matching funds from the non-federal source, the Challenge Grant. These matching funds will be used to cover a range of supportive services for eligible program participants, including, but not limited to, assistance with moving costs, case management, employment support, job training, housing search and counseling, legal services, life skills training, mental health services, substance abuse treatment, outpatient health services, outreach services, and transportation. The matching funds will also cover the costs of labor, supplies, and materials directly associated with delivering these services, as well as the salary and benefit packages for project staff who are responsible for the direct provision of services to program participants.

8. Budget Form

Complete each line as applicable to the proposed project.

Budget Template Notice of Funding Availability

Edit GREY fields to add broad line items to form your budget. BLUE fields provide budget short descriptions and amounts requested.

Year 1		
Eligible Costs	Quantity AND Description (max 400 characters)	Assistance Requested
Personnel Costs: Housing Navigator	1 FTE Housing Navigator @ 40 hr./week to assist individuals with finding permanent housing and accessing services.	\$41,250
Personnel Costs: SOAR Case Manager	1 FTE SOAR Case Manager @ 40 hr./week to assist long-term homeless individuals with disabilities applying for SSI/SSDI benefits	\$37,500
Fringe Benefits	30% of total personnel costs to cover health insurance, retirement (5% employer contribution), and payroll taxes.	\$23,625
Travel	2 staff members attending conferences, client meetings, and field visits (hotel, transportation, mileage).	\$3,000
Supplies and Materials	Office supplies, client support materials (brochures, guides), and SOAR application materials for case management.	\$1,500
Equipment	2 laptops, software, 2 mobile hotspots, and office furniture (desks, chairs, filing cabinets) for operational efficiency.	\$3,000
Other Direct Costs	Staff training, outreach materials (flyers, ads), and client support (transportation, emergency needs).	\$3,750
Subtotal Requested		\$113,625
Admin Requested (max of 10%) <i>(i.e., accounting costs, contract management costs, facility costs)</i>		\$11,362.50
Total Amount Requested		\$124,987.50
Match Provided (Challenge Grant – State Funds)		\$33,712.50

9. Project Outcomes

The success of the program will be evaluated based on the following key performance indicators, each designed to assess the effectiveness of the services provided to the ≤25 long-term homeless individuals the program seeks to serve.

Applicants must provide anticipated outcomes and related performance measures (minimum of three).

Performance Measure	Baseline Data (must include source)	Desired Outcome	Describe the project component(s) that will be used, and how the outcome will be achieved and monitored.
1. Time from Engagement to Permanent Housing Placement	This data compares the average cumulative unduplicated number of days that households were served in shelter and transitional housing projects; and days in Rapid Rehousing or Permanent Supportive Housing before move-in for Adult Only HHs and all households in the HMIS system performance for the period of 10/1/2023 – 9/30/2024. The average number of days homeless for Adult Only HHs was 150 days. This average is higher than the average number of days homeless for all household types (136 Days, 1243 households). (HUD HDX Stella P, 2024)	Decrease time from initial engagement to permanent housing placement from 150 days to <90 days for up to 25 program participants.	Housing search and placement services (housing navigation), Case Management and Supportive Services, Financial and Housing Support Services, and Outreach and Community Engagement <ul style="list-style-type: none"> • Track outreach efforts • Measure the number of placements resulting from targeted outreach. • Measure the average time from engagement to housing placement • Track the number of successful housing placements to permanent destinations • Track financial assistance use (move-in costs, legal aid).
2. SSI/SSDI Application Success Rate	The SOAR approach has supported over 109,000 individuals experiencing or at risk of homelessness in applying for Social Security's disability programs, Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), over the past 19 years. Of these applications, 65 percent (59,101 individuals) were approved on their initial application. An additional 9,292 individuals who were initially denied were later approved upon reconsideration or appeal, totaling 68,393 individuals assisted since 2006. In 2024, there were	60-85% of program participants will successfully obtain SSI/SSDI benefits within 12 months.	SOAR Case Management, Training and Professional Development <ul style="list-style-type: none"> • Track number of applications and approvals • Staff training logs • Measure the impact of training on SSI/SSDI approvals.

	<p>2,670 approvals for initial applications, with an average decision time of 177 days and a 65 percent allowance rate. This is significantly higher than the 31 percent allowance rate for all individuals aged 18-64 applying for SSI or SSDI in FY2022. The benefits obtained through SSI/SSDI for those served by SOAR are estimated to have contributed over \$774 million to the economies of participating states and localities in 2024 (SOAR Works SAMHSA, 2024)</p> <p>The HMIS tracks the number of adults enrolled in PSH projects and changes in earned income and non-employment income for stayers and leavers. 20% of stayers had an increase in non-employment income. 13% of leavers had an increase in non-employment income. (System Performance Measures, 2024)</p> <p>In 2018, Opening Doors had a SOAR program where 10 individuals were assisted with SSI/SSDI Applications. 30% of the applicants were successfully assisted with obtaining benefits through the application process.</p>		
<p>3. Permanent Housing Placement</p>	<p>33% (270 households) of Adult Only households exited the homeless response system to permanent housing destinations.</p> <p><1% exited to PSH 6% exited to rentals with subsidy 22% exited to rentals with no subsidy 3% exited to family 2% exited to friends.</p>	<p>60-85% of program participants will transition into a permanent housing destination.</p>	<p>Housing navigation, Case Management and Supportive Services, Financial and Housing Support Services, Training and Professional Development, and Outreach and Community Engagement</p> <ul style="list-style-type: none"> • Track outreach efforts • Track average time to housing placement • Staff training logs • Measure the impact of training on housing placements • Track financial assistance and supportive service use (at placement and post-placement)

<p>4. Housing Retention for 12 Months or More</p>	<p>A review of the homeless response system in HMIS demonstrates that 8 % (18 out of 225 adult-only households) returned to homelessness after exiting to a permanent housing destination in the 12 months before the report period of 10/1/2023 – 2024.</p> <p>Approximately 5% of these returns occurred within 90-180 days of placement.</p> <p>(HUD HDX Stella P, 2024)</p>	<p>60-85% of program participants will remain housed for at least 12 months.</p>	<p>Housing Navigation Services, Case Management and Supportive Services</p> <ul style="list-style-type: none"> • Follow-up check-ins at 3, 6, 9, and 12 months • Track returns to a literal homeless destination • Track changes in permanent housing destinations to temporary housing or institutional situations
<p>If awarded, applicants will be required to submit detailed reports include de-identified and de-duplicated demographic, service, health, and outcome data.</p>			



Escambia Consortium HOME-ARP

Created by: Serene Keiek

Time

2pm - 3pm (Central Time - Chicago)

Date

Mon Oct 7, 2024

Description

Thursday, October 03, 2024 2:00 PM

Optional Pre-Application Meeting

Microsoft Teams meeting

Join on your computer, mobile app or room device.

Join the meeting now

Meeting ID: 218 110 463 52 Passcode: dWiJny

Download Teams | Join on the web

Or call in (audio only)

+1 850-595-4980 United States, Pensacola

Phone Conference ID: 391 743 943#

My Notes

Contract No. APZ10
CFDA No(s). 14.231
CSFA No(s). 60.014, 60.021

Client Services Non-Client
Subrecipient Vendor
Federal Funds State Funds

THIS GRANT AGREEMENT* is entered into between the Florida Department of Children and Families, hereinafter referred to as the "Department" and **Opening Doors NWFL, Inc.**, hereinafter referred to as the "Provider". If this document is denoted above as a GRANT AGREEMENT, the term "Contract" as it may appear hereinafter shall be construed to mean "Grant" or "Grant Agreement" as the context may provide. Similarly, the term "Provider" shall be construed to mean "Grantee" and the term "Contract Manager" shall be construed to mean "Grant Manager".

The section headings contained in this contract are for reference purposes only and shall not affect the meaning or interpretation of this contract.

The Department and Provider agree as follows:

1. ENGAGEMENT, TERM AND CONTRACT DOCUMENT

1.1 Purpose and Contract Amount

The Department is engaging the Provider for the purpose of **facilitating the development of the local homeless continuum of care plan and further assisting the local community by planning, networking, coordinating and monitoring the delivery of services to persons who are homeless or about to be homeless within Escambia and Santa Rosa Counties. This contract is intended, through the General Appropriation Act, 2019-20, #363, to supplement the cost of staffing expenses for coalition activities; and to administer services under the Emergency Solutions Grant (ESG), Temporary Assistance for Needy Families Grant (TANF) and Challenge Grant,** as further described in Section 2, payable as provided in Section 3, in an amount not to exceed \$1,563,428.55.

1.2 Official Payee and Party Representatives

1.2.1 The name, address, telephone number and e-mail address of the Provider's official payee to whom the payment shall be directed on behalf of the Provider are:

Name: John Johnson, Executive Director
Address: 1020 North New Warrington Road
City: Pensacola State: Florida Zip Code: 32506
Phone: (850) 439-3009 Ext: 106 E-mail: johni@openingdoorsnwfl.org

1.2.2 The name, address, telephone number and e-mail of the Provider's contact person responsible for the Provider's financial and administrative records:

Name: Joan Vincent
Address: 1020 North New Warrington Road
City: Pensacola State: Florida Zip Code: 32506
Phone: (850) 439-3009 Ext: 107 E-mail: accounting@openingdoorsnwfl.org

Per section 402.7305(1)(a), Florida Statutes (F.S.), the Department's Contract Manager is the primary point of contact through which all contracting information flows between the Department and the Provider. Upon change of representatives (names, addresses, telephone numbers or e-mail addresses) by either party, notice shall be provided in writing to the other party.

1.3 Effective and Ending Dates

This Contract shall be effective **July 1, 2019** or the last party signature date, whichever is later. The service performance period under this Contract shall commence on **July 1, 2019** or the effective date of this Contract, whichever is later, and shall end at midnight, **Central** time, on **June 30, 2022**, subject to the survival of terms provisions of Section 7.4. This contract may be renewed in accordance with SS. 287.057(13) or 287.058(1)(g), F.S.

1.2.3 The name, address, telephone number and e-mail of the Provider's representative responsible for administration of the program under this Contract (and primary point of contact) are:

Name: Sophia Crittenden
Address: 1020 North New Warrington Road
City: Pensacola State: Florida Zip Code: 32506
Phone: (850) 439-3009 Ext: 109 E-mail: sophiac@openingdoorsnwfl.org

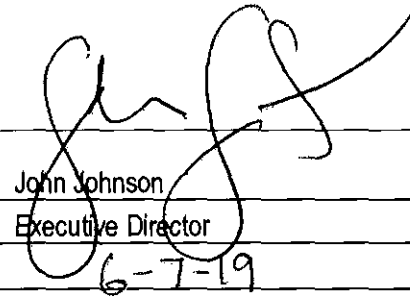
1.2.4 The name, address, telephone number and e-mail address of the Contract Manager for the Department for this Contract are:

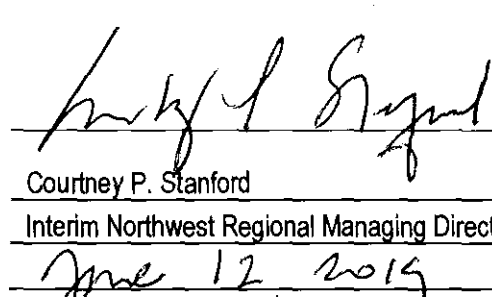
Name: John Bouldin
Address: 160 West Government Street, Suite 611
City: Pensacola State: Florida Zip Code: 32502
Phone: (850) 4483-6722 Ext: _____ E-mail: john.bouldin@myflfamilies.com

By signing this Contract, the parties agree that they have read and agree to the entire Contract, as described in Section 1.4.
IN WITNESS THEREOF, the parties hereto have caused this 70 page Contract to be executed by their undersigned officials as duly authorized.

PROVIDER: Opening Doors NWFL, Inc.

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

Signature: 
Print/Type Name: John Johnson
Title: Executive Director
Date: 6-7-19

Signature: 
Print/Type Name: Courtney P. Stanford
Title: Interim Northwest Regional Managing Director
Date: June 12, 2019

The parties agree that any future amendment(s) replacing this page will not affect the above execution.

Federal Tax ID # (or SSN): 59-2909065

Provider Fiscal Year Ending Date: 06/30.

The Remainder of this Page Intentionally Left Blank.

This Amendment shall be effective July 1, 2024, or the last party signature date, whichever is later. The above referenced Contract is hereby amended as follows:

1. The following items were as last addressed in the noted Amendments:
 - Amendment #0010: 6-11, 13, 15-17, 21-23
 - Amendment #0011: 12
 - Amendment #0013: 4, 14, 18-19
 - Amendment #0014: 20
2. **CF Standard Contract 2019 Part 1 of 2** is replaced by the attached **v24.3**; Part 2 of the Contract remains in effect, except as modified herein.
3. Notwithstanding Item 2, the original Effective Date and the Original Signatures remain in effect.
4. In 1.1., **\$8,754,837.53** is replaced by **\$9,148,029.75**.
5. The highlighted portions in this amendment are amended as found below or attached. Non-highlighted portions, absent more specific instructions, are solely for context and unaffected by this amendment.
6. **B-1.2.** is amended to add:

B-1.2.2. Challenge Unsheltered Grant – Pursuant to proviso language in Specific Appropriation 351 of the 2024 General Appropriations Act, mitigate unsheltered homelessness by providing support to homeless individuals and families through mental health and substance abuse treatment at shelter sites, support for emergency and transitional shelters, support for non-congregate shelters, and support for sanctioned camping sites.

This section is Applicable.
This section is Not Applicable.
7. **B-2.2.** is amended to add:

B-2.2.2. Challenge Unsheltered Grant – The applicability of this section is identified in **B-1.2.2.** The objective of the Challenge Unsheltered Grant is to mitigate unsheltered homelessness by providing support to homeless individuals and families through mental health and substance abuse treatment at shelter sites, support for emergency and transitional shelters, support for non-congregate shelters, and support for sanctioned camping sites.
8. **B-4.2.** is amended to add:

B-4.2.2. Challenge Unsheltered Grant – The applicability of this section is identified in **B-1.2.2.** The Provider must serve clients in a manner consistent with the proposed projects that are included in the CoC plan, while mitigating unsheltered homelessness by providing support to homeless individuals and families through mental health and substance abuse treatment at shelter sites, support for emergency and transitional shelters, support for non-congregate shelters, and support for sanctioned camping sites.

9. **C-1.2.** is amended to add:

C-1.2.2. The applicability of this section is identified in **B-1.2.2.** To achieve the Major Contract Goals for the **Challenge Unsheltered Grant** set forth in **B-2.2.2**, the Provider shall perform the tasks specified in **Exhibit C2**.

10. **Exhibit C2** is amended to add:

C2-3. The intent of the Challenge Unsheltered Grant is to mitigate unsheltered homelessness by providing support to homeless individuals and families through mental health and substance abuse treatment at shelter sites, support for emergency and transitional shelters, support for non-congregate shelters, and support for sanctioned camping sites.

C2-3.1. Mental Health and Substance Abuse Treatment – Provide or support the provision of (through purchasing or subcontracting, etc.) mental health and substance abuse treatment to individuals and families at emergency, transitional, or non-congregate shelters, or sanctioned camping sites, or support such mental health and substance abuse treatment being provided.

C2-3.2. Emergency and Transitional Shelters – Provide support to emergency and transitional shelters. This support may take the form of construction, improvement, supply costs, operating costs, staff costs, or other costs as approved.

C2-3.3. Support for Non-Congregate Shelters – Provide or support non-congregate sheltering operations, which includes sheltering individuals or families in non-congregate settings.

C2-3.4. Support for Sanctioned Camping Sites – Provide support to Department certified county homelessness encampment sites, or sites operated by an NGO with the cooperation of local government. This support may take the form of construction, improvement, supply costs, operating costs, staff costs, or other costs as approved.

11. **D-1.2.** is amended to add:

D-1.2.2. Challenge Unsheltered Grant – The applicability of this section is identified in **B-1.2.2.** A unit of service is (1) month of providing eligible service tasks as described in **Exhibit C2** to individuals suffering homelessness or at risk of homelessness, or homeless organizations (shelters, homeless service organizations). If providing support to homelessness organizations which is not directly tied to specific individuals who are suffering homelessness or at risk of homelessness (i.e. shelter construction, improvement, supply costs, operating costs, staff costs), a unit of service is (1) month of providing eligible service tasks at a rate of one deliverable per \$1,235 spent on providing eligible service tasks. When using this rate to determine the level of deliverables achieved per (1) month unit of service, any partial deliverables achieved should be rounded downward to the nearest whole number.

12. **D-3.2.4.**, inadvertently struck by scrivener's error, is restated here, nunc pro tunc the effective date of amendment #0011:

D-3.2.4. Challenge Plus funds – The applicability of this section is identified in **B-1.2.1.** Each month, the Provider shall provide rapid re-housing of families with a primary goal of reunification and provide homelessness prevention services for defined vulnerable populations.

Challenge Plus funds Activities – The Challenge Plus funds, Housing Projects will serve, at a minimum, the following number of individuals each year.

Reunification (Initiative 1)	
Total Number of Families to be Served Annually	FY24-25
Rapid Rehousing	8
Prevention	8

Vulnerable Adults (Initiative 2)	
Total Number of Individuals to be Served Annually	FY24-25
Rapid Rehousing	11
Prevention	14

13. **D-3.2.** is amended to add:

D-3.2.5. Challenge Unsheltered Grant Activities – The applicability of this section is identified in **B-1.2.2.** Each month, the provider shall provide eligible service tasks as described in **Exhibit C2** to individuals suffering homelessness or at risk of homelessness, or homeless organizations (shelters, homeless service organizations).

If providing support to homelessness organizations which is not directly tied to specific individuals who are suffering homelessness or at risk of homelessness (i.e. shelter construction, improvement, supply costs, operating costs, staff costs), a unit of service is (1) month of providing eligible service tasks at a rate of one unit of one deliverable per \$1,235 spent on providing eligible service tasks. When using this rate to determine the level of deliverables achieved per (1) month unit of service, any partial deliverables achieved should be rounded downward to the nearest whole number.

The Challenge Unsheltered Grant will serve, at a minimum, the following number of individuals, or organizations at the rate specified above, each fiscal year.

Fiscal Year (FY)	FY24-25
Total Deliverables	130

14. The attached **Attachment D8** Challenge Unsheltered Grant Monthly Status Report is added.

15. **E-1.2.** is amended to add:

E-1.2.2. Challenge Unsheltered Grant – The applicability of this section is identified in **B-1.2.2.** Performance measures will specifically address deliverables and deliverable requirements identified in **Exhibit C-2, D-1.2.** and **D-3.2.**, and **Attachment E6.**

16. **E-2.3.** is amended to add:

E-2.3.2. Challenge Unsheltered Grant – The applicability of this section is identified in **B-1.2.2.** Performance measures will specifically address deliverables and deliverable requirements identified in **Exhibit C-2, D-1.2.** and **D-3.2.**, and **Attachment E6.**

Minimum Service Target	Criteria for Evaluating Completion
Challenge Unsheltered Grant Activities – complete at a minimum the number of deliverables as identified in D-3.2.5. (Annual).	100% of deliverables as identified in D-3.2.5. completed with sufficient deliverable requirements and documentation

- 17. The attached **Attachment E6** Challenge Unsheltered Grant Back-up Documentation is added.
- 18. **F.1.2.1. Challenge, Challenge Plus, and Challenge Unsheltered Grants –** Administrative Costs for the Challenge, **Challenge Plus, and Challenge Unsheltered Grants** may not exceed the percentage outlined in §420.622(4)(d), F.S.
- 19. **F-2.1.** This is a multi-year fixed price and/or cost reimbursement contract for the provision of services to homeless persons. The Department shall pay the Provider for the delivery of service units provided in accordance with terms of this contract for a total dollar amount not to exceed **\$9,148,029.75**, subject to availability of funds.

FISCAL YEAR	ANNUAL FUNDING
2019-2020	\$521,142.85
2020-2021	\$920,142.85
2021-2022	\$2,883,538.59
2022-2023	\$1,659,399.11
2023-2024	\$1,514,866.50
2024-2025	\$1,648,939.85
Total	\$9,148,029.75

*Any Challenge and Challenge Plus Grant funding and deliverables not utilized by June 30, 2024, will be reverted, and reappropriated to be used in the FY24/25 contract year.

- 20. **F-2.1.2.** is amended to add:

F-2.1.2.1. Challenge Unsheltered Grant – The Department agrees to reimburse for allowable costs listed below for Challenge Unsheltered Grant Activities.

FISCAL YEAR	UNIT OF SERVICE	UNITS	RATE	FISCAL YEAR TOTAL
2024-2025	One month of Eligible Challenge Unsheltered Grant Activities	N/A	N/A	\$393,192.22
Total				\$393,192.22

21. F-2.2.1. is amended to add:

F-2.2.1.2. Challenge Unsheltered Grant – The applicability of this section is identified in **B-1.2.2** and **F-2.1.2.1**. **The Challenge Unsheltered Grant is a cost reimbursement grant funded by state funds** pursuant to program guidelines under Section 420.622(4), Florida Statutes, and pursuant to proviso language in Specific Appropriation 351 of the 2024 General Appropriations Act. The Department shall reimburse the Provider for allowable expenditures incurred pursuant to the terms of this Contract for a total dollar amount identified in **F-2.1.2.1.**, subject to availability of funds.

22. The attached **Attachment F8** Challenge Unsheltered Grant Monthly Invoice Report is added.

23. The attached **Attachment F8.1** Challenge Unsheltered Grant Monthly Roll-up Report is added.

24. Attachment 2 is deleted.

25. In **A-4.1.1**. “Section 4.16” is replaced by 4.1.1.6.

26. In **C-2.1.2**. and **C5** “Section 4.14” is replaced by 4.16.

27. In **C5** “Section 4.3.1.” is replaced by 4.6.

28. All provisions in the Contract and any attachments thereto in conflict with this Amendment are changed to conform with this Amendment. All provisions not in conflict with this Amendment are still in effect and are to be performed at the level specified in the Contract. This Amendment and all its attachments are made a part of the Contract.

IN WITNESS THEREOF, the parties hereto have caused this Amendment executed by their undersigned officials as duly authorized.

PROVIDER: Opening Doors of NWFL, Inc.

DEPARTMENT OF CHILDREN AND FAMILIES

Signature: Serene Keiek

Signature: Shevaun L. Harris

Name: Serene Keiek

Name: Shevaun L. Harris

Title: Interim-Director

Title: Secretary

Date: 10/30/2024 | 4:21 PM EDT

Date: 10/30/2024 | 4:23 PM EDT

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Opening Doors NWFL, Inc

Proposed Budget FY 2024-2025

Ordinary Income/Expense

Income

4000 · Unrestricted Contributions/ABWTG	\$	25,000.00
4010 - Restricted Contributions	\$	2,000.00
4020 · Noncash Contribution	\$	21,500.00
Total Contributions	\$	48,500.00
4520 · Federal Grants		
4522 · Coord. Entry - Opening Doors		
4522.1 CE - Supportive Services	\$	241,811.00
4522.2 CE - HMIS Hosting Fee	\$	2,000.00
4522.4 CE - Leasing	\$	48,000.00
4522.6 CE - VAWA	\$	3,000.00
4522.5 CE - Admin	\$	29,090.00
4524 · CoC Fed Planning	\$	118,000.00
4525 · HMIS Grant	\$	130,896.00
4525.2 HMIS Grant - VAWA	\$	3,000.00
4525.1 · HMIS Grant - Admin Fees	\$	10,078.00
4529 - HUD PSH	\$	41,437.00
Total 4520 · Federal Grants	\$	627,312.00
4530 · State Grants		
4026 · Challenge Grant	\$	678,240.00
4026.1 · Challenge Grant Admin Fees APZ10	\$	70,464.00
4027 - Challenge Grant Plus		
4027.1 - Challenge Plus Admin	\$	32,704.00
4027.2 - Challenge Plus Initiative #1	\$	89,505.00
4027.3 - Challenge Plus Initiative #2	\$	205,903.00
4531 · Coc Staffing Grant APZ10	\$	185,895.00
4538 · ESG Grant Annual CFDA 14.231	\$	269,046.00
4538.1 · ESG Grant Admin CFDA 14.231	\$	14,102.00
4539 · TANF Grant CFDA 93.558	\$	18,733.00
4539.1 · TANF Admin CFDA 93.558	\$	1,107.00
4539.2 · TANF - Case Management CFDA 93.558	\$	18,160.00
Total 4530 · State Grants	\$	1,583,859.00
4540 · County Grants		
		\$ 2,259,671.00

Expense

7000 · HMIS Expenses		
7001 · HMIS Background Checks	\$	3,500.00
7002 · HMIS - Office Expense	\$	500.00
7003 · HMIS - Training	\$	500.00
7004 · HMIS - Lodging	\$	500.00

7005 · HMIS - Program Expenses	\$	7,000.00
7006 · HMIS -Travel	\$	500.00
7007 · HMIS - Meals	\$	250.00
7008 - HMIS Equipment	\$	2,500.00
Total 7000 · HMIS - Expenses	\$	45,311.00
7010 - HUD PSH	\$	41,437.00
7012 - Coordinated Entry	\$	88,228.00
7014 - Federal Staffing	\$	66,432.00
Total Federal Grants	\$	241,408.00
7025 Coc Staffing Grant APZ10	\$	42,896.00
Total State Staffing	\$	42,896.00
7027 · State TANF Grant Expenses	\$	-
Housing	\$	18,733.00
Case Mangement	\$	18,160.00
Agency Admin	\$	1,107.00
Total State TANF Expenses	\$	38,000.00
7026 State Challenge Grant APZ10		
7026.11 - Housing Need	\$	631,052.00
7026.12 - Program Need	\$	28,312.00
7026.13 - Service Need	\$	18,875.00
7026.4 - Admin	\$	70,465.00
Total Challenge Grant Expenses	\$	748,704.00
7035 State Challenge Grant Plus		
7035.1 - Initiative #1 RRH	\$	35,912.00
7035.1 - Initiative #1 HP	\$	47,325.00
7035.1 - Initiative #1 HMIS	\$	5,267.00
7035.1 - Initiative #1 Admin	\$	9,312.00
7035.2 - Initiative #2 RRH	\$	89,353.00
7035.2 - Initiative #2 HP	\$	97,954.00
7035.2 - Initiative #2 HMIS	\$	13,595.00
7035.2 - Initiative #2 Admin	\$	16,392.00
Total Challenge Grant Plus	\$	315,110.00
7028 · State Annual ESG Expenses		
7028.2 - Street Outreach	\$	19,710.00
7028.3 - Emergency Shelter	\$	97,840.00
7028.4 - Homeless Prevention	\$	98,915.00
7028.5 - Rapid Rehousing	\$	44,070.00
7028.6 - HMIS	\$	8,513.00
7028.7 - Admin	\$	12,101.00
7028 - Total ESG State Expenses	\$	281,149.00
Total State Grants	\$	1,425,859.00
7032 · A Better Way to Give	\$	5,000.00

Total 7032 · A Better Way to Give	\$	5,000.00
7220 · Salaries & Wages		
HMIS	\$	98,663.00
Coordinated Entry	\$	132,024.00
Staffing State	\$	132,999.00
CoC Planning Federal	\$	51,568.00
7500 - Contract Services	\$	1,400.00
7525 · Advertising	\$	500.00
7535 · Taxes and Licenses	\$	250.00
7540 · Accounting & Legal Fees	\$	35,300.00
7541 · Dues and Subscription	\$	5,200.00
7560 · Donations	\$	-
7570 · Fundraising Expense	\$	500.00
8000 · Repairs and Maintenance	\$	6,500.00
8100 · Office Expense	\$	6,000.00
8105 · Auto Expense	\$	-
8131 · Website	\$	250.00
8111 - Bank Fees	\$	250.00
8126 Gifts	\$	2,500.00
8132 · Internet Att	\$	7,500.00
8134 · Cell Phone.	\$	630.00
8135 - KMS Communication	\$	8,820.00
8140 · Postage and Shipping	\$	250.00
8170 · Printing and Publications	\$	1,500.00
8210 · Rent	\$	48,000.00
8211 · Utilities	\$	14,800.00
8212 · Training	\$	100.00
8215 · Insurance	\$	1,500.00
8265 · Client Assistance	\$	16,500.00
8270 · Depreciation Expense	\$	12,500.00
8313 · Meals - 100%	\$	1,400.00
Total Operating Expenses	\$	587,404.00
Total Expense	\$	2,259,671.00
Net Ordinary Income	\$	-



Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077394588
Jan. 26, 2018 LTR 4168C 0
59-2909065 000000 00

00023821
BODC: TE

OPENING DOORS NORTHWEST FLORIDA INC
3702 NORTH PACE BLVD
PENSACOLA FL 32505



014391

Employer ID Number: 59-2909065
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Nov. 20, 2017, regarding your tax-exempt status.

We issued you a determination letter in May 1990, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

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).

4077394588
Jan. 26, 2018 LTR 4168C 0
59-2909065 000000 00
00023822

OPENING DOORS NORTHWEST FLORIDA INC
3702 NORTH PACE BLVD
PENSACOLA FL 32505

Sincerely yours,

Stephen A. Martin

Stephen A. Martin
Director, EO Rulings & Agreements

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>Opening Doors Northwest Florida, Inc</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>1020 N. New Warrington Rd</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p> <p>Pensacola, FL 32506</p>	
	<p>7 List account number(s) here (optional)</p>	

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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
5	9	-	2	9	0	9	0	6	5

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>Joan M. U.S. Director of Accounting</i>	Date ▶ <i>1/2/24</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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning **07/01/22** , and ending **06/30/23**

59-2909065

Opening Doors Northwest Florida Inc

Net Asset / Fund Balance at Beginning of Year		<u>438,622</u>
Revenue		
Contributions	<u>1,564,412</u>	
Program service revenue	<u>13,745</u>	
Investment income	<u> </u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u> </u>	
Direct expenses	<u> </u>	
Net income	<u> </u>	
Other income	<u>2,395</u>	
Total revenue		<u>1,580,552</u>
Expenses		
Program services	<u>1,507,616</u>	
Management and general	<u>223,942</u>	
Fundraising	<u> </u>	
Total expenses		<u>1,731,558</u>
Excess / (deficit)		<u>-151,006</u>
Changes		<u> </u>
Net Asset / Fund Balance at End of Year		<u><u>287,616</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u> </u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u><u>1,580,552</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u> </u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u><u>1,731,558</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>1,151,552</u>	<u>589,051</u>	
Liabilities	<u>712,930</u>	<u>301,435</u>	
Net assets	<u><u>438,622</u></u>	<u><u>287,616</u></u>	<u>-151,006</u>

Miscellaneous Information

Amended return _____

Return / extended due date **05/15/24**

Failure to file penalty _____

Form **8879-TE**

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 7/01, 2022, and ending 6/30, 2023

2022

Department of the Treasury
Internal Revenue Service
Name of filer

**Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**

EIN or SSN
59-2909065

Name and title of officer or person subject to tax **John Johnson
Executive Director**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-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 for 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-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here	<input type="checkbox"/> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,580,552
<input type="checkbox"/> 2a Form 990-EZ check here	<input type="checkbox"/> b Total revenue, if any (Form 990-EZ, line 9)	2b	
<input type="checkbox"/> 3a Form 1120-POL check here	<input type="checkbox"/> b Total tax (Form 1120-POL, line 22)	3b	
<input type="checkbox"/> 4a Form 990-PF check here	<input type="checkbox"/> b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
<input type="checkbox"/> 5a Form 8868 check here	<input type="checkbox"/> b Balance due (Form 8868, line 3c)	5b	
<input type="checkbox"/> 6a Form 990-T check here	<input type="checkbox"/> b Total tax (Form 990-T, Part III, line 4)	6b	
<input type="checkbox"/> 7a Form 4720 check here	<input type="checkbox"/> b Total tax (Form 4720, Part III, line 1)	7b	
<input type="checkbox"/> 8a Form 5227 check here	<input type="checkbox"/> b FMV of assets at end of tax year (Form 5227, Item D)	8b	
<input type="checkbox"/> 9a Form 5330 check here	<input type="checkbox"/> b Tax due (Form 5330, Part II, line 19)	9b	
<input type="checkbox"/> 10a Form 8038-CP check here	<input type="checkbox"/> b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 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. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Darsha Lamb, CPA, LLC to enter my PIN 09065 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 04/22/24

Part III Certification and Authentication

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

59892372008

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Darsha Lamb, CPA Date 04/22/24

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

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

Form **8879-TE** (2022)

Form **990**

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
2022
 Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">Opening Doors Northwest Florida Inc</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 17222 City or town, state or province, country, and ZIP or foreign postal code Pensacola FL 32522	D Employer identification number <p align="center">59-2909065</p> E Telephone number <p align="center">850-439-3009</p> G Gross receipts\$ 1,580,552
F Name and address of principal officer: Dr. David Josephs PO BOX 17222 Pensacola FL 32522		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: www.openingdoorsnwfl.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1989 M State of legal domicile: FL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: See Schedule O			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3	12	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	26	
6	Total number of volunteers (estimate if necessary)	6	194	
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	
8	Contributions and grants (Part VIII, line 1h)	4,453,918	1,564,412	
9	Program service revenue (Part VIII, line 2g)	35,000	13,745	
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0	
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,441	2,395	
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,499,359	1,580,552	
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,358,193	868,084	
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	815,922	661,064	
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b	Total fundraising expenses (Part IX, column (D), line 25)	0	0	
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	250,472	202,410	
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,424,587	1,731,558	
19	Revenue less expenses. Subtract line 18 from line 12	74,772	-151,006	
20	Total assets (Part X, line 16)	1,151,552	589,051	
21	Total liabilities (Part X, line 26)	712,930	301,435	
22	Net assets or fund balances. Subtract line 21 from line 20	438,622	287,616	

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 John Johnson Type or print name and title	Date Executive Director
Paid Preparer Use Only	Print/Type preparer's name Darsha Lamb, CPA	Preparer's signature Darsha Lamb, CPA
	Firm's name Darsha Lamb, CPA, LLC	Firm's EIN 81-5072008
	Firm's address 2172 W Nine Mile Road # 222 Pensacola, FL 32534-9413	Phone no. 870-219-1760
	Date 04/22/24	Check <input checked="" type="checkbox"/> if self-employed PTIN P00732422

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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 \$ **213,177** including grants of \$) (Revenue \$)

The Organization maintains the Homeless Management Information System (HMIS), which is a computer software system that enables the Organization to support and monitor service providers. The program not only allows for the collection of information on clients requesting services but also aides in the coordination of agencies actively involved in ensuring homelessness is rare, brief, and non-reoccurring. HMIS allows for deeper coordination of services, enhanced decision making, policy development, avoidance of duplication, and accurate tracking of clients as they move through the community.

4b (Code:) (Expenses \$ **603,214** including grants of \$ **390,036**) (Revenue \$)

The Organization provides direct assistance to individuals and families, youth, and those suffering life's challenges. Among the direct services are: mortgage, rental, and utility assistance; temporary housing; fuel vouchers; prescription medication; emergency food assistance; hotel vouchers; employment screening; pre-employment physicals; assistance in obtaining vital records such as birth certificates and Social Security Cards; marriage licenses; state identification cards and drivers licenses; transportation services both in town and long distance. Additionally, the Organization partners with Escambia County Schools District to assist school age children from families who are either homeless or at risk of becoming homeless to remain in their school of origin.

4c (Code:) (Expenses \$ **691,225** including grants of \$ **478,048**) (Revenue \$)

The Organization applies for, receives, allocates, monitors, and serves as the lead agency for the state funded Challenge and Emergency Solutions Grant (ESG). Both grants are awarded to the Organization and are pass-through funds. The Challenge Grant is authorized by section 420.622(4), Florida Statutes, to provide grant funding to lead agencies for homeless assistance. The Challenge Grants are used to assist a variety of persons and families with varing needs. The ESG Grant provides outreach, rapid rehousing, homeless prevention, and emergency shelter. The Organization works with community providers to execute both grants. The overall goal of the grants is to provide a pathway for partnerships between local agencies striving to reduce homelessness in Escambia and Santa Rosa Counties.

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

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

4e Total program service expenses **1,507,616**

Part IV Checklist of Required Schedules

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

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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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):		
a	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
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	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 non-cash 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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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 Compliance

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

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

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	26		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			X
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			X
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			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
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

		Yes	No
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.		
1b	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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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

John Johnson 1020 N. New Warrington Road
Pensacola FL 32506 850-439-3009

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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)Dr. David Josephs President	5.00 0.00	X		X				0	0	0
(2)Dr Marcus McBride Vice President	5.00 0.00	X		X				0	0	0
(3)Frances McCurdy Director	5.00 0.00	X						0	0	0
(4)Raymond Mitchell Director	5.00 0.00	X						0	0	0
(5)Jordyn Palmer Director	5.00 0.00	X						0	0	0
(6)Dr Vanessa Phillips Secretary	5.00 0.00	X		X				0	0	0
(7)Cheryl Riggs Treasurer	5.00 0.00	X		X				0	0	0
(8)Andrea Roberts Director	5.00 0.00	X						0	0	0
(9)Melissa Sidoti Director	5.00 0.00	X						0	0	0
(10)Abe Singh Director	5.00 0.00	X						0	0	0
(11)Marsha Travis Director	5.00 0.00	X						0	0	0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	1,507,748					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	56,664					
	g Noncash contributions included in lines 1a-1f	1g	\$ 44,657					
	h Total. Add lines 1a-1f			1,564,412				
	Program Service Revenue	2a HMIS	Business Code 518210		13,745	13,745		
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				13,745				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)							
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real		(ii) Personal				
		6a						
		6b						
	b Less: rental expenses							
	c Rental inc. or (loss)							
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	(i) Securities		(ii) Other				
		7a						
		7b						
	b Less: cost or other basis and sales exps.							
	c Gain or (loss)							
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
		8a						
b Less: direct expenses								
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19								
	9a							
b Less: direct expenses								
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances								
	10a							
b Less: cost of goods sold								
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11a Other Income	Business Code		1,695	1,695			
	b Youth Action Board			700	700			
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			2,395				
12 Total revenue. See instructions			1,580,552	16,140	0	0		

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	478,048	478,048		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	390,036	390,036		
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				
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	584,250	403,132	181,118	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	29,653	20,461	9,192	
10 Payroll taxes	47,161	32,541	14,620	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	51,300	46,170	5,130	
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.)				
12 Advertising and promotion	549	494	55	
13 Office expenses	26,998	24,298	2,700	
14 Information technology	19,733	17,760	1,973	
15 Royalties				
16 Occupancy	46,060	41,454	4,606	
17 Travel	2,677	2,409	268	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,392	1,392		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,153	28,938	3,215	
23 Insurance	5,164	4,648	516	
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 Utilities	15,199	15,199		
b Meals	636	636		
c Taxes and Licenses	549		549	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,731,558	1,507,616	223,942	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	167,507	1	159,972
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	859,159	3	174,853
	4 Accounts receivable, net		4	
	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	7,450	8	4,977
	9 Prepaid expenses and deferred charges	11,237	9	6,755
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 194,114		
	b Less: accumulated depreciation	10b 120,068	10c	74,046
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	168,448
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,151,552	16	589,051	
Liabilities	17 Accounts payable and accrued expenses	690,526	17	90,658
	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	22,404	25	210,777
	26 Total liabilities. Add lines 17 through 25	712,930	26	301,435
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	438,622	27	287,416
	28 Net assets with donor restrictions		28	200
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	438,622	32	287,616
33 Total liabilities and net assets/fund balances	1,151,552	33	589,051	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,580,552
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,731,558
3	Revenue less expenses. Subtract line 2 from line 1	3	-151,006
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	438,622
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	287,616

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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?		
3b	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

2022

Open to Public Inspection

Name of the organization

Opening Doors Northwest Florida Inc

Employer identification number

59-2909065

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						

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

Schedule A (Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	668,439	1,218,752	1,620,244	4,453,918	1,564,412	9,525,765
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	668,439	1,218,752	1,620,244	4,453,918	1,564,412	9,525,765
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						9,525,765

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	668,439	1,218,752	1,620,244	4,453,918	1,564,412	9,525,765
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11 Total support. Add lines 7 through 10						9,525,765
12 Gross receipts from related activities, etc. (see instructions)					12	94,766
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.96 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. 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—2021. 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? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>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.</i>		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	<input type="checkbox"/> 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 <i>(continued)</i>				
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— <i>provide details in Part VI</i>)		5	
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.		8	
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

Opening Doors Northwest Florida Inc

59-2909065

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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, 1b 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 |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		34,759	33,012	1,747
e Other		159,355	87,056	72,299
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				74,046

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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) Lease Liability	175,008
(3) Payroll Liabilities	35,769
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	210,777

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

Opening Doors Northwest Florida Inc

Employer identification number

59-2909065

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Catholic Charities 11 North B Street Pensacola FL 32502	59-3213644	501c3	152,339				Homeless Prevention
(2)	Bright Bridge Foundation 2600 W Strong Street Pensacola FL 32505	87-3808831	501c3	76,126				Emergency Shelter
(3)	Favor House of NW Florida 2001 W Blount St Pensacola FL 32501	59-2075120	501c3	35,350				Emergency Shelter
(4)	Re-Entry Alliance Pensacola 1000 W Blount Street Pensacola FL 32501	38-3908383	501c3	66,946				Emergency Shelter
(5)	AMR of Pensacola 730 Bayfront Pkwy Suite B Pensacola FL 32502	59-2940708		54,621				Homeless Prevention
(6)	United Ministries 257 B Lee Street Pensacola FL 32503	59-2865996		92,666				Homeless Prevention
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Schedule I (Form 990) (2022)

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

2022

**Open To Public
Inspection**

Opening Doors Northwest Florida Inc

Employer identification number

59-2909065

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	X		10,000	
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	X	1	21,941	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()	X	1	12,716	
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.		

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

Schedule M (Form 990) 2022

**SCHEDULE O
(Form 990)**

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 the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

Opening Doors Northwest Florida Inc

Employer identification number

59-2909065

Form 990 - Organization's Mission or Most Significant Activities

The Organization works to eliminate homelessness by supporting people who are homeless or at risk, local service providers and other interested individuals and groups through advocacy, education, organizing and networking.

Form 990 - Organization's Mission

The Organization works to eliminate homelessness by supporting people who are homeless or at risk, local service providers and other interested individuals and groups through advocacy, education, organizing and networking.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The tax return is reviewed by the Organization's accountant and executive director.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Potential conflicts are discussed annually by the board of directors.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Compensation of executive director is determined by board of directors by researching compensation of other comparable non-profit agencies of similar size and budget.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

Opening Doors Northwest Florida Inc

59-2909065

Documents and financial statements are available to the public upon request at 1020 N. New Warrington Road, Pensacola, Florida.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment Sequence No. **179**

Name(s) shown on return

Opening Doors Northwest Florida Inc

Identifying number

59-2909065

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	32,153

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	32,153
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2022)

DAA

There are no amounts for Page 2

59-2909065

Federal Asset Report

FYE: 6/30/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
2	Computer	12/31/12	598			598	5 MO S/L	598	0
3	Projector	6/30/14	683			683	5 MO S/L	683	0
4	CyberpowerPC Computer	6/30/14	509			509	5 MO S/L	509	0
5	Camcorder	6/30/14	1,838			1,838	5 MO S/L	1,838	0
6	Dell Inspiron Laptop	6/30/14	500			500	5 MO S/L	500	0
7	Computer	3/18/14	550			550	5 MO S/L	550	0
8	7 office partitions	11/07/14	5,999			5,999	7 MO S/L	5,999	0
9	Dell Inspiron 17R-5000 Laptop	5/22/15	649			649	5 MO S/L	649	0
10	2 Fargo DTC 1000 ID Card Printers	6/05/15	2,500			2,500	5 MO S/L	2,500	0
11	Access Control System	11/23/15	976			976	7 MO S/L	917	59
12	HP22 Desktop	2/02/16	549			549	5 MO S/L	549	0
13	HP Pavillion Desktop Computer	7/21/16	600			600	5 MO S/L	600	0
14	HTC 2PS64 Cell	7/20/16	671			671	5 MO S/L	671	0
15	2010 Ford Van	1/16/17	7,709			7,709	5 MO S/L	7,709	0
16	2002 GMC Yukon	12/31/17	3,447			3,447	5 MO S/L	3,102	345
17	Cannon EOS T6I Camera	5/16/17	752			752	5 MO S/L	752	0
18	Infocus 70" Fusion Cart	6/30/17	12,228			12,228	7 MO S/L	8,734	1,747
19	Smartdraw Software	6/30/17	617			617	3 MO S/L	617	0
20	5 Inspiron 3277	6/15/18	2,650			2,650	5 MO S/L	2,164	486
21	4 Inspiron 5475	6/15/18	3,040			3,040	5 MO S/L	2,483	557
22	Epson Pro Projector EX9220	6/21/18	730			730	5 MO S/L	584	146
23	Epson Pro Projector EX9210	6/21/18	680			680	5 MO S/L	544	136
24	Apple IPAD Pro	6/21/18	1,080			1,080	5 MO S/L	864	216
25	Samsung Phone Note 9 and Case	5/07/18	1,000			1,000	5 MO S/L	767	200
26	Shed	6/13/19	4,515			4,515	10 MO S/L	1,392	452
27	2019 Ford Transit Van	6/01/20	88,833			88,833	5 MO S/L	35,533	17,767
28	2019 Mazda CX-5	7/30/21	26,972			26,972	5 MO S/L	4,945	5,394
29	2019 Chevy Silverado	3/17/22	23,239			23,239	5 MO S/L	1,162	4,648
	Total Other Depreciation		<u>194,114</u>			<u>194,114</u>		<u>87,915</u>	<u>32,153</u>
	Total ACRS and Other Depreciation		<u>194,114</u>			<u>194,114</u>		<u>87,915</u>	<u>32,153</u>
Amortization:									
30	Right of Use Asset	7/01/22	168,448			168,448	5 MO Amort	0	0
			<u>168,448</u>			<u>168,448</u>		<u>0</u>	<u>0</u>
	Grand Totals		362,562			362,562		87,915	32,153
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>362,562</u>			<u>362,562</u>		<u>87,915</u>	<u>32,153</u>

59-2909065

FL Asset Report

FYE: 6/30/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
Other Depreciation:								
2	Computer	12/31/12	598	598	598	0	0	0
3	Projector	6/30/14	683	683	683	0	0	0
4	CyberpowerPC Computer	6/30/14	509	509	509	0	0	0
5	Camcorder	6/30/14	1,838	1,838	1,838	0	0	0
6	Dell Inspirion Laptop	6/30/14	500	500	500	0	0	0
7	Computer	3/18/14	550	550	550	0	0	0
8	7 office partitions	11/07/14	5,999	5,999	5,999	0	0	0
9	Dell Inspirion 17R-5000 Laptop	5/22/15	649	649	649	0	0	0
10	2 Fargo DTC 1000 ID Card Printers	6/05/15	2,500	2,500	2,500	0	0	0
11	Access Control System	11/23/15	976	976	917	59	59	0
12	HP22 Desktop	2/02/16	549	549	549	0	0	0
13	HP Pavillion Desktop Computer	7/21/16	600	600	600	0	0	0
14	HTC 2PS64 Cell	7/20/16	671	671	671	0	0	0
15	2010 Ford Van	1/16/17	7,709	7,709	7,709	0	0	0
16	2002 GMC Yukon	12/31/17	3,447	3,447	3,102	345	345	0
17	Cannon EOS T6I Camera	5/16/17	752	752	752	0	0	0
18	Infocus 70" Fusion Cart	6/30/17	12,228	12,228	8,734	1,747	1,747	0
19	Smartdraw Software	6/30/17	617	617	617	0	0	0
20	5 Inspirion 3277	6/15/18	2,650	2,650	2,164	486	486	0
21	4 Inspirion 5475	6/15/18	3,040	3,040	2,483	557	557	0
22	Epson Pro Projector EX9220	6/21/18	730	730	584	146	146	0
23	Epson Pro Projector EX9210	6/21/18	680	680	544	136	136	0
24	Apple IPAD Pro	6/21/18	1,080	1,080	864	216	216	0
25	Samsung Phone Note 9 and Case	5/07/18	1,000	1,000	767	200	200	0
26	Shed	6/13/19	4,515	4,515	1,392	452	452	0
27	2019 Ford Transit Van	6/01/20	88,833	88,833	35,533	17,767	17,767	0
28	2019 Mazda CX-5	7/30/21	26,972	26,972	4,945	5,394	5,394	0
29	2019 Chevy Silverado	3/17/22	23,239	23,239	1,162	4,648	4,648	0
	Total Other Depreciation		<u>194,114</u>	<u>194,114</u>	<u>87,915</u>	<u>32,153</u>	<u>32,153</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>194,114</u>	<u>194,114</u>	<u>87,915</u>	<u>32,153</u>	<u>32,153</u>	<u>0</u>
Amortization:								
30	Right of Use Asset	7/01/22	208,500	208,500	0	0	0	0
			<u>208,500</u>	<u>208,500</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		402,614	402,614	87,915	32,153	32,153	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>402,614</u>	<u>402,614</u>	<u>87,915</u>	<u>32,153</u>	<u>32,153</u>	<u>0</u>

59-2909065

AMT Asset Report

FYE: 6/30/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
2	Computer	12/31/12	598			598	5 MO S/L	598	0
3	Projector	6/30/14	683			683	5 MO S/L	683	0
4	CyberpowerPC Computer	6/30/14	509			509	5 MO S/L	509	0
5	Camcorder	6/30/14	1,838			1,838	5 MO S/L	1,838	0
6	Dell Inspiron Laptop	6/30/14	500			500	5 MO S/L	500	0
7	Computer	3/18/14	0			0	0 HY	0	0
8	7 office partitions	11/07/14	0			0	0 HY	0	0
9	Dell Inspiron 17R-5000 Laptop	5/22/15	649			649	5 MO 150DB	649	0
10	2 Fargo DTC 1000 ID Card Printers	6/05/15	2,500			2,500	5 MO 150DB	2,500	0
11	Access Control System	11/23/15	976			976	7 MO 150DB	926	50
12	HP22 Desktop	2/02/16	549			549	5 MO S/L	549	0
13	HP Pavillion Desktop Computer	7/21/16	600			600	5 MO S/L	600	0
14	HTC 2PS64 Cell	7/20/16	671			671	5 MO S/L	671	0
15	2010 Ford Van	1/16/17	0			0	0 HY	0	0
16	2002 GMC Yukon	12/31/17	0			0	0 HY	0	0
17	Cannon EOS T6i Camera	5/16/17	0			0	0 HY	0	0
18	Infocus 70" Fusion Cart	6/30/17	0			0	0 HY	0	0
19	Smartdraw Software	6/30/17	0			0	0 HY	0	0
20	5 Inspiron 3277	6/15/18	0			0	0 HY	0	0
21	4 Inspiron 5475	6/15/18	0			0	0 HY	0	0
22	Epson Pro Projector EX9220	6/21/18	0			0	0 HY	0	0
23	Epson Pro Projector EX9210	6/21/18	0			0	0 HY	0	0
24	Apple IPAD Pro	6/21/18	0			0	0 HY	0	0
25	Samsung Phone Note 9 and Case	5/07/18	0			0	0 HY	0	0
26	Shed	6/13/19	0			0	0 HY	0	0
27	2019 Ford Transit Van	6/01/20	88,833			88,833	5 MO S/L	35,533	17,767
28	2019 Mazda CX-5	7/30/21	0			0	0 HY	0	0
29	2019 Chevy Silverado	3/17/22	0			0	0 HY	0	0
	Total Other Depreciation		<u>98,906</u>			<u>98,906</u>		<u>45,556</u>	<u>17,817</u>
	Total ACRS and Other Depreciation		<u>98,906</u>			<u>98,906</u>		<u>45,556</u>	<u>17,817</u>
	Grand Totals		98,906			98,906		45,556	17,817
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>98,906</u>			<u>98,906</u>		<u>45,556</u>	<u>17,817</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Other Depreciation:</u>					
2	Computer	12/31/12	598	0	0
3	Projector	6/30/14	683	0	0
4	CyberpowerPC Computer	6/30/14	509	0	0
5	Camcorder	6/30/14	1,838	0	0
6	Dell Inspiron Laptop	6/30/14	500	0	0
7	Computer	3/18/14	550	0	0
8	7 office partitions	11/07/14	5,999	0	0
9	Dell Inspiron 17R-5000 Laptop	5/22/15	649	0	0
10	2 Fargo DTC 1000 ID Card Printers	6/05/15	2,500	0	0
11	Access Control System	11/23/15	976	0	0
12	HP22 Desktop	2/02/16	549	0	0
13	HP Pavillion Desktop Computer	7/21/16	600	0	0
14	HTC 2PS64 Cell	7/20/16	671	0	0
15	2010 Ford Van	1/16/17	7,709	0	0
16	2002 GMC Yukon	12/31/17	3,447	0	0
17	Cannon EOS T6I Camera	5/16/17	752	0	0
18	Infocus 70" Fusion Cart	6/30/17	12,228	1,747	0
19	Smartdraw Software	6/30/17	617	0	0
20	5 Inspiron 3277	6/15/18	2,650	0	0
21	4 Inspiron 5475	6/15/18	3,040	0	0
22	Epson Pro Projector EX9220	6/21/18	730	0	0
23	Epson Pro Projector EX9210	6/21/18	680	0	0
24	Apple IPAD Pro	6/21/18	1,080	0	0
25	Samsung Phone Note 9 and Case	5/07/18	1,000	33	0
26	Shed	6/13/19	4,515	451	0
27	2019 Ford Transit Van	6/01/20	88,833	17,766	17,766
28	2019 Mazda CX-5	7/30/21	26,972	5,395	0
29	2019 Chevy Silverado	3/17/22	23,239	4,647	0
	Total Other Depreciation		<u>194,114</u>	<u>30,039</u>	<u>17,766</u>
	Total ACRS and Other Depreciation		<u>194,114</u>	<u>30,039</u>	<u>17,766</u>
<u>Amortization:</u>					
30	Right of Use Asset	7/01/22	168,448	33,690	0
			<u>168,448</u>	<u>33,690</u>	<u>0</u>
	Grand Totals		<u>362,562</u>	<u>63,729</u>	<u>17,766</u>

Asset	Description	Date In Service	Cost	FL
Other Depreciation:				
2	Computer	12/31/12	598	0
3	Projector	6/30/14	683	0
4	CyberpowerPC Computer	6/30/14	509	0
5	Camcorder	6/30/14	1,838	0
6	Dell Inspiron Laptop	6/30/14	500	0
7	Computer	3/18/14	550	0
8	7 office partitions	11/07/14	5,999	0
9	Dell Inspiron 17R-5000 Laptop	5/22/15	649	0
10	2 Fargo DTC 1000 ID Card Printers	6/05/15	2,500	0
11	Access Control System	11/23/15	976	0
12	HP22 Desktop	2/02/16	549	0
13	HP Pavillion Desktop Computer	7/21/16	600	0
14	HTC 2PS64 Cell	7/20/16	671	0
15	2010 Ford Van	1/16/17	7,709	0
16	2002 GMC Yukon	12/31/17	3,447	0
17	Cannon EOS T6I Camera	5/16/17	752	0
18	Infocus 70" Fusion Cart	6/30/17	12,228	1,747
19	Smartdraw Software	6/30/17	617	0
20	5 Inspiron 3277	6/15/18	2,650	0
21	4 Inspiron 5475	6/15/18	3,040	0
22	Epson Pro Projector EX9220	6/21/18	730	0
23	Epson Pro Projector EX9210	6/21/18	680	0
24	Apple IPAD Pro	6/21/18	1,080	0
25	Samsung Phone Note 9 and Case	5/07/18	1,000	33
26	Shed	6/13/19	4,515	451
27	2019 Ford Transit Van	6/01/20	88,833	17,766
28	2019 Mazda CX-5	7/30/21	26,972	5,395
29	2019 Chevy Silverado	3/17/22	23,239	4,647
	Total Other Depreciation		<u>194,114</u>	<u>30,039</u>
	Total ACRS and Other Depreciation		<u>194,114</u>	<u>30,039</u>
Amortization:				
30	Right of Use Asset	7/01/22	208,500	41,700
			<u>208,500</u>	<u>41,700</u>
	Grand Totals		<u>402,614</u>	<u>71,739</u>

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning 07/01/22 , ending 06/30/23		

Name **Opening Doors Northwest Florida Inc** Taxpayer Identification Number **59-2909065**

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	68,322	56,664	-11,658
	2. Membership dues and assessments			
	3. Government contributions and grants	4,385,596	1,507,748	-2,877,848
	4. Program service revenue	35,000	13,745	-21,255
	5. Investment income			
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	10,441	2,395	-8,046
	12. Total revenue. Add lines 1 through 11	4,499,359	1,580,552	-2,918,807
Expenses	13. Grants and similar amounts paid	3,358,193	868,084	-2,490,109
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	815,922	661,064	-154,858
	17. Professional fundraising fees			
	18. Other professional fees	10,300	51,300	41,000
	19. Occupancy, rent, utilities, and maintenance	36,000	46,060	10,060
	20. Depreciation and Depletion	30,079	32,153	2,074
	21. Other expenses	174,093	72,897	-101,196
	22. Total expenses. Add lines 13 through 21	4,424,587	1,731,558	-2,693,029
	23. Excess or (Deficit). Subtract line 22 from line 12	74,772	-151,006	-225,778
Other Information	24. Total exempt revenue	4,499,359	1,580,552	-2,918,807
	25. Total unrelated revenue			
	26. Total excludable revenue	45,441	16,140	-29,301
	27. Total assets	1,151,552	589,051	-562,501
	28. Total liabilities	712,930	301,435	-411,495
	29. Retained earnings	438,622	287,616	-151,006
	30. Number of voting members of governing body	14	12	
31. Number of independent voting members of governing body	14	12		
32. Number of employees	23	26		
33. Number of volunteers		194		

Form 990	Tax Return History	2022
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Name Opening Doors Northwest Florida Inc	Employer Identification Number 59-2909065
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	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	668,439	1,218,752	1,620,244	4,453,918	1,564,412	
Membership dues						
Program service revenue	8,035	9,525	15,625	35,000	13,745	
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				10,441	2,395	
Total revenue	676,474	1,228,277	1,635,869	4,499,359	1,580,552	
Grants and similar amounts paid	277,373	234,635	632,408	3,358,193	868,084	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	284,580	649,724	811,865	815,922	661,064	
Professional fees		15,600	7,800	10,300	51,300	
Occupancy costs	15,060	36,140	36,000	36,000	46,060	
Depreciation and depletion	4,498	10,040	25,496	30,079	32,153	
Other expenses	102,291	232,580	271,618	174,093	72,897	
Total expenses	683,802	1,178,719	1,785,187	4,424,587	1,731,558	
Excess or (Deficit)	-7,328	49,558	-149,318	74,772	-151,006	
Total exempt revenue	676,474	1,228,277	1,635,869	4,499,359	1,580,552	
Total unrelated revenue						
Total excludable revenue	8,035	9,525	15,625	45,441	16,140	
Total Assets	510,953	554,589	469,131	1,151,552	589,051	
Total Liabilities	50,835	54,390	118,250	712,930	301,435	
Net Fund Balances	460,118	500,199	350,881	438,622	287,616	

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Federal Grants	\$ 489,602
State Grants	914,187
County Grants	47,544
CITY GOVERNMENT	56,415
	24,723
Panera Bread Company	
Food	21,941
Bombas, LLC	
Socks	10,000
Total	<u>\$ 1,564,412</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
HMIS	\$ 13,745
Youth Action Board	700
Other Income	1,695
Total	<u>\$ 16,140</u>

OPENING DOORS NORTHWEST FLORIDA, INC.

FINANCIAL STATEMENTS

JUNE 30, 2023 AND 2022

OPENING DOORS NORTHWEST FLORIDA, INC.
TABLE OF CONTENTS
JUNE 30, 2023 AND 2022

INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
Statements of Financial Position	4
Statements of Activities and Changes in Net Assets	5
Statements of Functional Expenses	6
Statements of Cash Flows	8
Notes to the Financial Statements	9
COMPLIANCE SECTION	
Schedule of Expenditures of Federal Awards	15
Notes to the Schedule of Expenditures of Federal Awards	16
Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	17
Independent Auditors' Report on Compliance for the Major Federal Program and on Internal Control Over Compliance Required by the Uniform Guidance	19
Schedule of Findings and Questioned Costs	22

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Opening Doors Northwest Florida, Inc.

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Opening Doors Northwest Florida, Inc. (the Organization) (a nonprofit organization), which comprise the statements of financial position as of June 30, 2023 and 2022, and the related statements of activities and changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Opening Doors Northwest Florida, Inc. as of June 30, 2023 and 2022, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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 the Organization's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' 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 auditors' 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 and *Government 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 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 and *Government 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 the Organization'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 the Organization'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.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated October 2, 2023, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Warren Averett, LLC

Pensacola, Florida
October 2, 2023

**OPENING DOORS NORTHWEST FLORIDA, INC.
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2023 AND 2022**

ASSETS		
	2023	2022
CURRENT ASSETS		
Cash and cash equivalents	\$ 159,972	\$ 167,508
Grants receivable	174,853	862,759
Other current assets	11,732	18,688
Total current assets	346,557	1,048,955
PROPERTY AND EQUIPMENT, NET	74,044	106,197
OPERATING LEASE RIGHT-OF-USE ASSETS, NET	168,448	-
TOTAL ASSETS	\$ 589,049	\$ 1,155,152
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable	\$ 90,658	\$ 668,808
Accrued payroll and leave liabilities	35,769	40,496
Unearned revenue	-	3,627
Current portion of operating lease liabilities	40,570	-
Total current liabilities	166,997	712,931
OPERATING LEASE LIABILITIES, NET	134,438	-
NET ASSETS		
Without donor restrictions	287,414	430,998
With donor restrictions	200	11,223
Total net assets	287,614	442,221
TOTAL LIABILITIES AND NET ASSETS	\$ 589,049	\$ 1,155,152

See notes to the financial statements.

**OPENING DOORS NORTHWEST FLORIDA, INC.
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED JUNE 30, 2023 AND 2022**

	<u>2023</u>	<u>2022</u>
NET ASSETS WITHOUT DONOR RESTRICTIONS		
Support and other revenue		
Grants revenue	\$ 1,518,545	\$ 4,420,796
Contributions	11,707	12,288
Other income	51,401	65,275
Net assets released from restriction	11,323	19,211
Total support and other revenue and net assets released from restriction	<u>1,592,976</u>	<u>4,517,570</u>
OPERATING EXPENSES		
Program services	1,424,220	4,183,635
Supporting services	312,340	235,877
Total operating expenses	<u>1,736,560</u>	<u>4,419,512</u>
CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS	<u>(143,584)</u>	<u>98,058</u>
NET ASSETS WITH DONOR RESTRICTIONS		
Contributions	300	1,000
Net assets released from restrictions	(11,323)	(19,211)
CHANGES IN NET ASSETS WITH DONOR RESTRICTIONS	<u>(11,023)</u>	<u>(18,211)</u>
CHANGES IN NET ASSETS	(154,607)	79,847
NET ASSETS, BEGINNING OF YEAR	<u>442,221</u>	<u>362,374</u>
NET ASSETS, END OF YEAR	<u>\$ 287,614</u>	<u>\$ 442,221</u>

See notes to the financial statements.

**OPENING DOORS NORTHWEST FLORIDA, INC.
STATEMENTS OF FUNCTIONAL EXPENSES
FOR THE YEARS ENDED JUNE 30, 2023 AND 2022**

	<u>Program Services</u>	<u>Supporting Services</u>	<u>2023 Total</u>
PERSONNEL COSTS			
Salaries	\$ 403,133	\$ 181,117	\$ 584,250
Fringe benefits	20,461	9,192	29,653
Payroll taxes	32,541	14,620	47,161
Total personnel costs	456,135	204,929	661,064
OPERATING EXPENSES			
Advertising	494	55	549
Client assistance	40,191	4,466	44,657
Conventions and meetings	1,392	-	1,392
Depreciation	28,938	3,215	32,153
Insurance	4,648	516	5,164
Internet and software	17,760	1,973	19,733
Meals and entertainment	572	64	636
Office expenses	21,760	2,418	24,178
Printing and publishing	2,538	282	2,820
Professional fees	46,170	5,130	51,300
Program related contracts	745,586	82,843	828,429
Rent	41,454	4,606	46,060
Taxes and licenses	494	55	549
Travel	2,409	268	2,677
Utilities	13,679	1,520	15,199
Total operating expenses	968,085	107,411	1,075,496
TOTAL EXPENSES	\$ 1,424,220	\$ 312,340	\$ 1,736,560

See notes to the financial statements.

**OPENING DOORS NORTHWEST FLORIDA, INC.
STATEMENTS OF FUNCTIONAL EXPENSES- CONTINUED
FOR THE YEARS ENDED JUNE 30, 2023 AND 2022**

	<u>Program Services</u>	<u>Supporting Services</u>	<u>2022 Total</u>
PERSONNEL COSTS			
Salaries	\$ 513,966	\$ 185,139	\$ 699,105
Fringe benefits	38,856	13,652	52,508
Payroll taxes	43,268	15,202	58,470
Total personnel costs	596,090	213,993	810,083
OPERATING EXPENSES			
Advertising	494	55	549
Client assistance	49,055	5,451	54,506
Depreciation	25,742	2,860	28,602
Insurance	5,149	572	5,721
Internet and software	15,975	1,775	17,750
Meals and entertainment	149	17	166
Office expenses	34,654	3,850	38,504
Printing and publishing	3,016	335	3,351
Professional fees	16,642	1,849	18,491
Program related contracts	3,390,585	-	3,390,585
Rent	32,400	3,600	36,000
Taxes and licenses	253	28	281
Travel	36	4	40
Utilities	13,395	1,488	14,883
Total operating expenses	3,587,545	21,884	3,609,429
TOTAL EXPENSES	<u>\$ 4,183,635</u>	<u>\$ 235,877</u>	<u>\$ 4,419,512</u>

See notes to the financial statements.

**OPENING DOORS NORTHWEST FLORIDA, INC.
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2023 AND 2022**

	<u>2023</u>	<u>2022</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Changes in net assets	\$ (154,607)	\$ 79,847
Adjustments to reconcile changes in net assets to net cash used in operating activities:		
Depreciation	32,153	28,602
Amortization of right-to-use assets	40,055	-
Changes in operating assets and liabilities:		
Decrease (increase) in operating assets		
Grants receivable	687,906	(759,476)
Other current assets	6,956	12,431
Increase (decrease) in operating liabilities		
Accounts payable	(578,150)	642,369
Accrued payroll and leave liabilities	(4,727)	(2,631)
Unearned revenue	(3,627)	(12,311)
Operating lease liabilities	(33,495)	-
Net cash used in operating activities	<u>(7,536)</u>	<u>(11,169)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	<u>-</u>	<u>(50,210)</u>
Net cash used in investing activities	<u>-</u>	<u>(50,210)</u>
NET DECREASE IN CASH AND CASH EQUIVALENTS	(7,536)	(61,379)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	167,508	228,887
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 159,972</u>	<u>\$ 167,508</u>

See notes to the financial statements.

**OPENING DOORS NORTHWEST FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2023 AND 2022**

1. DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Business

Opening Doors Northwest Florida, Inc. (the Organization) is a not-for-profit social service agency. The Organization carries out the social mission to increase public awareness of issues in Escambia and Santa Rosa counties about the nature of homelessness, establish a better way to fund programs to help the homeless and guide public giving toward coordinated resources. The office is located in Pensacola, and programs include being the lead agency for the Homeless Management Information System, street outreach and housing. The Organization's primary funding sources are grant funding from federal, state, and local or county grants.

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

Basis of Accounting

The Organization follows standards of accounting and financial reporting prescribed for nonprofit organizations. The Organization uses the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Basis of Presentation

Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Net assets without donor restrictions are not subject to donor-imposed stipulations. Board designated or appropriated amounts are legally unrestricted and are reported as part of the net assets without donor restriction class.

Net assets with donor restrictions are subject to donor-imposed stipulations that include time and/or purpose restrictions. At June 30, 2023 and 2022, net assets with donor restrictions of \$200 and \$11,223 consisted of unspent contributions designated by donors for use by a particular program or for specific purposes or functions of the Organization.

Cash and Cash Equivalents

The Organization considers all liquid investments purchased within three months of maturity to be cash equivalents.

Revenue Recognition

Revenues are reported as increases in net assets without donor restrictions unless their use is limited by donor-imposed restrictions. A summary of each of the revenue and support flows are as follows.

OPENING DOORS NORTHWEST FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2023 AND 2022

1. DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Revenue Recognition – Continued

Gifts and grants, including unconditional promises to give, are recognized as revenues as either without or with donor restrictions in the period verifiably committed by the donor. Gifts and grants of assets other than cash are recorded at their estimated fair value and per the fair value policies described elsewhere in this section. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of the estimated future cash flows using a risk-adjusted discount rate depending on the time period involved. Amortization of the discount is included in gift and grant revenue in accordance with the donor-imposed restrictions, if any, on the gifts or grants.

Conditional contributions are recorded as revenue when such amounts become unconditional which generally involves the meeting of a barrier to entitlement. This can include items like meeting a matching provision, incurring specified allowable expenses in accordance with a framework of allowable costs or other barriers. Contributions received pending designation by the donor are considered with donor restrictions until known, at which time such are reclassified, if required.

Support funded by cost reimbursement type grants is recognized as revenue as the Organization incurs costs associated for program services. Accordingly, as the Organization incurs direct programmatic expenses eligible for reimbursement under the grant agreements, revenue is recognized along with amounts allowable for overhead. Invoiced and un-invoiced amounts are recorded in grants receivable as such costs are incurred or, in the case when grants that are funded in advance, as a reduction in the associated deferred revenue from such grantor.

Grant receivables are stated at face amount with no allowance for doubtful accounts. Grants receivable represent amounts due typically under cost reimbursement type grants. An allowance for doubtful accounts is not considered necessary because probable uncollectible accounts are immaterial.

Property and Equipment

Property and equipment is recorded at cost or, if donated, at the estimated fair value at the date of the gift. The cost of maintenance and repairs is charged to expense as incurred. The Organization follows the practice of capitalizing expenditures in excess of \$2,500. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets.

Estimated useful lives of the various classes of assets are three to ten years. When assets are retired or otherwise disposed, the cost and related accumulated depreciation is removed, and any resulting gain or loss is reflected in income for the period.

Donated Services and Materials

Significant donated equipment and supplies are reflected as contributions in the accompanying statements at the estimated fair value of the equipment or supplies at the date of the donation.

OPENING DOORS NORTHWEST FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2023 AND 2022

1. DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Income Taxes

The Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes is included in the financial statements. The Organization is not aware of any uncertain tax positions that would require disclosure or accrual in accordance with United States generally accepted accounting principles.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Compensated Absences

Employees are allowed to accumulate earned but unused vacation time up to a maximum of 160 hours at calendar year-end unless the employee has worked more than five years, then the maximum accrual is 188 hours. Accordingly, an accrual for earned but unused vacation time has been included in accrued liabilities in the accompanying financial statements.

Functional Allocation of Expenses

The costs of providing the various programs and supporting services have been summarized on a functional basis in the statements of activities and change in net assets. Accordingly, certain costs have been allocated among the program and supporting services. Costs have been allocated based on time and effort or occupancy costs among the programs and supporting activities which have benefited from these allocations.

Right-Of-Use Lease Assets and Lease Liabilities

Effective July 1, 2022, the Organization adopted ASC 842. The most significant impact was the recognition of right-of-use (ROU) assets and lease liabilities for operating leases. As a result of adopting the new standard, the Organization recorded ROU assets and lease liabilities in the amount of approximately \$208,500 on July 1, 2022. The Organization, in most cases, does not record leases with an initial term of 12 months or less, instead recognizes lease expense for these leases on a straight-line basis over the lease term. For leases that commenced before July 1, 2022, the Organization has applied the modified retrospective transition method which resulted in comparative information not being restated. A number of optional practical expedients were available in transition. The Organization elected the “package of practical expedients,” which permits the Organization to not reassess the prior conclusions reached about lease identification, lease classification and initial direct costs.

Right-of-use assets and liabilities are initially measured at the present value of lease payments over the lease term, discounted using the interest rate implicit in the lease at the commencement date. Right-of-use assets are adjusted for any lease payments made prior to lease commencement, lease incentives and accrued rent. If the rate implicit in the lease cannot be readily determined, the Organization uses the risk-free interest rate.

**OPENING DOORS NORTHWEST FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2023 AND 2022**

1. DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Right-Of-Use Lease Assets and Lease Liabilities – Continued

The Organization’s leases may include options to extend or terminate the lease. When it is reasonably certain that the Organization will exercise such option, the lease term includes those periods. Lease expense for operating leases is recognized on a straight-line basis over the lease term.

Subsequent Events

Management has evaluated subsequent events through October 2, 2023, which is the date the financial statements were available to be issued.

2. GRANTS RECEIVABLE

Grants receivable are summarized as follows:

	<u>2023</u>	<u>2022</u>
ESG and ESG-CV	\$ 123,746	\$ 764,488
Other	51,107	98,271
	<u>\$ 174,853</u>	<u>\$ 862,759</u>

3. PROPERTY AND EQUIPMENT

Major classifications of property and equipment are summarized as follows:

	<u>2023</u>	<u>2022</u>
Furniture and equipment	\$ 43,913	\$ 43,913
Vehicles	150,199	150,199
	194,112	194,112
Accumulated depreciation	<u>(120,068)</u>	<u>(87,915)</u>
Property and equipment, net	<u>\$ 74,044</u>	<u>\$ 106,197</u>

During the year ended June 30, 2022, the Organization purchased approximately \$50,000 in vehicles with Continuum of Care Program funds. Depreciation expense for the years ended June 30, 2023 and 2022, was \$32,153 and \$28,602, respectively.

**OPENING DOORS NORTHWEST FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2023 AND 2022**

4. OPERATING LEASE LIABILITIES

The Organization leases its facility with lease terms expiring in 2027. At June 30, 2023, the weighted average discount rate and the weighted average remaining term (in years) were 2.89% and 3.84, respectively. Total operating lease costs were \$45,559, and short-term lease expense was \$33,495 for the year ended June 30, 2023. As previously disclosed under ASC 840, the rental expense for the year ended June 30, 2022, was \$36,000. The future minimum lease payment for each of the succeeding four years, remaining under the noncancelable operating lease, consisted of the following:

<u>Year ending June 30,</u>	<u>Amount</u>
2024	\$ 45,000
2025	48,000
2026	48,000
2027	44,000
Total minimum lease payments	<u>185,000</u>
Less imputed interest	<u>(9,992)</u>
Present value of operating lease liabilities	175,008
Less current portion of operating lease liabilities	<u>40,570</u>
	<u>\$ 134,438</u>

Total cash paid for operating lease liabilities for the year ended June 30, 2023, was \$39,000. Total ROU assets obtained in exchange for lease obligations for the year ended June 30, 2023, was \$208,503.

5. CONCENTRATIONS

Funding Contingencies

For the year ended June 30, 2023 and 2022, the Organization received 96% and 99% of its support from grant funding.

Concentration of Credit Risk

The Organization places its cash and cash equivalents with financial institutions whose credit ratings are monitored by management to minimize credit risk. However, at times, the Organization may have cash and cash equivalents at financial institutions in excess of the insured limit. At June 30, 2023 and 2022, there were no deposits in excess of the Federal Deposit Insurance Corporation (FDIC) limit.

**OPENING DOORS NORTHWEST FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2023 AND 2022**

6. LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

The Organization has a policy to manage its liquidity and reserves, following three guiding principles: operating within a prudent range of financial stability, maintaining adequate liquidity to fund near-term operations, and maintaining sufficient reserves to provide reasonable assurance that long-term obligations will be discharged.

The following table reflects the Organization's financial assets as of June 30, 2023 and 2022, reduced by amounts not available for general expenditures within one year.

	<u>2023</u>	<u>2022</u>
Cash and cash equivalents	\$ 159,972	\$ 167,508
Grants receivable, net, collectible in less than one year	<u>174,853</u>	<u>862,759</u>
Total financial assets	<u>334,825</u>	<u>1,030,267</u>
Financial assets available to meet cash needs for expenditures within one year	<u>\$ 334,825</u>	<u>\$ 1,030,267</u>

COMPLIANCE SECTION

**OPENING DOORS NORTHWEST FLORIDA, INC.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2023**

<u>Federal and State Grantor/Pass-Through Grantor/Program Title</u>	<u>Assistance Listing Number</u>	<u>Contract/ Grant Number</u>	<u>Expenditures</u>	<u>Pass-Through to Subrecipients</u>
FEDERAL AWARDS				
U.S. Department of Housing and Urban Development				
Passed through state of Florida, Department of Children and Families				
Emergency Solutions Grant Program	14.231	APZ10	\$ 257,000	\$ 239,125
COVID-19 – Emergency Solutions Grant Program	14.231	APZ10	395,186	137,508
			<u>652,186</u>	<u>376,633</u>
Direct				
Continuum of Care Program	14.267	FL0636L4H112004	6,200	-
Continuum of Care Program	14.267	FL0636L4H112105	250,870	-
Continuum of Care Program	14.267	FL0139L4H112013	16,018	-
Continuum of Care Program	14.267	FL0139L4H112114	15,564	-
Continuum of Care Program	14.267	FL0141L4H111912	143,974	-
Continuum of Care Program	14.267	FL0901L4H112100	56,976	-
			<u>489,602</u>	<u>-</u>
Housing Voucher Cluster				
Passed through City of Pensacola, Florida				
COVID-19 Section 8 Housing Choice Vouchers	14.871	FL092ES0001	56,415	-
Total Housing Voucher Cluster			<u>56,415</u>	<u>-</u>
U.S. Department of Health and Human Services				
Passed through state of Florida, Department of Children and Families				
Temporary Assistance for Needy Families	93.558	APZ10	38,000	-
TOTAL FEDERAL AWARDS			<u>\$ 1,236,203</u>	<u>\$ 376,633</u>

See notes to the schedule of expenditures of federal awards.

**OPENING DOORS NORTHWEST FLORIDA, INC.
NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2023**

A. BASIS OF PRESENTATION

The information in this schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Since the schedule presents only a select portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets or cash flows of the Organization.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accompanying schedule of expenditures of federal awards includes the federal grant activity for the year ended June 30, 2023. Expenditures reported on the schedule are reported on the accrual basis of accounting.

C. DE MINIMIS INDIRECT COST RATE ELECTION

The Organization has elected not to use the 10 percent de minimis indirect cost rate as allowed under Uniform Guidance.

D. CONTINGENCIES

The programs shown in the schedule of expenditures of federal awards are subject to audit by grantor agencies. If any expenditures or expenses are disallowed by the grantor agencies as a result of such audit, any claim for reimbursement to the grant agencies would become a liability of the Organization. In the opinion of management, all grant expenditures are in compliance with the terms of the grant agreements and applicable federal laws and regulations.

**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL
REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF
FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS**

To the Board of Directors
Opening Doors Northwest Florida, Inc.

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of Opening Doors Northwest Florida, Inc. (the Organization), which comprise the statement of financial position as of June 30, 2023, and the related statements of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated October 2, 2023.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purposes of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency or a combination of deficiencies in internal control such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented or detected and corrected on a timely basis. A *significant deficiency* is a deficiency or a combination of deficiencies in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Warren Averett, LLC

Pensacola, Florida
October 2, 2023

**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR THE
MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE
REQUIRED BY THE UNIFORM GUIDANCE**

To the Board of Directors
Opening Doors Northwest Florida, Inc.

Report on Compliance for the Major Federal Program

Opinion on the Major Federal Program

We have audited Opening Doors of Northwest Florida Inc.'s (the Organization) compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on the Organization's major federal program for the year ended June 30, 2023. The Organization's major federal program is identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2023.

Basis for Opinion on the Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with 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 opinion on compliance for the major federal program. Our audit does not provide a legal determination of the Organization's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Organization's federal programs.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Organization's compliance based on our audit. 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, *Government Auditing Standards* and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Organization's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards* and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, 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 Organization's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Organization's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Report on Internal Control over Compliance – Continued

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Warren Averett, LLC

Pensacola, Florida
October 2, 2023

**OPENING DOORS NORTHWEST FLORIDA, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2023**

A. SUMMARY OF AUDITORS' RESULTS

Financial Statements

Type of auditors' report issued: Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? _____ Yes X No
- Significant deficiency(ies) identified that is/are not considered to be material weaknesses? _____ Yes X None Reported
- Noncompliance material to financial statements noted? _____ Yes X No

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? _____ Yes X No
- Significant deficiency(ies) identified that is/are not considered to be material weaknesses? _____ Yes X None Reported

Type of auditors' report issued on compliance for major programs: Unmodified

- Any audit findings disclosed that are required to be reported in accordance with the Uniform Guidance? _____ Yes X No

Identification of major program:

Assistance Listing Number/

Name of Federal Program or Cluster	Assistance Listing Number
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Emergency Solutions Grant Program	14.231
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Dollar threshold used to distinguish between type A and type B programs for federal awards?	<u>\$750,000</u>
---	------------------

- | | |
|---|---------------------------|
| Auditee qualified as low-risk auditee for federal awards? | _____ Yes <u> X </u> No |
|---|---------------------------|

**OPENING DOORS NORTHWEST FLORIDA, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2023**

B. FINDINGS – FINANCIAL STATEMENTS

There were no findings which were required to be reported in accordance with government auditing standards generally accepted in the United States of America.

C. FINDINGS AND QUESTIONED COSTS – MAJOR FEDERAL AWARD PROGRAM

There were no findings which were required to be reported in accordance with the Uniform Guidance.

Opening Door NWFL and Via Teams

Board Minutes

Call to Order: Meeting called to order 8:30 am

Members present: Dr. David Josephs, Dr. Marcus McBride and Dr. Vanessa Phillips

Proxy Votes:

Staff: Serene Keiek, Martika Baker, Joan Vincent.

2025 Opening Doors Board of Directors Action Items					
Action Item	Action Item	Motion Made By	2 nd	# of Members Voting + Proxy	Motion Passes Yes or No
1	Approve Grant Application for County Home Art Grant	Dr. McBride	Dr. Phillips	3	Yes

Call to Order: Dr. Josephs called the meeting to order at 8:30.

Summary:

Serene Keiek and Martika presented their grant application for the Escambia County Home Art Grant, requesting \$150,000 for a housing navigator and a SOAR case manager, emphasizing the need for a board resolution to qualify for submission by the 5 p.m. deadline. David Josephs provided context on previous funding discussions, noting that Lakeview Center chose not to partner with the FQHC for this grant, while highlighting the availability of \$800,000 in county funding for supported services. The application includes a sustainability plan for future funding beyond the initial four years.

David initiated a discussion on the necessity of hiring a SOAR manager and housing navigator, leading Serene to propose a motion for board approval, which passed unanimously. The motion will be presented to the full board at their next meeting, which is scheduled after the grant deadline, and Joan Vincent was assigned to draft the official meeting minutes.

Grant Funding Discussion and Motion Approval:

David Josephs led a discussion on the necessity of applying for grant funding to fill critical roles, including a SOAR manager and a housing navigator. Serene Keiek proposed a motion to proceed with the application, highlighting the need for board approval. The motion was put to a vote. All 3 executive board members present voted to approve the application.

Action Items:

- * Martika Baker will complete the outcomes section of the grant by 5 p.m. today.
- * Serene Keiek will send the draft of the grant to all board members for review.
- * Serene Keiek will ensure the motion is presented to the full board.
- * Joan Vincent will write up the meeting minutes, including attendance and decisions made.

Adjourned: The meeting was adjourned at 8:50 a.m.