



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 SN 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 SN 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 SN 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 SN 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 SN 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: Studer Community Institute

Shannon Nickinson

Printed Name of Person Authorized to Complete this Application

Director of Early Learning

Title

Shannon Nickinson

Signature

STATE OF FLORIDA
COUNTY OF ESCAMBIA

SWORN TO AND SUBSCRIBED before me this 16 day of June, 2020, by (name of person making statement) who is personally known to me or has produced _____ as identification.

*Shannon
Nickinson*

NOTARY PUBLIC

Kathleen A Cadwell

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

(Notary Seal)



Kathleen A. Cadwell
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG968416
Expires 4/3/2024

PART 2

Section 1

APPLICANT INFORMATION

Name of Agency:			
Name of Program to receive funding from LETF:	Type text here Sibling Brain Builders		
Amount of LETF Funds Requested:	\$5000		
Name/ Title of Contact:	Shannon Nickinson, director of early learning		
Address:	220 W. Garden St. Suite 100	Phone:	850-525-2116
City • Zip Code:	Pensacola, FL 32502	Fax:	
Total Program Budget:	\$24,500	E-mail:	snickinson@studer.org
Dates of Project/Program:	August 2020 to May 2021		

Section 2

LETF CATEGORY

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

<input type="checkbox"/>	1. Crime Prevention
<input type="checkbox"/>	2. Drug Abuse Education and Prevention Programs
<input checked="" 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?

The Studer Community Institute's mission is to improve the quality of life in the community. We do that in the early learning division by creating tools and projects to help children be ready for and succeed in school. Children who are ready for kindergarten are more likely to read on grade level by third grade. Third-graders who read at grade level are more likely to successfully complete high school on time and graduate. Students who minimally complete high school on time, and who go on to further their education, are more likely to succeed as adults, less likely to fall into crime and are less likely to become young mothers.

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

The Sibling Brain Builder project helped build safer neighborhoods by supporting students in their effort to be successful in school. School success is a greater predictor of achieving gainful employment, making better choices and becoming a productive citizen. Siblings can have an influence on academic success, due to something referred to as the "sibling spillover effect" found in a 2014 study. Older brothers and sisters also can be vital in the early childhood brain of siblings.

This is especially true for low-income and underserved families — a demographic over-represented among children who struggle with reading — where older siblings can pass along school values to the home and home values to the school. The synergy siblings produce through reciprocal teaching is unique to child-child relationships. In this way, either the younger or older sibling can take on a leadership role in creating a fluid relationship very different from the typical teacher/child or parent/child scaffolding process where an expert guides a learner.

- 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?

In Escambia County, only 47 percent of students are ready for kindergarten according to Florida Department of Education standardized test data. In the first three years of life, 85 percent of the the brain develops; 90-95 percent develops by age 5. That early brain development is key to the foundation of a child's readiness for school, and ultimately for putting that child on a path for success in school and life. That means more than half of our children are missing some of the fundamental language and academic skills they need to be ready for school.

Studer Community Institute's tools and content to build an Early Learning City are informed by research-backed strategies to help parents understand why it is important to talk more with their children, and how that is the key to building a brain, building a life and building a community.

At four Title I schools, (Montclair, Weis, Semmes and Lincoln Park elementary schools), librarians partner with an SCI community champion to provide pupils with books and reading materials to take home to share and read with their younger siblings.

At two schools, students use Brain Builder Reading Logs, to track the number of minutes they read with a younger sibling at home and return those forms each week. Students who meet their monthly reading goals receive a free book.

Through March 13, 2020 we had 120 students participate, logging about 501 hours of reading.

At two schools — Montclair and Lincoln Park — fourth grade teachers have assigned a classroom of students to be Reading Buddies with a 4-year-old in a VPK class in their school. The Montclair fourth graders who are Buddy Readers average a 38 percent increase in their reading fluency scores from August to December. The students in the lowest quartile of the class in their August scores saw an average increase of 46 percent (all but one have an increase above 42 percent).

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

This program takes place during the school year, roughly from August to May.

- 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

The project budget is estimated at \$20,830, which includes the time of a staffer to recruit schools to the project, meet with and solicit sponsors for incentives, and manage the collection of reading logs. It also includes the cost of incentives for the students for participating (books, bookmarks, pencils, etc.).

The LETF request for \$5,000 will include \$500 for the cost of copying, printing and laminating bookmarks and \$4,500 to cover the cost of books for children in the program. With an average cost of \$4 per book, this will buy about 1,000 books.

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: Shannon Nickinson

Print: Shannon Nickinson

Title: Director of Early Learning

STATE OF FLORIDA
COUNTY OF ESCAMBIA

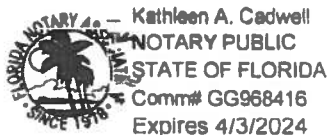
SWORN TO AND SUBSCRIBED before me this 16 day of June, 2020 by (name of person making statement) Shannon Nickinson who is personally known to me or has produced _____ as identification.

NOTARY PUBLIC

Kathleen A. Cadwell

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

(Notary Seal)



Total Program Line Item Budget

LETF LINE ITEM BUDGET

CALCULATION

TOTAL AMOUNT

Program Expenses

Personnel Costs/Salaries	\$ 5,110	
Consultants and Professional Fees	\$ 5,400	
Travel	\$	
Equipment	\$	
Supplies	\$ 10,320	5000
Printing and Copying	\$	
Other (specify)	\$	
Total Program Expenses	\$ 20,830	
	LETF Request	\$ 5,000
	Total: 20,830	\$ 5,000

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000011003

Entity Name: STUDER COMMUNITY INSTITUTE, INC.**Current Principal Place of Business:**220 WEST GARDEN ST
SUITE 100
PENSACOLA, FL 32502**Current Mailing Address:**ATTN: AMBER MCCLURE
351 W CEDAR ST
PENSACOLA, FL 32502 US**FEI Number:** 47-5657008**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCLURE, AMBER
ATTN: AMBER MCCLURE
351 W CEDAR ST
PENSACOLA, FL 32502 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** AMBER MCCLURE

02/24/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name WEBB, NICOLE
Address 220 WEST GARDEN ST
SUITE 100
City-State-Zip: PENSACOLA FL 32502

Title D
Name REMINGTON, SCOTT A
Address 220 WEST GARDEN ST
SUITE 100
City-State-Zip: PENSACOLA FL 32502

Title D
Name SHEPPARD, JULIE
Address 40 S. ALCANIZ ST.
City-State-Zip: PENSACOLA FL 32502

Title D
Name BEAR-BONNER, CINDI
Address 220 WEST GARDEN ST
SUITE 100
City-State-Zip: PENSACOLA FL 32502

Title T
Name MCCLURE, AMBER
Address 351 W CEDAR ST
City-State-Zip: PENSACOLA FL 32502

Title D
Name O'SULLIVAN, J. MORT III
Address 220 WEST GARDEN ST
SUITE 100
City-State-Zip: PENSACOLA FL 32502

Title D
Name SITTON, JOSH
Address 220 WEST GARDEN ST
SUITE 100
City-State-Zip: PENSACOLA FL 32502

Title D
Name HUSBANDS, GAIL
Address 220 WEST GARDEN ST
SUITE 100
City-State-Zip: PENSACOLA FL 32502

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears above or on an attachment with all other like empowered.

SIGNATURE: AMBER MCCLURE

CFO

02/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name N'DIONE, JEAN PIERRE
Address 220 WEST GARDEN ST
SUITE 100
City-State-Zip: PENSACOLA FL 32502

Title D
Name ELEBASH, PATRICK
Address 220 WEST GARDEN ST
SUITE 100
City-State-Zip: PENSACOLA FL 32502

Title D
Name NELLESSEN-SAVAGE, LISA
Address 220 WEST GARDEN ST
SUITE 100
City-State-Zip: PENSACOLA FL 32502

Title D
Name PILCHER, JANET
Address 220 WEST GARDEN ST
SUITE 100
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR
Name WATSON, BRUCE
Address 3300 N. PACE BLVD.
City-State-Zip: PENSACOLA FL 32505

Title D
Name HENDERSON, CHAD
Address 220 WEST GARDEN ST
SUITE 100
City-State-Zip: PENSACOLA FL 32502

Title D
Name WILLIAMS, STACEY KELLER
Address 220 WEST GARDEN ST
SUITE 100
City-State-Zip: PENSACOLA FL 32502

Title D
Name BOLES, BECCA
Address 220 WEST GARDEN ST
SUITE 100
City-State-Zip: PENSACOLA FL 32502

Title OTHER
Name STUDER, QUINT
Address 220 WEST GARDEN ST
SUITE 100
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR
Name HAMMER, RANDY
Address 40 S. ALCANIZ
City-State-Zip: PENSACO FL 32502

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

DEPARTMENT OF THE TREASURY

Date: **MAY 25 2016**

STUDER COMMUNITY INSTITUTE INC
121 SOUTH PALAFOX PLACE STE B
PENSACOLA, FL 32502

Employer Identification Number:
47-5657008
DLN:
17053095310046
Contact Person:
JOSEPH LAUX ID# 31077
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
November 12, 2015
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

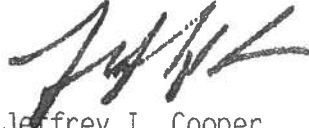
If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

STUDER COMMUNITY INSTITUTE INC

Sincerely,

A handwritten signature in dark ink, appearing to read 'J. Cooper', with a stylized flourish at the end.

Jeffrey I. Cooper
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. Studer Community Institute 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 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 checked="" type="checkbox"/> Other (see instructions) ► Not-for-profit Florida corporation - 501(c)3	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 220 West Garden Street Suite 100		Requester's name and address (optional)
6 City, state, and ZIP code Pensacola, Florida 32502		
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								
4	7		-	5	6	5	7	0 0 8

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ► 	Date ► 6/16/20
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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.



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER NICOLE "NIKKI" FRIED

June 5, 2020

Refer To: CH48388

STUDER COMMUNITY INSTITUTE, INC.
351 W CEDAR ST
PENSACOLA, FL 32502-4909

RE: STUDER COMMUNITY INSTITUTE, INC.
REGISTRATION#: CH48388
EXPIRATION DATE: June 6, 2021

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Kayla Creech
Regulatory Consultant
850-410-3769
Fax: 850-410-3804
E-mail: kayla.creech@fdacs.gov