

2018 Impact 100 Letter of Intent and Grant Application - ABC Services, Inc. / Bet, Betty

Program Name :Read to Succeed! Improving Reading Performance for At Risk Students

Applicant View

Letter of Intent

IMPACT 100 Letter of Intent to Apply	
For details on the IMPACT 100 grant process, including eligibility requirements, FAQ, and important dates, visit http://impact100pensacola.org/grant-info/grant-process	
In preparing to submit your LOI, please have available your Dept. of Treasury letter affirming your organization's status as a tax-exempt public charity under IRS Code Section 501(c)(3). Additionally, your organization should have filed the latest Annual Report with the Florida Department of State, Division of Corporations, and registered with the Florida Department of Agriculture and Consumer Services. At any time, should you need to exit this application, you may save your data and return to complete.	
*Is your Organization a local chapter of a larger Organization that holds your 501(c)(3)?	No
*Organization's Legal Name:	ABC Services, Inc.
Organization's Doing Business As (DBA) Name (if applicable):	
*Federal Employer Identification Number (EIN):	12-3456789
Group Federal Employer Identification Number (EIN) if local organization EIN is different from Group EIN.	
*Mailing Address:	123 Elm Street
*City:	Pensacola
*State:	FL
*Zip Code:	32501
Organization's Phone Number	850-123-4567
Website (if available):	www.abc.com
Please confirm the following for your organization:(Note: Underlined links to verification websites are provided below the question and allow you to check your status while still in the form.)	
1. Current status as a 501(c)(3) public charity (PC or Group) as listed on Internal Revenue Service website:(Verify status at IRS Exempt Organization Check)	Current (PC)
*Please attach a copy of the Department of Treasury Letter affirming your organization's not-for-profit status under Internal Revenue Code Section 501(c)(3).	Sample Treasury Letter.pdf
Visit https://www.irs.gov/charities-non-profits/eo-operational-requirements-obtaining-copies-of-exemption-determination-letter-from-irs for information on requesting a copy of your letter, if needed.	
2. Annual Report for 2018 has been filed and is reflected on the Florida Sunbiz website.The State of Florida requires nonprofits based in Florida and outside of Florida to register annually if doing business in Florida.	Completed
(Confirm submission by clicking link: Florida Sunbiz Organization Check. To register as a nonprofit in Florida, visit Florida Sunbiz Registration. If annual report needs to be filed go to Florida Annual Report Filing).	
*3. Annual registration with the Florida Department of Agriculture and Consumer Services (required of all charities soliciting in Florida, excluding religious, education, and government entities) is complete. To confirm registration, select FDACS Organization Check. To register, visit FDACS Annual Registration.	Completed
FDACS Charity Number:(This is your Registration Number that begins with "CH".)	CH-12345
*FDACS Expiration Date	12/31/2018
Executive Director & Chairman of the Board Contact Information	
*Executive Director/President:	Betty Bet
*ED Email:	bettybetsemail@gmail.com
*ED Phone:	850-123-4567
ED Cell Phone (if different than phone # provided above):	
*Chairman of Board:	Mary Mar
*Chair Email:	mar@gmail.com
*Chair Phone:	850-987-6543
Chair Cell Phone (if different than phone # provided above):	

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*Who is the primary contact for your organization and this grant?	Betty Bet
*What is the preferred phone number for the primary point of contact?	850-123-4567
*Organization's Mission(Describe the purpose of your organization in 1 or 2 sentences)	Our mission is to help the teachers, parents and students by preparing the students for academic success and to face the challenges of the future.
A collaboration exists when two or more nonprofit organizations 1) unite in order to achieve a common goal, 2) manage and contribute to the proposed project in a significant manner, and 3) benefit financially from the grant. Each organization must meet the IMPACT 100 guidelines for eligibility including being a 501(c)(3) under the IRS guidelines, filing an Annual Report with the Florida Division of Corporations, and registering with the Department of Agriculture and Consumer Services if required. Each collaborating organization must submit their own Letter of Intent.	
Names of other nonprofit organization(s) with which you may consider collaborating.	
A site visit will be scheduled with your primary point of contact between 9:00 am and 5:00 pm on a business day. Site visits scheduled 7/16 - 8/3 are preferred but will extend to the week of 8/6 - 8/10, if needed.	
I certify that all the information provided is accurate and verifiable.	
*Signature	Betty Bets
*Title	Executive Director
*Date	4/26/2018

Summary Sheet

Each grant applicant must select only one focus area under which it wishes to be considered. IMPACT 100 does not provide guidance as to which focus area is appropriate. Arts & Culture Initiatives that cultivate, develop, and enhance the cultural and artistic climate of the Pensacola Bay area. Education Initiatives that further the educational process or improve access to education for children and/or adults in the Pensacola Bay area. Environment, Recreation & Preservation Initiatives that will restore, preserve, revitalize or enhance the facilities, surroundings, and/or recreational opportunities of the Pensacola Bay Area. Family Initiatives that strengthen and enhance the lives of children and families living in the Pensacola Bay area. Health & Wellness Initiatives that improve the mental and/or physical well-being of people living in the Pensacola Bay area.	
*Project Focus Area:	Education
*Project Title:	Read to Succeed! Improving Reading Performance for At Risk Students
*Is your organization a local chapter of a larger organization that holds your 501(c)(3)?	No
Collaboration	
A collaboration exists when two or more qualifying nonprofit organizations 1) unite in order to achieve a common goal; 2) manage and contribute to the proposed project in a significant manner; and 3) benefit financially from the grant. One nonprofit will need to be identified as the lead - serving as the Fiscal Agent, financially managing the IMPACT 100 grant funds and completing the basic application. The other collaborating organizations will provide their organizational and financial information, but not be required to complete the additional sections of the grant application.	
*Are other nonprofit organizations collaborating on this project?	No
Site Visit Location	
*Site Visit Street Address:	123 Elm Street, Pensacola, FL 32561
Primary Point of Contact and local Address for the Site Visit. Provide a primary point of contact for your organization and this grant. A site visit will be scheduled on Monday through Friday during the hours of 9am - 5pm during the weeks of 7/16/18 through 8/3/18. An IMPACT committee member will schedule the site visit with your primary point of contact for the grant.	
*Who is the primary contact for the Site Visit?	Betty Bets
*Primary Point of Contact Email	bettybetsemail@gmail.com
*Primary Point of Contact Phone Number	850-123-4567
Certification and Signatures	
Our organization and its Board of Directors authorize submission of this funding proposal. Our tax exempt status under Internal Revenue Code Section 501(c)(3) has not been revoked or modified. We understand that if selected to receive funding, we must furnish a report showing how funds were spent and that the funds were spent solely for the purpose for which the grant is sought. We certify that to the best of our knowledge, the statements contained in this application are true, correct and complete.	

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NOTE: If Executive Director/President and Chair of the Board are the same person, please have another member of the board also certify and electronically sign (printed name) from each organization.

*Executive Director/President Name	Betty Bets
*Chairman of the Board Name	Mary Mar

Organization Information Local

Organization Background	
*Organization Legal Name	ABC Services, Inc.
Doing Business As (DBA) Name (if applicable):	
*Federal Employer Identification Number (EIN):	12-3456789
Website (if available):	www.abc.com
Organization's Mailing Address	
*Street:	123 Elm Street
*City:	Pensacola
*State:	FL
*Zip Code:	32561
*Year Founded:	2015
*Number of Full Time Employees (if none enter 0):	3
*Number of Part Time Employees (if none enter 0):	0
*Approximate Number of Volunteers (if none enter 0):	10
*Brief Summary of Organization's History:	
ABC Services, Inc. was established in 2015. Our goal is to educate and instill a desire to learn in the local middle school student and to prepare them for the academic rigor of high school.	
*Organization's Mission Statement:	
Our mission is to help the teachers, parents and students by preparing the students for academic success and to face the challenges of the future.	
*Geographic Area Served:	
We are currently working with Northside Middle School which is located in Northern Escambia County.	
*Current Program and Projects:	
We are currently providing academic instruction, various sports opportunities and numerous clubs for students to participate in. We are now ready to move ahead with the construction phase of our project to add a computer lab room onto Northside Middle School. The next step will be to purchase computers and a Game & Application Development Academy (GADA) program for students to explore video game and mobile application creation. Academic learning is enhanced, including mathematics and writing, which are integral in the video game development process..	
*Total number of board members:	5
You will only be required to enter the information for the first 25 Board Members of your organization.	
*How many of your board members have contributed financially or in-kind to your organization in the last 12 months?	5
*Litigation against the organization:	None Judgement in past 2 years
*Executive Director/President/CEO:	Betty Bet
*Email:	bettybetsemail@gmail.com
*Phone:	850-123-4567
Executive Director's Cell Phone (if different than phone # provided above):	
*Chairman of Board:	Mary Mar
*Chair Email:	mar@gmail.com
*Chair Phone:	850-987-6543
Board Chair cell phone (if different than phone # provided above):	
*Who is the primary contact for your organization and this grant?	Betty Bets
*What is the preferred phone number for the primary point of contact?	850-123-4567

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Board of Directors	
*Board Member 1 Full Name:	Mary Mar
*Profession:	Attorney
*County and State of Residence:	Escambia County, FL
*Position on Board:	Chairman of the Board/President
*Board Member 2 Full Name:	Jane Doe
*Profession:	Teacher
*County and State of Residence:	Escambia County, FL
*Position on Board:	Vice President
*Board Member 3 Full Name:	John Smith
*Profession:	CPA
*County and State of Residence:	Santa Rosa County, FL
*Position on Board:	Treasurer
*Board Member 4 Full Name:	Ann Brown
*Profession:	Retired Professor
*County and State of Residence:	Escambia County, FL
*Position on Board:	Secretary
*Board Member 5 Full Name:	Pat Adams
*Profession:	Librarian
*County and State of Residence:	Escambia County, FL
*Position on Board:	Board Member

Project Narrative

Project Information	
*Project Title:	Read to Succeed! Improving Reading Performance for At Risk Students
*Project Start Date (no earlier than October 15, 2018):	11/15/2018
*Project End Date (no later than Oct 1, 2020):	9/15/2019
*Project Summary (150 words or less):	
<p>The Read to Succeed project has two parts. The first step is to build a computer classroom at Northside Middle School by adding onto the current building. The next part is to furnish the room with twenty computers, scanners and assistive reading software to enable at risk students to improve their reading skills. Students using this innovative reading system will be able to utilize all their classroom materials, including textbooks providing them access to the general curriculum.</p>	
*Describe how your project fulfills the goals of your chosen focus area. (150 words or less)	
<p>The Education Focus Area was the most natural choice and the best fit. This project will be directly effecting and working with middle school students to increase their desire to learn and thus help prepare them to be ready for high school's requirements.</p>	
Target Population	
*Describe the target population. Include demographics on population and geographic area to be served:	
<p>Northside Middle School has 276 students, of which 59 have been determined to be at risk in their reading performance for a variety of reasons including learning disabilities, such a attention deficit discord (ADD0 and dyslexia, or other economic difficulties.</p>	
*Describe the specific need for your project in the community (2500 words or less):	
<p>Education success is dependent on reading abilities. Studies have shown that poor readers, who are reading at a grade level or more behind are more likely to be disruptive in the classroom, truant from school, and at risk of dropping out of high school.</p>	
Goals	
*Describe what you hope to accomplish through the proposed project (2500 words or less):	
<p>The objective is that by the end of the school semester the students will have at least doubled their reading speed and will have improved their reading skills by one or two grade levels. The Read to Succeed! program is based on the latest research on effective reading instruction.</p>	
*Describe how or why you selected this issue:	

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Across-grade scores indicate that while our students scored above the 50th percentile nationally in mathematics in 2010 and 2011, they scored below the 50th percentile both in reading and language. We believe this is due in large part to the fact that children have few books at home, the books they do have are of low-interest or at a level they are not able to master, and parents do not model reading in the home.

*What is the expected impact on the target population and the overall community:

Northside Middle School has been a "C" school since FCAT testing has been used. The Florida School Recognition Program provides public recognition and financial awards to schools that have sustained high student performance or schools that demonstrate substantial improvement in student performance. Schools qualify for the award if they receive an "A" or improve more than one letter grade and sustain the improvement the following school year, or are designated as Alternative Schools and receive a school improvement rating of "Improving" or improve at least one level.

* Describe how this project fits into your organization's mission/vision:

It directly ties in to our mission to prepare students for academic success and to face the challenges of the future, particularly with regard to high school success. This project will ensure many more students achieve success in taking a role in society as productive citizens and help develop a personal commitment to learning by improving their reading skills.

Management

*Describe how you will accomplish your goals:

Standardized reading tests will be conducted at the start of the Read to Succeed! program and again at the end of the semester to determine increases in reading speed and comprehension. Additionally, those students with ADD will be tested to determine increased reading attention rates.

*Describe the specific activities and services that will be provided through this project:

1. Providing a measurable increase in reading speed, comprehension, and reading attention span. The objective is that the students will double their reading speed and increase their reading skills by one to two grade levels by the end of the school year. 2. Enabling poor readers to access the general curriculum through the use of assistive reading technology to scan and read their textbooks and other classroom materials. 3. Providing learning disabled students with a multi-sensory reading alternative that will help them increase their reading speed to the point they can read on their own. 4. Helping learning and reading disabled students stay in their regular classroom with their peers, so they can continue learning in the least restrictive environment.

*Describe how you will manage funds to implement the project:

The funds would be used to build and furnish the computer classroom at Northside Middle School. The majority of IMPACT 100 funding would be used to purchase a Lab Pack containing twenty copies of Kurzweil Educational System's Scan/Read Color Software, along with twenty computers and scanners. This will provide twenty independent assistive reading workstations. This will give student the greatest flexibility in using their textbooks and other classroom materials.

Does your project include construction? Yes

*If your project includes construction, please select all that apply. Adding to an existing building

*Briefly describe your construction plans.(150 words or less)

We will be expanding the current building by adding onto the northside of the building. A 30 x 30 room will be added onto the current hallway creating a computer classroom.

Which construction related expenses are included in your project budget? Building Materials Labor

*How many bids do you have for your construction project? Note: While 2 bids are recommended to ensure project budget is based on realistic costs, a minimum of 1 bid must be submitted. 1

*Check which Construction-related Supporting Documents will be provided. Note: If work is being done on a site that is not owned by the organization, evidence of a lease for at least 5 years is required. Cost Estimates Permits

Briefly, describe all estimates you are attaching to this application. Construction related documents can be uploaded in the "Construction Info" section of your Dashboard, while other supporting documents can be uploaded in the "Project Supporting Documents" section.

We are attaching copies of the cost estimates, a letter of commitment, permit, and builders certificate of insurance and license.

Evaluation

*Describe how you will know when you have accomplished your goals.

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Since we will be doing standardized reading tests at the start of the Read to Succeed! program and again at the end of the semester to determine increases in reading speed and comprehension. We will be able to track the success of the project. Additionally, those students with ADD will be tested to determine increased reading attention rates. Again measuring progress. However, when Northside Middle School moves from a "C" rating to a "B" or "A" rating and maintain it, we will know for sure we have accomplished our goals.

* Describe how you plan to measure impact and results:

Student test scores will be compared before and after the program at the end of each semester. The first base-line testing will start immediately after Christmas vacation on 1/5/2018 and the first end of semester testing will be right before school ends on 5/29/2018. We will continue the program through the next school year, the next two semesters. The school board has agreed that if there is a difference with the program, they will pick up the funding in school year 2020 to continue and expand the initiative.

Other Funding Sources

If you have applied for other grants for this project, please describe:

N/A

If you have received other funding sources for this project, please describe:

Future funding opportunities: If there is a difference with FCAT scores and school ratings due to this project, the School Board has committed that they will pick up the funding in school year 2020 to continue and expand the initiative.

Timeline

* Describe the anticipated timeline for execution of the project, and supporting fund distribution for each stage:

Lab equipment and computers will be ordered in November. Construction will take place during 2 weeks of Christmas break at Northside Middle School. Computers and software will be installed and ready to go by 01/08/2019. Pre-testing evaluations will begin on 01/08/2019 with the computer learning opening up that week for the students as well. The funding of this project will carry the school through final testing at end of school year, 2019.

Sustainability

*Describe your plans for sustainability of this project, including personnel, funding, maintenance and any other applicable resources:

The grant will cover the purchase, implementation and training of the computer labs and help with the building of the computer classroom. For ongoing costs the school has the cost of electricity and personal built in their current budget. For future growth, if there is a difference with their FCAT scores and school ratings due to this project, the School Board has committed that they will pick up the funding in school year 2020 to continue and expand the initiative.

If there is litigation pending or threatened against your organization (or a collaborating partner) please describe:

N/A

Project Budget

Project Revenues	
Please round to whole numbers.	
IMPACT 100 Grant:	\$100,300
Government grants:	\$0
Government contracts:	\$0
Foundations:	\$0
Corporations/Businesses:	\$0
Civic or Community Groups:	\$0
United Way:	\$0
Arts Council:	\$0
Individual Contributions:	\$20,000
*Specify Individual Contributions (50 words or less):	
Mr. and Mrs. Thomas Thompson have donated \$20,000 to this project. Their funds are listed in the individual donations section of our financials.	
Fundraising Activity (events):	\$0
Membership Income:	\$0
In-kind support:	\$0

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Investment Income:	\$0
Endowment Earnings:	\$48,500
*Specify Endowment Earnings (50 words or less):	
Funds from Endowment Earnings. Total available \$125,000 of which \$48,500 is for the San and Read Lab packs.	
Earned Income:	\$1,500
*Specify Earned Income (50 words or less):	
\$1,500 has been set aside for this project from previous years earned interest from our money market accounts.	
Other Project Revenue:	\$0
*Total Project Revenue:	170300
Total Project Expenses	
Please round to whole numbers.	
Project Payroll Costs (Salary & Fringe):	\$0
Consultants and Professional Fees:	\$3,800
*Specify Consultants and Professional Fees (50 words or less):	
Software training	
Land/Property Acquisition:	\$0
Construction Permits:	\$1,000
*Specify Construction Permits (50 words or less):	
Permits to add onto the building	
Construction Material:	\$45,000
*Specify Construction Material (50 words or less):	
Brick, cement, foundation, drywall, etc	
Construction Labor:	\$28,000
Specify Construction Labor (50 words or less):	
Labor to build the addition on Northside Middle School	
Construction Site Preparation:	\$6,000
*Specify Construction Site Preparation (50 words or less):	
Clearing out the area around the end of the building, prepping for foundation and building.	
Construction Concrete/Wood/Metal Structure:	\$0
Construction Other Costs:	\$26,700
*Specify Construction Other Costs (50 words or less):	
\$10,000 of equipment fees	
\$ 9,700 profit	
\$ 7,000 overhead markup	
Vehicle:	\$0
Equipment, Machinery:	\$0
Office Furniture/Fixtures:	\$8,000
*Specify Office Furniture and Fixtures(50 words or less):	
20 Epson Scanners @ \$400 each = \$8,000	
Fundraising Costs:	\$0
Travel:	\$0
Printing, Copying and Supply:	\$0
Postage and Delivery:	\$0
Rent and utilities:	\$0
Marketing and promotion:	\$0
Other Project Expenses:	\$51,800
*Specify Other Expenses (50 words or less):	

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Kurzweil Scan/Read Lab Pack Four (5packs) @ \$12,125 each = \$48,500	
Software Maintenance = \$3,300	
*Total Project Expenses:	170300
TOTAL REVENUES AND TOTAL EXPENSES SHOULD AGREE AND MUST EQUAL OR EXCEED AMOUNT OF IMPACT 100 GRANT.	
*Project Total Revenues equals Project Total Expenses?	Yes
Expenses Covered By IMPACT 100 Grant	
In each category, IMPACT 100 funded expenses must be equal to or less than the line item entered in the Total Project Expenses. Please round to whole numbers. Even if the amount is the same as the line item entered in the Total Project Expenses, please indicate below how the IMPACT 100 funds will be used. If the amount funded by IMPACT 100 is less than what is listed in the same line item of Total Project Expenses, indicate only how the IMPACT 100 funds will be used and include an explanation of the difference.	
Project Payroll Expenses (Salary & Fringe):	\$0
Consultants and Professional Fees:	\$0
Land/Property Acquisition:	\$0
Construction Permits:	\$0
Construction Material:	\$45,000
*Provide detailed explanation for amount covered by the grant. (50 words or less)	
Total cost of brick, cement, foundation, drywall, etc	
Construction Labor:	\$28,000
*Provide detailed explanation for amount covered by the grant. (50 words or less)	
Total cost of labor to build the addition on Northside Middle School	
Construction Site Preparation:	\$6,000
*Provide detailed explanation for amount covered by the grant. (50 words or less)	
Total cost of clearing out the area around the end of the building, prepping for foundation and building.	
Construction Concrete/Wood/Metal Structure:	\$0
Construction Other Costs:	\$10,000
*Provide detailed explanation for amount covered by the grant. (50 words or less)	
Total cost of \$10,000 of equipment fees	
Paid by other funds: \$ 9,700 profit	
Paid by other funds: \$ 7,000 overhead markup	
Vehicle:	\$0
Equipment and Machinery:	\$0
Office Furniture/Fixture:	\$8,000
*Provide detailed explanation for amount covered by the grant. (50 words or less)	
Total cost of 20 Epson scanners at \$400 each.	
Fundraising:	\$0
Travel:	\$0
Printing, Copying and Supply:	\$0
Postage and Delivery:	\$0
Rent and Utilities:	\$0
Marketing and Promotion:	\$0
Other:	\$3,300
*Provide detailed explanation for amount covered by the grant. (50 words or less)	
Total cost of Software Maintenance = \$ 3,300.	
Kurzweil Scan/Read Lab paid for by Endowment Earnings.	
*Total IMPACT 100 Grant Expenses:	100300
TOTAL REVENUES AND TOTAL EXPENSES SHOULD AGREE AND MUST EQUAL OR EXCEED AMOUNT OF IMPACT GRANT.	
*Total IMPACT 100 Grant Expenses equals \$100,300?	Yes

2018 Financial Information

*What month and day each year does your organization's fiscal year end (i.e. 6/30, 12/31)?	12/31
*Which tax return does your organization file?	990 or 990EZ
*Is your organization a local chapter of a parent organization that files the 990 forms?	No
Did your organization file an extension in 2017?	No
*Upload your organization's most recent 990 (please format as organization_year_990).	990 - ABC - 20XX.pdf
*Upload your organization's previous 990 (please format as organization_year_990).	990EZ - ABC - 20XX.pdf
*Upload your organization's Profit and Loss Statement from the date of your most recent filing through April 30, 2018 (please format as organization_2018PandL).	ABC_profitandloss_0430 current year.pdf
*Upload your organization's Balance Sheet from the date of your most recent filing through April 30, 2018 (please format as organization_2018balancesheet).	ABC_balancesheet_0430 current year.pdf

Project Supporting Documents

Project Supporting Documentation	
*This application will include (please check all that apply):	Cost Estimates
Before uploading a file, please save it as a PDF and title it your NonprofitName_CostEstimate, or your NonprofitName_Drawings, etc.	
Upload first supporting document (if applicable):	ABC_2017_Estimates.pdf
Upload second supporting document (if applicable):	
Upload third supporting document (if applicable):	
Upload fourth supporting document (if applicable):	
Upload fifth supporting document (if applicable):	
Upload sixth supporting document (if applicable):	
Upload seventh supporting document (if applicable):	
Upload eighth supporting document (if applicable):	
Upload ninth supporting document (if applicable):	
Upload tenth supporting document (if applicable):	

Construction Info

Construction Supporting Documents	
*Briefly describe your construction plans.(150 words or less)	
We will be expanding the current building by adding onto the northside of the building. A 30 x 30 room will be added onto the current hallway creating a computer classroom.	
Which construction related expenses are included in your project budget?	Building Materials Labor
*How many bids do you have for your construction project? Note: While 2 bids are recommended to ensure project budget is based on realistic costs, a minimum of 1 bid must be submitted.	1
*Check which Construction-related Supporting Documents will be provided. Note: If work is being done on a site that is not owned by the organization, evidence of a lease for at least 5 years is required.	Cost Estimates Permits
*Bid #1: Upload Builder/Contractor License to do business in the county or city where the construction will be done.	License.pdf
Bid #1: Upload builder/contractor's certificate of insurance	
Bid #1: Permit(s)	Permit.pdf
Bid #1: Upload Site Plan	
Bid #1: Upload Bid	ABC_2017_Bid .pdf
Bid #1: Upload Cost Estimates	
Bid #1: Upload Drawings	
Bid #1: Upload Contracts	

Bid #1: Upload Leases	
Bid #1: Upload Letter of Commitment	
Bid #1: Other (please specify)	
Bid #1: Upload Other Supporting Construction Document	

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

DEPARTMENT OF THE TREASURY

Date:

AUG 14 2007

ABC SERVICES
123 ELM ST
PENSACOLA, FL 32501

Employer Identification Number:
12-3456789

DLN:
9876543210000

Contact Person:
John Smith ID#: 76543

Contact Telephone Number:
(877) 123-4567

Accounting Period Ending:
June 30

Effective Date of Exemption:
August 8, 2007

Dear Applicant:

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

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

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

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

Sincerely,



Director

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

20XX
Open to Public Inspection

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number
E Telephone number
G Gross receipts \$
H(a) Is this a group return for subordinates? ☐ Yes ☐ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: **M** State of legal domicile:

Part I Summary

Activities & Governance

1

Briefly describe the organization's mission or most significant activities:

2

Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3

Number of voting members of the governing body (Part VI, line 1a)

4

Number of independent voting members of the governing body (Part VI, line 1b)

5

Total number of individuals employed in calendar year 2015 (Part V, line 2a)

6

Total number of volunteers (estimate if necessary)

7a

Total unrelated business revenue from Part VIII, column (C), line 12

7b

Net unrelated business taxable income from Form 990-T, line 34

Revenue

8

Contributions and grants (Part VIII, line 1h)

9

Program service revenue (Part VIII, line 2g)

10

Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12

Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13

Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14

Benefits paid to or for members (Part IX, column (A), line 4)

15

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a

Professional fundraising fees (Part IX, column (A), line 11e)

b

Total fundraising expenses (Part IX, column (D), line 25) ▶

17

Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18

Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19

Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20

Total assets (Part X, line 16)

21

Total liabilities (Part X, line 26)

22

Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2015) Page 12

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Itemized Deductions► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

► Attach to Form 1040.

OMB No. 1545-0074

20XXAttachment
Sequence No. **07**

Your social security number

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1 Medical and dental expenses (see instructions)	1		
	2 Enter amount from Form 1040, line 38 2			
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
Taxes You Paid	5 State and local (check only one box):			
	a <input type="checkbox"/> Income taxes, or	5		
	b <input type="checkbox"/> General sales taxes			
	6 Real estate taxes (see instructions)	6		
	7 Personal property taxes	7		
	8 Other taxes. List type and amount ►	8		
	9 Add lines 5 through 8		9	
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10		
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11		
	12 Points not reported to you on Form 1098. See instructions for special rules	12		
	13 Mortgage insurance premiums (see instructions)	13		
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14		
	15 Add lines 10 through 14		15	
	Note: Your mortgage interest deduction may be limited (see instructions).			
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16		
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17		
	18 Carryover from prior year	18		
	19 Add lines 16 through 18		19	
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21		
	22 Tax preparation fees	22		
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23		
	24 Add lines 21 through 23	24		
	25 Enter amount from Form 1040, line 38 25			
	26 Multiply line 25 by 2% (.02)	26		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ►		28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$154,950?		29	
	<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here			<input type="checkbox"/>

Name of the organization

▶ **Attach to Form 990 or 990-EZ.**

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

20PY**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20	
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 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite City or town, state or province, country, and ZIP or foreign postal code F Name and address of principal officer: H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	D Employer identification number E Telephone number G Gross receipts \$
J Website: ▶	L Year of formation: M State of legal domicile:
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: _____		
	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	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		
19 Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances. Subtract line 21 from line 20		

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Itemized Deductions► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

► Attach to Form 1040.

OMB No. 1545-0074

20PYAttachment
Sequence No. **07**

Your social security number

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
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	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
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	a <input type="checkbox"/> Income taxes, or	5		
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	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14		
	15 Add lines 10 through 14		15	
	Note: Your mortgage interest deduction may be limited (see instructions).			
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16		
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17		
	18 Carryover from prior year	18		
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	22 Tax preparation fees	22		
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23		
	24 Add lines 21 through 23	24		
	25 Enter amount from Form 1040, line 38 25	25		
	26 Multiply line 25 by 2% (.02)	26		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	
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Total Itemized Deductions	29 Is Form 1040, line 38, over \$154,950?		29	
	<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here			

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or 990-EZ.**

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

20PY

Open to Public Inspection

Name of the organization

Employer identification number

Cash Basis

ABC Services
Profit & Loss
 As of April 30, 20XX (current year)

	<u>Apr 30, 20XX</u>
Ordinary Income/Expense	
Income	
Discount	0.80
Sales	27,500.00
Sales Income	<u>4,333.79</u>
Total Income	61,834.59
Cost of Goods Sold	
*Cost of Goods Sold	2,309.99
Production & Sale Materials	<u>75.84</u>
Total COGS	<u>2,385.83</u>
Gross Profit	29,448.76
Expense	
Adobe Systems	599.88
Advertising and Promotion	353.90
Bank Service Charges	240.58
Commissions charged	112.16
Computer and Internet Expenses	77.36
Legalzoom	119.00
Licenses	143.75
Misc	-0.26
Office Supplies	
Checks	<u>22.00</u>
Total Office Supplies	22.00
Professional Fees	
Font Fee	35.00
Government	<u>130.00</u>
Total Professional Fees	165.00
Website hosting	<u>348.62</u>
Total Expense	<u>2,181.99</u>
Net Ordinary Income	<u>27,266.77</u>
Net Income	<u><u>27,266.77</u></u>

Also known as:

P&L or Income Statement or
 Statement of Income & Expenses or
 Statement of Revenue & Expenses or
 Statement of Activities

Cash Basis

ABC Services
Balance Sheet
As of April 30, 20XX (current year)

	<u>Apr 30, 20XX (current year)</u>
ASSETS	
Current Assets	
Checking/Savings	
BOA - Orange Works	27,500.00
Total Checking/Savings	27,500.00
Other Current Assets	
*Inventory Asset	1,118.20
Total Other Current Assets	1,118.20
Total Current Assets	28,618.20
TOTAL ASSETS	<u>28,618.20</u>
LIABILITIES & EQUITY	
Equity	
Members Draw	-648.56
Members Equity	27,266.76
Opening Balance Equity	2,000.00
Total Equity	28,618.20
TOTAL LIABILITIES & EQUITY	<u>28,618.20</u>

Also known as:
Statement of Assets or
Liabilities & Equity or
Statement of Financial Position



Kurzweil Educational Systems

May 15, 2016

	Price	Quantity	Total
Kurzweil Scan/Read Lab Pack (Color) 5-Pack	\$12,125	4 (5-pack)	\$48,500
Software Maintenance Agreement (SMA)	\$800	4 (5-pack)	\$3,200
Epson 300 Scanner	\$400	20	\$8,000
Dell PC with Monitor	\$2,285	20	\$45,700
Training	\$3,800	1 Day	\$3,800
			\$109,200

What to look for when verifying a construction contractor's license

- 1 - License Number
- 2 - License Date
- 3 - Name of Qualifier
- 4 - Company Name
- 5 - Expiration Date
- 6 - QR Code



Larry’s Conscientious Construction

Contractor #CGC24724502
12456 Construction Drive, Pensacola, FL 32502

Bid good for 60 days

(Materials=50%, Equipment=11%, Labor =39%)

Permits:	\$ 1,000	
Site Preparation:	\$ 6,000	
Material:	\$45,000	
Equipment:	\$10,000	
Labor:	<u>\$28,000</u>	
Total Costs:	\$90,000	
Markup-Material10":		\$4,500
Markup-Equipment25":		\$2,500
Total Overhead Markup:	<u>\$ 7,000</u>	
Costs w/OH:	\$97,000	
Profit:	10%	
Bid Price:	\$106,700	