

PART 1

The person completing this application must have legal authority on behalf of the requesting agency to submit this application and to ensure funds are used for the purposes specified herein to provide the required accounting and reporting of these funds.

Initial sk Applicant will keep clear and accurate records throughout the Program period so that the progress of the services rendered may be readily evaluated by PPD.

Initial sk I understand that a final report of activities and expenditures documented by receipts or other financial proof of expenditure of the Program must be submitted by Applicant on the report form (Part 3) to the PPD no later than 90 days of the end of the performance period.

Initial sk I understand that failure to comply with the reporting requirements in Part 3 may result in Applicant having to return LETF monies and will remove the applicant agency from future consideration to receive LETF monies.

Initial sk If Applicant's agency fails to use the funds in the manner described in this application, or if the project or program does not occur or is not completed in the same manner and in the performance period as described in the application, or is determined later to not be qualified to receive LETF monies; or if there was an untruthful statement made by Applicant within Application; or fails to provide the necessary reporting documents to the PPD, then all LETF monies disbursed to the Applicant must be returned to the PPD within ten (10) business days of the PPD's written demand for the same and Applicant will be ineligible for any further LETF disbursements.

Initial sk I understand that false statements or claims made in connection with this LETF application may result in fines, imprisonment, and/or any other remedy available by law.

I certify that I have the appropriate authority on behalf of the requesting agency to submit this application and to ensure funds are used for the purposes specified herein to provide the required accounting and reporting of these funds. I also certify that the assurances provided are true and accurate to the best of my knowledge.

Applicant Agency Name: Gulf Coast Kid's House

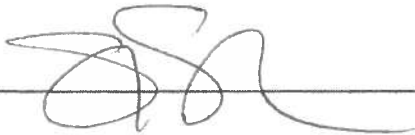
Stacey Kostevicki

Printed Name of Person Authorized to Complete this Application

Executive Director

Title

Signature



STATE OF FLORIDA
COUNTY OF ESCAMBIA

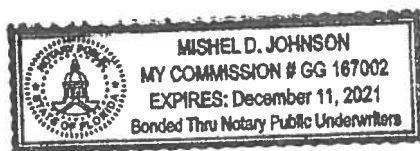
SWORN TO AND SUBSCRIBED before me this 24 day of June, 2020, by (name of person making statement) who is personally known to me or has produced _____ as identification.

NOTARY PUBLIC



Signature of Notary
State of Florida at Large
My Commission Expires:

(Notary Seal)



PART 2

Section 1

APPLICANT INFORMATION

Name of Agency:	Gulf Coast Kid's House		
Name of Program to receive funding from LETF:	Child Abuse Prevention Education		
Amount of LETF Funds Requested:	\$5,000		
Name/ Title of Contact:	Stacey Kostevicki		
Address:	3401 N 12th Ave.	Phone:	850-595-5800
City • Zip Code:	Pensacola, FL 32503	Fax:	850-595-5782
Total Program Budget:	\$113,051	E-mail:	executivedirector@gckh.org
Dates of Project/Program:	07/01/2020 - 06/30/20201		

Section 2

LETF CATEGORY

(Place an "X" to the left of one program area for which you intend to apply):

<input checked="checked" type="checkbox"/>	1. Crime Prevention
<input type="checkbox"/>	2. Drug Abuse Education and Prevention Programs
<input type="checkbox"/>	3. Safe Neighborhood
<input type="checkbox"/>	4. School Resource Officer
<input type="checkbox"/>	5. Other Law Enforcement Purpose in Compliance with F.S. §932.7055(5)(a)

Section 3

PROPOSED PROGRAM INFORMATION

a. What is the mission statement of your agency?

To end child abuse and heal families through collaborative intervention, family support and prevention education

b. How does your proposed project or program address the statutorily applicable LETF Category as marked in Part 2 , section 2 of this application?

GCKH participates in crime prevention through the facilitation and execution of our child abuse prevention training program. GCKH educates adults in person and through our free, online 30-minute Safe Kid Zone training. We also education children grades K-12 using the Child Safety Matters curriculum from Monique Burr Foundation.

All prevention training is free for participants, though they cost GCKH a great deal. Each program has pre- and post-testing so that we can ensure people feel more informed about identifying and reporting suspected abuse after our training.

- c. Why is this funding needed (what community program does it address)? What data or information suggests this program will be beneficial to the residents of Pensacola?

This funding will help support our child abuse prevention training program described above. Last year, we educated nearly 30,000 children and nearly 3,000 adults in Escambia County.

Currently, Escambia County is one of the top counties per capital for child abuse in Florida. Right here, 1 in 8 children in our community are listed in an allegation of abuse.

Abuse causes long-term negative consequences, such as delinquency, depression, and drug use - if it is left unaddressed. Your funding will help to ensure that adults and children know how to identify and report abuse. This is a crucial step in ensuring that abuse stops and that children get the help they need.

- d. What is the specific time frame of dates that this program or project will be performed?

Our Child Abuse Prevention Program is year round, so we will expend all requested funds during the time frame from July 1, 2020 - June 30, 2021. If we need to abbreviate that time period, we can.

- e. Describe in detail the program or project for which you are seeking LETF funds and specifically how the funds requested will be used. A specific breakdown of the funds must be included on the attached line item budget

GCKH will use requested funds to support staffing of our Child Abuse Prevention Education Program. This program has 1 full-time Educator and 2 part-time Educators. This request will partially fund our FTE Prevention Specialist - she provides child abuse and child trafficking prevention training to all students, K-5th grade. Historically, this training occurred in the schools, in-person. This year, with COVID-19, we are going to teach a combination of in-person and virtual. All students are given a pre- and post test so that we can measure the effectiveness of our training. Estimated annual salary and fringe full-time position is \$42,697.

I certify that I have the appropriate authority on behalf of the requesting agency to submit this application and to ensure funds are used for the purposes specified herein to provide the required accounting and reporting of these funds. I also certify that the assurances provided are true and accurate to the best of my knowledge.

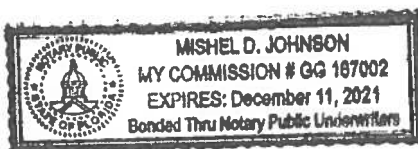
OFFICIAL AUTHORIZED TO SIGN AND BIND APPLICANT AGENCY TO APPLICATION:

Signature: [Signature]
Print: Stacey Kostevicki
Title: Executive Director

STATE OF FLORIDA
COUNTY OF ESCAMBIA

SWORN TO AND SUBSCRIBED before me this 24 day of June, 2020, by (name of person making statement) who is personally known to me or has produced _____ as identification.

(Notary Seal)



NOTARY PUBLIC

[Signature]
Signature of Notary
State of Florida at Large
My Commission Expires:

Total Program Line Item Budget

LETF LINE ITEM BUDGET	CALCULATION	TOTAL AMOUNT
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Program Expenses

Personnel Costs/Salaries	\$ 93,668	5,000
Consultants and Professional Fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$ 3,240	
Printing and Copying	\$ 200	
Other (specify)	\$	
Training	7,025	
Total Program Expenses	\$	
	LETF Request	\$ 5,000
	Total: 109,133	\$ 5,000

The "calculation" column is reflective of both of our entire Prevention Program's expenses. We have a full-time Prevention Educator's annual salary and fringe equals \$42,697. Our first part-time Prevention Educator's salary and fringe equals \$20,739 and our second part-time Prevention Educator's salary and fringe equals \$16,744.

The other salaries/fringe amounts reflected in the Personnel Cost/salaries are from admin and support staff (Exec Director, Marketing).

GCKH is only asking the PPD to pay \$5,000 toward our full-time Prevention Educator's salary and fringe. Our full-time Educator works with all students grade K-5 to teach child abuse and child trafficking prevention.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation
GULF COAST KID'S HOUSE, INC.

Filing Information

Document Number	N98000003603
FEI/EIN Number	59-3520130
Date Filed	06/18/1998
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	01/03/2011

Principal Address

3401 N 12TH AVE.
PENSACOLA, FL 32503

Changed: 03/16/2004

Mailing Address

3401 N 12TH AVE.
PENSACOLA, FL 32503

Changed: 03/16/2004

Registered Agent Name & Address

KOSTEVICKI, STACEY
3401 N 12TH AVE.
PENSACOLA, FL 32503

Name Changed: 01/03/2011

Address Changed: 03/16/2004

Officer/Director Detail

Name & Address

Title President

PEADEN II, DAVID
4600 ROMMITCH LN.
PENSACOLA, FL 32504

Title Director

Title Director

MCNALLY, OLEVIA
130 CHIPLEY AVE
PENSACOLA, FL 32503

Title Secretary

KENT, ELLEN
3738 BENGAL RD
GULF BREEZE, FL 32563

Title Treasurer

BALDWIN, KATHLEEN
316 S BAYLEN STREET, SUITE 200
PENSACOLA, FL 32501

Title CEO

KOSTEVICKI, STACEY
PO BOX 1301
PENSACOLA, FL 32591

Title VP

Hoskins, Keith
8926 Salt Grass Dr.
Pensacola, FL 32526

Annual Reports

Report Year	Filed Date
2018	01/15/2018
2019	01/16/2019
2020	01/03/2020

Document Images

01/03/2020 -- ANNUAL REPORT	View image in PDF format
01/16/2019 -- ANNUAL REPORT	View image in PDF format
01/15/2018 -- ANNUAL REPORT	View image in PDF format
01/13/2017 -- ANNUAL REPORT	View image in PDF format
03/01/2016 -- ANNUAL REPORT	View image in PDF format
01/09/2015 -- ANNUAL REPORT	View image in PDF format
01/09/2014 -- ANNUAL REPORT	View image in PDF format
02/11/2013 -- ANNUAL REPORT	View image in PDF format
01/12/2012 -- ANNUAL REPORT	View image in PDF format
01/03/2011 -- REINSTATEMENT	View image in PDF format
01/05/2009 -- ANNUAL REPORT	View image in PDF format
01/31/2008 -- ANNUAL REPORT	View image in PDF format
01/16/2007 -- ANNUAL REPORT	View image in PDF format
01/30/2006 -- ANNUAL REPORT	View image in PDF format

01/09/2009 -- ANNUAL REPORT	View image in PDF format
05/02/2005 -- ANNUAL REPORT	View image in PDF format
03/16/2004 -- ANNUAL REPORT	View image in PDF format
02/10/2003 -- ANNUAL REPORT	View image in PDF format
03/18/2002 -- ANNUAL REPORT	View image in PDF format
02/01/2001 -- ANNUAL REPORT	View image in PDF format
02/24/2000 -- ANNUAL REPORT	View image in PDF format
03/03/1999 -- ANNUAL REPORT	View image in PDF format
06/18/1998 -- Domestic Non-Profit	View image in PDF format

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

DEPARTMENT OF THE TREASURY

Date: MAY 14 2003

GULF COAST KIDS HOUSE INC
512 S PALAFOX ST STE 10
PENSACOLA, FL 32501-0000

Employer Identification Number:
59-3520130
DLN:
17053088819033
Contact Person:
JODI L GARUCCIO ID# 31481
Contact Telephone Number:
(877) 829-5500
Our Letter Dated:
February 1999
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

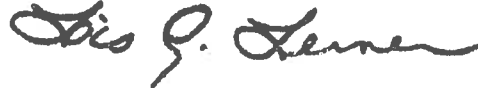
Letter 1050 (DO/CG)

GULF COAST KIDS HOUSE INC

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

A handwritten signature in cursive script that reads "Lois G. Lerner".

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Gulf Coast Kid's House, Inc.	
2 Business name/disregarded entity name, if different from above	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► 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. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions. 3401 North 12th Ave.	Requester's name and address (optional)
6 City, state, and ZIP code Pensacola, FL 32503	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

Note: If the account is in more than one name, see the instructions for line 1. 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	-	3	5	2	0	1	3 0

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ►

Date ► 02/04/2020

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-INT (Interest earned or paid)

- 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.