Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
statewide

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify): support to membership

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Other (please specify): access to information

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Respondent skipped this question

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization

Name, Title of Contact

email address

phone

cell phone/alt phone

Thank you.

FLACDC
Terry Chelikowsky, Executive Director
execdir@flacdc.org
904-598-2669
904-400-2619
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

University Area Community, Tampa 33612/33613

Q4 What services will you be offering specifically to assist with storm recovery?  
FEMA relief registration/coordination,
Other (please specify):
Water, supplies, connection to resources

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.
Funding for grants or goods.
Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Time needed from staff to serve the community in connecting them to resources and services and supplies. Most residents still don't have power or water.
Q7 Please share additional information and community needs not already mentioned.

Supplies are greatly needed

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone number, cell phone/alternative phone. Thank you.

Sarah Combs
CEO
University Area CDC
scombs@uacdc.org
813.558.5212 x 301
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Palm Beach County

Q4 What services will you be offering specifically to assist with storm recovery?  
Housing relocation assistance

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.
Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Options for displaced people - already a shortage of units

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Suzanne Cabrera, CEO - Housing Leadership Council, scabrera@hlcpbc.org. 561-653-4107
Q1 Did your organization sustain damage to your office location or properties?

No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?

Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Okaloosa crestview

Q4 What services will you be offering specifically to assist with storm recovery?

Other (please specify):
VASH

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

N/a

Q7 Please share additional information and community needs not already mentioned.

Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

CRESTVIEW HOUSING AUTHORITY
Judy M. Adams Executive Director
JudyAdams726@chafl.com
850-305-0280
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Indian River, St. Lucie, Martin Counties

Q4 What services will you be offering specifically to assist with storm recovery?  
Housing relocation assistance, emergency housing and shelters

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Better access to information and coordination with local public/private/nonprofit resources, rental assistance for those affected: funds to repair damages to NSP properties owned by organization

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

repairing roofs and water damage to properties where we house low income families and repairs to homeless shelter facility
Q7 Please share additional information and community needs not already mentioned.

too early to tell...

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization
Name, Title of Contact
email address
phone
cell phone/alt phone

Thank you.

Louise Hubbard, Executive Director
Treasure Coast homeless Services Council, Inc.
irhsclh@aol.com
772-696-3187 (cell)
772-567-7790 (office)
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Wakulla, St. Johns, Broward, Martin, St. Lucie, Palm Beach, and Hillsborough

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify): Disaster Cleanup

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.

,  
Better access to information and coordination with local public/private/nonprofit resources

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Identifying funding for additional staff and equipment as well as better partnerships between federal, state, and local government agencies.

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization: Community Training Works, Inc.
Name, Title of Contact: Chelsea Green, Administrator
Email address: info@ctwfl.com
Phone: 321-956-3940

Thank you.
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
State of Florida

Q4 What services will you be offering specifically to assist with storm recovery?  
Small business/Micro business assistance

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.
Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Funding for programs, staff, and travel

Q7 Please share additional information and community needs not already mentioned.

none
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization: [Name], Title of Contact: [Title], email address: [email], phone: [phone], cell phone/alt phone: [phone]. Thank you.

Respondent skipped this question
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Osceola County, FL

**Q4** What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps, Other (please specify):  
We are a Special Needs Shelter and will continue that service until everyone has a safe place to go. This will probably take 2-4 weeks. During the storm we housed over 400 special needs individuals. Most returned home within a few days. We are receiving new groups of people now that flood waters are rising.

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment, Other (please specify):  
Our staff provides care for Special Needs clients as well as performing their normal duties. Volunteer participation has been excellent but the needs are great. Bringing on some temp workers would certainly help.
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

We always rely on our volunteers who serve others with compassion. We don't want our volunteers or our staff to burn out. Temporary staff would help ease but the burden on them. The general public tend to think the needs are over when the storm has passed. In fact, that is when our work begins.

Q7 Please share additional information and community needs not already mentioned.

We have yet to determine how to rehome so many elderly residents whose mobile homes were destroyed in the hurricane. Some have no family members to take them in so they will remain with us until solutions are found.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization Name, Title of Contact email address phone cell phone/alt phone Thank you.

Osceola Council on Aging
Peggy Swenson, Grants Manager
swensnop@osceola-coa.com
407-933-9524 Direct Line/Office
407-902-1405 Cell
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
Yes, housing or commercial properties only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
No, we are not yet operational but are only waiting for power to be restored.

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Apopka and Seminole County

Q4 What services will you be offering specifically to assist with storm recovery?  
Housing repair assistance (construction), FEMA relief registration/coordination

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?  
Funding for grants or goods, Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Being able to reopen our ReStores. They are vital to our organization for additional funding.

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization: Habitat for Humanity of Seminole County and Greater Apopka, Florida, Inc. Title of Contact: Kelly Pisciotta, Associate Director Name: Kelly Pisciotta Title: Associate Director Email address: kpisciotta@habitat-sa.org Phone: 407-696-5855; cell phone: 352-267-2118
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties? Yes, both office location and housing/commercial properties

Q2 Have you resumed operations or do you have date scheduled to resume operations? No, we are not yet operational but hope to be soon (specify date and location below)

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Miami-Dade County

Q4 What services will you be offering specifically to assist with storm recovery? Housing repair assistance (construction)

Q5 What type of assistance will most improve your organization's ability to provide these services to your community? Funding for operations, staff, additional rent and/or equipment.

Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

professionals to repair occupied units. locations to temporarily relocate residents. rent subsidy for residents who can not return to work,

Q7 Please share additional information and community needs not already mentioned. 

medication refills, medical equipment repairs and replacement,
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Carrfour Supportive Housing
Paola Roman, VP of Housing Development
proman@carrfour.org
305.775.4132
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?
Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?
No, we are not yet operational but are only waiting for power to be restored.

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Miami-Dade County

Q4 What services will you be offering specifically to assist with storm recovery?
Other (please specify):
NA

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?
Other (please specify):
NA

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
We would like FHFC to extend all application deadlines 3 to 4 weeks to make up for the lost time due to Hurricane Irma.

Q7 Please share additional information and community needs not already mentioned.
NA
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

doug.mayer@stonesoupdevelopment.net
305-761-8030
#12

Collector: Web Link 1 (Web Link)
Started: Thursday, September 14, 2017 11:49:28 AM
Last Modified: Thursday, September 14, 2017 11:55:07 AM
Time Spent: 00:05:39
IP Address: 173.171.185.51

Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties? **No substantial damage**

**Q2** Have you resumed operations or do you have date scheduled to resume operations? **Yes, our organization is fully operational**

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Tampa Bay Area, Tampa-StPete-Clearwater, Hillsborough and Pinellas counties, as well as surrounding communities

**Q4** What services will you be offering specifically to assist with storm recovery? **Other (please specify): Communications, storytelling, connections**

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community? **Funding for operations, staff, additional rent and/or equipment.**

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Funding to pay writers, editors, photographers.

**Q7** Please share additional information and community needs not already mentioned.

We work with underwriting partners to share the stories of Tampa Bay Area talent, innovation, diversity, environment -- the top indicators of economic success.
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

83 Degrees Media
Diane Egner, Publisher and Managing Editor
diane.egner@gmail.com
813-382-0012 (mobile phone)
Q1 Did your organization sustain damage to your office location or properties?  
Yes, both office location and housing/commercial properties

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
No, we are not yet operational but are only waiting for power to be restored.

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Lee County, Fort Myers and Lejigh Acres

Q4 What services will you be offering specifically to assist with storm recovery?  
FEMA relief registration/coordination, Legal assistance, Other (please specify): counseling

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment, Funding for grants or goods, Volunteers (specify skills below), Donations of goods and/or services
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

temporary staff, identification of funding for emergency services, funding to assist our community with home repairs

Q7 Please share additional information and community needs not already mentioned.

we need disaster relief funds

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization
Name, Title of Contact
e-mail address
phone
cell phone/alt phone

Thank you.

Erika Cooks (Director), Lee County Housing Development Corp, 239-989-4942, ecookslchdc@yahoo.com
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Rural areas- Farmworker communities

**Q4** What services will you be offering specifically to assist with storm recovery?  
Other (please specify): Connecting to resources and assistance

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.  
Funding for grants or goods.  
Better access to information and coordination with local public/private/nonprofit resources

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Identification of services for emergencies, support for rural immigrant communities,

**Q7** Please share additional information and community needs not already mentioned.  
Support for organizations that serve immigrants- documented and undocumented who fear seeking government assistance
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Florida People's Advocacy Center
Karen Woodall, Director
Fccep@yahoo.com
850-321-9386
Q1 Did your organization sustain damage to your office location or properties?

No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?

No, we are not yet operational but are only waiting for power to be restored.

Additional comments:
Our home office is operational and our satellite locations - 5 out of 7 are operational. Two are waiting for power

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Broward County, Palm Beach County, Duval/Clay/St Johns/Putnam Counties, Hillsborough County, Wakulla County, Leon County

Q4 What services will you be offering specifically to assist with storm recovery?

Other (please specify):
Micro loans to program participants to cover emergency supplies and cash outlay for storm

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

identification for funding to help our program participants recover, transportation for our employees in Tampa/Hillsborough
Q7 Please share additional information and community needs not already mentioned.

The hardest hit of the communities we serve are Tampa, St Augustine and some program participants need a little help. Doesn't compare to the assistance needed, espcailly temporary housing untils (trailers, etc) that are needed in the Florida keys. If we had more volunteers, we could lead a recovery effort through AmeriCorps programs we run to assist in Florida keys.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization
Community Training Works & Young American Conservation Corps
(a state wide 501 c3)
3295 Crawfordville Highway,
Crawfordville, FL 32327
and
3830 So Highway A1A 4-125
Melbourne Beach, FL 32951

Susan Murphy
Community
Training Works & Young American Conservation Corps
(a state wide 501 c3)
3295 Crawfordville Highway,
Crawfordville, FL 32327
and
3830 So Highway A1A 4-125
Melbourne Beach, FL 32951

Thank you.
#16

**Page 1:** Please help us collect a quick assessment of post hurricane community needs and response services.

<table>
<thead>
<tr>
<th>Q1 Did your organization sustain damage to your office location or properties?</th>
<th>No substantial damage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 Have you resumed operations or do you have date scheduled to resume operations?</td>
<td>No, we are not yet operational but are only waiting for power to be restored.</td>
</tr>
<tr>
<td>Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)</td>
<td>Palm Beach County, Florida</td>
</tr>
<tr>
<td>Q4 What services will you be offering specifically to assist with storm recovery?</td>
<td>Other (please specify): Coordinating efforts with other non-profits</td>
</tr>
<tr>
<td>Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?</td>
<td>Better access to information and coordination with local public/private/nonprofit resources, Donations of goods and/or services</td>
</tr>
<tr>
<td>Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)</td>
<td>Identification of funding for emergency services</td>
</tr>
<tr>
<td>Q7 Please share additional information and community needs not already mentioned.</td>
<td>Respondent skipped this question</td>
</tr>
</tbody>
</table>
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization: Name, Title of Contact: Name, Email address: Email, Phone: Phone/Cell phone/Alt phone. Thank you.

Respondent skipped this question
Q1 Did your organization sustain damage to your office location or properties?
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Hillsborough County; Wimauma, Plant City, North Tampa

Q4 What services will you be offering specifically to assist with storm recovery?
Food/Food Stamps
FEMA relief registration/coordination

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?
Funding for operations, staff, additional rent and/or equipment.
Funding for grants or goods.
Better access to information and coordination with local public/private/nonprofit resources

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

identification of funding for services
monies to help families who may not qualify for benefits due to immigration status
Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, Email Address, Phone, Cell Phone/Alt Phone

Thank you.

Hispanic Services Council
Maria F Pinzon, Executive Director
maria.pinzon@hispanicservicescouncil.org
813-936-7700
727-656-5875
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Miami Dade County, low-income communities

Q4 What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps, Housing relocation assistance, FEMA relief registration/coordination, Legal assistance
Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

- Funding for operations, staff, additional rent and/or equipment.
- Funding for grants or goods.
- Better access to information and coordination with local public/private/nonprofit resources.
- Donations of goods and/or services.
- Translators/bilingual volunteers (specify language below).
- Other (please specify):
  - Spanish, Haitian creole

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

  - Identification of funding for emergency services.

Q7 Please share additional information and community needs not already mentioned.

  - Helping provide accurate info. making sure people are getting everything they are eligible for.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Kristine Singer
Chief Program Officer
kristines@catalystmiami.org
786-414-1303
310-855-4896
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1 Did your organization sustain damage to your office location or properties?**

*No substantial damage*

**Q2 Have you resumed operations or do you have date scheduled to resume operations?**

*Yes, our organization is fully operational*

**Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)**

*Lake and Sumter Counties*

**Q4 What services will you be offering specifically to assist with storm recovery?**

*Food/Food Stamps, Housing repair assistance (funding)*

**Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?**

*Donations of goods and/or services*

**Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)**

*Matching needs with volunteers; helping with funds for tree removal.*

**Q7 Please share additional information and community needs not already mentioned.**

*Respondent skipped this question*
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

United Way of Lake and Sumter Counties
Dr. Alan Holden, CEO/President
ceo@uwls.org
352-787-7530 ext 226
352-360-9174
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
No, we are not yet operational but are only waiting for power to be restored.

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

As always all of Hillsborough County

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify):  
Referral information and some basic needs, such as food, clothes, etc.

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Other (please specify):  
We will operate with the resources we have

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Being able to get back into the office, although most of us are able to work from home and do home visits as usual.

Q7 Please share additional information and community needs not already mentioned.

Affordable temporary housing
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization: Children’s Home Network  
Name, Title of Contact: Doug Bolin, Director of Operations  
Email address: dbolin@childrenshomenetwork.org  
Phone: 813-864-1431
Q1 Did your organization sustain damage to your office location or properties? No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations? Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Winter Haven, Lake Alfred, Dundee, Eloise

Q4 What services will you be offering specifically to assist with storm recovery? Food/Food Stamps

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

Volunteers (specify skills below), Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Funding to assist

Q7 Please share additional information and community needs not already mentioned. Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization Name, Title of Contact Email address phone cell phone/alt phone Thank you.

Respondent skipped this question
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties? 
Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations? 
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Orange County

Q4 What services will you be offering specifically to assist with storm recovery? 
FEMA relief registration/coordination

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?
Funding for operations, staff, additional rent and/or equipment.
Funding for grants or goods.
Better access to information and coordination with local public/private/nonprofit resources
Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
Making sure our community receives the necessary information available to them.
Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name of Contact, Title of Contact, email address, phone, cell phone/alt phone.

Central Florida Urban League
Jennifer Maceo Hernandez, Program Director
Jmaceo@cful.org
407-841-7654 Office
813-397-7301 Cel
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1 Did your organization sustain damage to your office location or properties?**
Yes, both office location and housing/commercial properties

**Q2 Have you resumed operations or do you have date scheduled to resume operations?**
Yes, our organization is fully operational

**Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)**
City of Miami

**Q4 What services will you be offering specifically to assist with storm recovery?**
Small business/Micro business assistance, Accepting donations for affected areas

**Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?**
Donations of goods and/or services

**Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)**
We are in the coordination of grant funds for eligible dislocated workers in our community

**Q7 Please share additional information and community needs not already mentioned.**
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization: City of Miami
Name, Title of Contact: William Porro, Assistant Director
email address: wporro@miamigov.com
phone: 305-416-2181 - office
305-582-5757 - cell
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
statewide

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify):  
Information

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?  
Respondent skipped this question

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
business continuation

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question
**Q8** Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization
Name, Title of Contact
Email address
Phone
Cell phone/alt phone

Thank you.

Tony Carvajal
Florida Chamber Foundation
tcarvajal@flfoundation.org
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Esacambia County, as always

**Q4** What services will you be offering specifically to assist with storm recovery?  
Childcare

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

If the State decides to assist families in relocating to NW Florida, either temporarily or permanently, we are prepared to provide childcare, however, we will need additional funding to assist these families.

**Q7** Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization:
Name, Title of Contact:
email address:
phone:
cell phone/alt phone:

Thank you.

Walter B. Watson, Jr.
Executive Director
Early Learning Coalition of Escambia County
3300 North Pace Blvd., Suite 210
Pensacola, FL 32505
Bwatson@elcescambia.org   www.elcescambia.org
ED Office: 850-595-5402, Main: 850-595-5400, Fax: 850-332-5140
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties? Yes, housing or commercial properties only

Q2 Have you resumed operations or do you have date scheduled to resume operations? No, we are not yet operational but hope to be soon (specify date and location below)

Additional comments:
Monday
9/18

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Palm Beach County

Q4 What services will you be offering specifically to assist with storm recovery?
Other (please specify):
Repair of residential rental properties

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?
Funding for operations, staff, additional rent and/or equipment.

Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

identification of funding for emergency services
Q7 Please share additional information and community needs not already mentioned.

Still assessing

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization: Neighborhood Renaissance
Name of Contact: Terri Murray, Executive Director
Phone: 561 703-0733
Email: tmurray@neighborhoodrenaissance.org
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational, Additional comments::  
One location is still not receiving enough power for computer and phone access.

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Census Tract 28.02 and 29.02, Duval County

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify): Help with neighborhood clean up as needed

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Resuming normal activities as clean up continues. Intermittent outages of internet and phones.

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Habitat for Humanity of Jacksonville, Inc.
Angie Leatherbury - Chief Programs Officer
aleatherbury@habijax.org
9044247648
9042086664
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
ESCAMBIA COUNTY FLORIDA

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify): traditional services

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment, Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
None related to the Hurricane

Q7 Please share additional information and community needs not already mentioned.  
n/a
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Thank you.

Community Action Program Committee, Inc
Doug Brown, Executive Director
1380 Palafox Street, Pensacola, FL 32501
850-438-4021
Q1 Did your organization sustain damage to your office location or properties?  
Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
No, we are not yet operational but hope to be soon (specify date and location below)

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Monroe County, Florida Keys

Q4 What services will you be offering specifically to assist with storm recovery?  
FEMA relief registration/coordination, Legal assistance
Other (please specify): Facilitation of resource distribution/ funds to small local nonprofits best situated to directly serve residents of the Keys
Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

- Funding for operations, staff, additional rent and/or equipment.
- Funding for grants or goods.
- Volunteers (specify skills below)
- Donations of goods and/or services
- Translators/bilingual volunteers (specify language below)
- Other (please specify):
  Everything. We don't know. Case management folks to assist with FEMA and insurance, probably legal assistance, Spanish, Creole, Russian, Ukrainian translation

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Once we able to reenter the Keys (timeline unknown at this time), we will need staff and volunteers to help individuals with FEMA, applying for benefits/assistance, insurance claims, and much more. Childcare. Rebuilding. Funding for emergency services, including housing, food, childcare, deductibles, transportation, ....

Q7 Please share additional information and community needs not already mentioned.

Countless

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization Name, Title of Contact, email address, phone, cell phone/alt phone.

United Way of the Florida Keys
Kate Bauer-Jones, President/CEO
kbauerjones@keysunitedway.org
239-293-7187
Q1 Did your organization sustain damage to your office location or properties?  No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month?  (Please include County, City and neighborhood as applicable)

Our footprint is only Palm Beach County

Q4 What services will you be offering specifically to assist with storm recovery?  Other (please specify):  n.a.

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?  Respondent skipped this question

Q6 What are the principle concerns for you, your staff and your organization for next month?  (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  Respondent skipped this question

Q7 Please share additional information and community needs not already mentioned.  Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization: Housing Finance Authority of Palm Beach County
   Name, Title of Contact: David Brandt, Executive Director
   Email address: dbrandt@pbcgov.org
   Phone: 561 233-3652

Thank you.
### Q1 Did your organization sustain damage to your office location or properties?
Yes, both office location and housing/commercial properties

### Q2 Have you resumed operations or do you have date scheduled to resume operations?
No, we are not yet operational but are only waiting for power to be restored.

### Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Boca Raton, Boynton Beach, Delray Beach

### Q4 What services will you be offering specifically to assist with storm recovery?
Housing repair assistance (construction)

### Q5 What type of assistance will most improve your organization's ability to provide these services to your community?
Funding for operations, staff, additional rent and/or equipment.
Funding for grants or goods.

### Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
Resident skipped this question

### Q7 Please share additional information and community needs not already mentioned.
Resident skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Respondent skipped this question.
Q1 Did your organization sustain damage to your office location or properties?  
Yes, both office location and housing/commercial properties

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational
Additional comments::
1 program starts next week

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Palm Beach County

Q4 What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps
Other (please specify):
Rental Assistance

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

NA

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Respondent skipped this question.
**#33**

**Collector:**  Web Link 1 (Web Link)  
**Started:**  Thursday, September 14, 2017 2:51:47 PM  
**Last Modified:**  Thursday, September 14, 2017 2:55:50 PM  
**Time Spent:**  00:04:03  
**IP Address:**  151.132.2.225  

Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
*No substantial damage*  

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
*Yes, our organization is fully operational*  

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
*Palm Beach County*  

**Q4** What services will you be offering specifically to assist with storm recovery?  
*FEMA relief registration/coordination*  

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?  
*Funding for operations, staff, additional rent and/or equipment.*  
*Funding for grants or goods.*  
*Volunteers (specify skills below)*  
*Better access to information and coordination with local public/private/nonprofit resources*  
*Translators/bilingual volunteers (specify language below)*  

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
*power restoration for the entire county*
Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone

Patrick Franklin, CEO & President
frankln@ulpbc.org
561-833-1461, ext 3003
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Brevard, Polk, Volusia, Lake, Sumter, Orange, Osceola, Seminole

Q4 What services will you be offering specifically to assist with storm recovery?

Housing repair assistance (funding)
Other (please specify):
Food and water

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment.
Funding for grants or goods.
Better access to information and coordination with local public/private/nonprofit resources.
Donations of goods and/or services
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Funding for emergency services

Q7 Please share additional information and community needs not already mentioned.

Food and water

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone

Thank you.

Catholic Charities of Central Florida
Abbey Brown, Grants Manager
Abrown@cflcc.org
4076581818 ext 1051
Q1 Did your organization sustain damage to your office location or properties?  Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
City of Riviera Beach

Q4 What services will you be offering specifically to assist with storm recovery?
- Housing repair assistance (construction)
- FEMA relief registration/coordination

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?
- Funding for operations, staff, additional rent and/or equipment.
- Funding for grants or goods.
- Volunteers (specify skills below)
- Better access to information and coordination with local public/private/nonprofit resources
- Donations of goods and/or services
- Other (please specify):
  - Knowledge of federal applications, marketing
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Identification of funding for emergency services

Q7 Please share additional information and community needs not already mentioned.

None

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone/cell phone/alt phone. Thank you.

Riviera Beach CDC
Annetta Jenkins, Executive Director
ajenkins@rbcra.com
561-844-3408
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Palm Beach County (non-entitlement communities)

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify):  
The County is working with FEMA and other partners to address the needs of our residents.

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Other (please specify):  
Funding for staff and programs.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Assessing the needs of the County. My Departments will specifically address the housing needs of our residents.

Q7 Please share additional information and community needs not already mentioned.  
Ensuring the power is in place for all of our residents and that all of our residents are safe.
Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Respondent skipped this question
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

<table>
<thead>
<tr>
<th>Q1 Did your organization sustain damage to your office location or properties?</th>
<th>No substantial damage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 Have you resumed operations or do you have date scheduled to resume operations?</td>
<td>Yes, we are operational but have relocated to new address (specify below)</td>
</tr>
<tr>
<td>Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)</td>
<td>Miami-Dade, Monroe, Broward</td>
</tr>
<tr>
<td>Q4 What services will you be offering specifically to assist with storm recovery?</td>
<td>Other (please specify): Don't know, I am out of town.</td>
</tr>
<tr>
<td>Q5 What type of assistance will most improve your organization's ability to provide these services to your community?</td>
<td>Other (please specify): Getting power restored at the bank's branches.</td>
</tr>
<tr>
<td>Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)</td>
<td>Safety of staff and restoring power so we can provide services to customers.</td>
</tr>
<tr>
<td>Q7 Please share additional information and community needs not already mentioned.</td>
<td>Respondent skipped this question</td>
</tr>
</tbody>
</table>
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

I don't have a name to give you yet, hopefully by tomorrow or Saturday.
#38

**Collector:** Web Link 1 (Web Link)

**Started:** Thursday, September 14, 2017 3:18:30 PM

**Last Modified:** Thursday, September 14, 2017 3:22:19 PM

**Time Spent:** 00:03:49

**IP Address:** 12.153.99.74

Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties? 
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations? 
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Palm Beach County

**Q4** What services will you be offering specifically to assist with storm recovery? 
Legal assistance

**Q5** What type of assistance will most improve your organization’s ability to provide these services to your community?

- Funding for operations, staff, additional rent and/or equipment.
- Better access to information and coordination with local public/private/nonprofit resources
- Translators/bilingual volunteers (specify language below)
- Other (please specify):
  - Spanish and Creole

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Housing relief, addressing landlord/tenant issues, directing people to resources.
Q7 Please share additional information and community needs not already mentioned.

Providing information re mortgage assistance, consumer affairs assistance, housing assistance, and available relief.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Thank you.

Legal Aid Society of Palm Beach County
Kammy Sloan, Investigator
ksloan@legalaidpbc.org
561.721.6095
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties? 
Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations? 
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Polk County, FL

Q4 What services will you be offering specifically to assist with storm recovery? 
Housing relocation assistance, Other (please specify): ACCESS Partner Location

Q5 What type of assistance will most improve your organization's ability to provide these services to your community? 
Funding for operations, staff, additional rent and/or equipment, Volunteers (specify skills below), Donations of goods and/or services, Other (please specify): Home repair and materials, transportation assistance
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Need temporary staff and volunteers

Q7 Please share additional information and community needs not already mentioned.

Need food, diapers and hygiene items, gas cards and bus passes

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization: Women's Resource Center
Name of Contact: Cherie Simmers, Executive Director
Email address: execdir@tampabay.rr.com
Phone: 863-299-6626
Cell phone: 863-581-7510

Thank you.
Q1 Did your organization sustain damage to your office location or properties?

No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?

Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

St. Johns County

Q4 What services will you be offering specifically to assist with storm recovery?

Food/Food Stamps,
Housing relocation assistance,
Housing repair assistance (funding),
Housing repair assistance (construction)

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment.
Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Need to identify all residents who need various types of assistance and matching them with correct resources.
Q7 Please share additional information and community needs not already mentioned.  

Respondent skipped this question

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Thank you.

St. Johns County Housing and Community Development
Greg Lulkoski
904-827-6897
glulkoski@sjcfl.us
| Q1 Did your organization sustain damage to your office location or properties? | No substantial damage |
| Q2 Have you resumed operations or do you have date scheduled to resume operations? | Yes, our organization is fully operational |
| Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable) | Broward, Palm Beach and Miami-Dade Counties |
| Q4 What services will you be offering specifically to assist with storm recovery? | FEMA relief registration/coordination, Other (please specify): Loss Mitigation help |
| Q5 What type of assistance will most improve your organization’s ability to provide these services to your community? | Funding for operations, staff, additional rent and/or equipment, Better access to information and coordination with local public/private/nonprofit resources |
| Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.) | Identification of funding for emergency services and lenders/servicers programs to help homeowners with the transition |
| Q7 Please share additional information and community needs not already mentioned. | N/A |
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization: Consolidated Credit Solutions, Inc.
Name, Title of Contact: Maria Gaitan, Director of Housing Counseling
Email address: mgaitan@consolidatedcredit.org
Phone: Wk-954-377-9220
Cell: 561-789-1539

Thank you.
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?
Yes, both office location and housing/commercial properties

Q2 Have you resumed operations or do you have date scheduled to resume operations?
No, we are not yet operational but hope to be soon (specify date and location below)

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Miami-Dade, and Broward County

Q4 What services will you be offering specifically to assist with storm recovery?
Housing repair assistance, (construction)
Other (please specify):
construction training

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?
Funding for operations, staff, additional rent and/or equipment.
Funding for grants or goods.
Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
Funding and grants
Q7 Please share additional information and community needs not already mentioned.

CEO/ President of Sister Of NEW Corp, has over 15 years experience as a female union carpenter in local 926

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Sister Of NEW Corp.
Luisa Ines Ortiz CEO/ President
ortiz@sisterofnew.org
(239) 440-9846
www.sisterofnew.org
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
City of West Palm Beach

**Q4** What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps, Housing relocation assistance, Housing repair assistance (construction), FEMA relief registration/coordination

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?  
Better access to information and coordination with local public/private/nonprofit resources, Translators/bilingual volunteers (specify language below), Other (please specify): Spanish, Creole
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

leveraging of housing repair funding, public services

Q7 Please share additional information and community needs not already mentioned.  

Respondent skipped this question

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone number, cell phone/alt phone

Thank you.

Armando Fana  
City of WPB  
afana@wpb.org  
5618221274
| Q1 Did your organization sustain damage to your office location or properties? | Yes, both office location and housing/commercial properties |
| Q2 Have you resumed operations or do you have date scheduled to resume operations? | No, we are not yet operational but are only waiting for power to be restored. |
| Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable) | Central Florida, Orange County |
| Q4 What services will you be offering specifically to assist with storm recovery? | Housing repair assistance (construction) |
| Q5 What type of assistance will most improve your organization's ability to provide these services to your community? | Funding for operations, staff, additional rent and/or equipment. |
| Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.) | Funding to support community outreach (identify those in need) and to support on-going rebuild efforts. |
| Q7 Please share additional information and community needs not already mentioned. | Re-roofing, mold remediation, property restoration (construction) |
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone Thank you.

Rebuilding Together of Central Florida, Inc.
Ed Green, Executive Director
EdGreen@RTOrlando.org
407-340-2588
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?

- No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?

- Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Miami-Dade County: Florida City, Homestead, Overtown, Opa-Locka, other LMI neighborhoods.

**Q4** What services will you be offering specifically to assist with storm recovery?

- Food/Food Stamps
- FEMA relief registration/coordination
- Legal assistance
- Small business/Micro business assistance
Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

- Funding for operations, staff, additional rent and/or equipment.
- Funding for grants or goods.
- Volunteers (specify skills below)
- Donations of goods and/or services
- Other (please specify):
  - Help hand out food, assist with FEMA applications

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

- Having sufficient supplies and volunteers

Q7 Please share additional information and community needs not already mentioned.

- Assistance with unemployment—covering bills, etc. as a result of not working

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization: Catalyst Miami
   Name, Title of Contact: Gretchen Beesing, CEO
   Email address: gretchenb@catalystmiami.org
   Phone: 305-717-8046 (cell)

Thank you.
Q1 Did your organization sustain damage to your office location or properties?  
Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Florida

Q4 What services will you be offering specifically to assist with storm recovery?  
Housing repair assistance, (funding)  
FEMA relief registration/coordination,  
Small business/Micro business assistance

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?  
Better access to information and coordination with local public/private/nonprofit resources

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Respondent skipped this question

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization Name, Title of Contact Email address phone cell phone/alt phone Thank you.

Respondent skipped this question
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

| Q1 Did your organization sustain damage to your office location or properties? | No substantial damage |
| Q2 Have you resumed operations or do you have date scheduled to resume operations? | Yes, our organization is fully operational |
| Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable) | Hillsborough County, Ruskin, Bayou Pass Village & Pasco County, Dade City, Sunset Hills |
| Q4 What services will you be offering specifically to assist with storm recovery? | Other (please specify): Home building per our program, communicating information for home repair, businesses and food assistance |
| Q5 What type of assistance will most improve your organization's ability to provide these services to your community? | Funding for grants or goods. Better access to information and coordination with local public/private/nonprofit resources |
| Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.) | None at this time |
| Q7 Please share additional information and community needs not already mentioned. | Respondent skipped this question |
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Thank you.

Florida Home Partnership
Joey Henderson, Community Development Manager
joey@flhome.org
813.672.7860
## Q1 Did your organization sustain damage to your office location or properties?

**No substantial damage**

## Q2 Have you resumed operations or do you have date scheduled to resume operations?

**Yes, our organization is fully operational**

## Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

**Opa locka**

## Q4 What services will you be offering specifically to assist with storm recovery?

- **Food/Food Stamps**
- **Housing relocation assistance**
- **Small business/Micro business assistance**
- **Other (please specify):** ice, water
Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

- Funding for operations, staff, additional rent and/or equipment.
- Funding for grants or goods.
- Volunteers (specify skills below)
- Better access to information and coordination with local public/private/nonprofit resources
- Donations of goods and/or services
- Translators/bilingual volunteers (specify language below)

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

- helping poor families survive and recover

Q7 Please share additional information and community needs not already mentioned.

- n/a

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone number, cell phone/alt phone

Thank you.

Willie Logan
CEO
logan@olcdc.org
305 687-3545 o
305 796-0834 c
**Q1** Did your organization sustain damage to your office location or properties?  
Yes, both office location and housing/commercial properties

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
South Florida

**Q4** What services will you be offering specifically to assist with storm recovery?  
Other (please specify):  
FEMA relief, small business food and supplies

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for grants or goods.

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Housing

**Q7** Please share additional information and community needs not already mentioned.  
Transportation
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Jadira Hoptry
Fifth Third Bank
VP community economic manager
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Miami-Dade County and the Keys

**Q4** What services will you be offering specifically to assist with storm recovery?  
Other (please specify):  
Architectural services

**Q5** What type of assistance will most improve your organization’s ability to provide these services to your community?  
Other (please specify):  
Marketing my services to the right individuals and organizations

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Marketing

**Q7** Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone

Thank you.

United Architects, Inc.
Maria Luisa Castellanos, R.A.
President
MLC@UnitedArchs.com
305-552-5465
305-439-7898 (Cell)
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1 Did your organization sustain damage to your office location or properties?**
**No substantial damage**

**Q2 Have you resumed operations or do you have date scheduled to resume operations?**
**No, we are not yet operational but are only waiting for power to be restored.**

**Q3 What will be your focused geography of service for the next month?**
(Please include County, City and neighborhood as applicable)

State

**Q4 What services will you be offering specifically to assist with storm recovery?**
Other (please specify):
Assisting Habitat affiliates to get back into service

**Q5 What type of assistance will most improve your organization's ability to provide these services to your community?**
**Funding for operations, staff, additional rent and/or equipment.**

**Q6 What are the principle concerns for you, your staff and your organization for next month?** (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Funding to meet needs at affiliates and/or product donations such as tarps, roofing, drywall, etc.

**Q7 Please share additional information and community needs not already mentioned.**
**Respondent skipped this question**
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Habitat for Humanity of Florida
Barbara Inman, President/CEO
ceo@habitatflorida.org
727-742-9616
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
No, we are not yet operational but are only waiting for power to be restored.

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Overtown

Q4 What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps, FEMA relief registration/coordination, Small business/Micro business assistance

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Office/Staffing funds/

Q7 Please share additional information and community needs not already mentioned.  
Food stamps
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization:
Caribe Worxs International

Name, Title of Contact:
2620 SW 123 Ct
Francoise Cham/Manager

email address:
caribeworxs@gmail.com

phone:
T. 305-299-6904

Thank you.
Q1 Did your organization sustain damage to your office location or properties?  
Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
No, we are not yet operational but are only waiting for power to be restored.

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Ocala, FL Marion County

Q4 What services will you be offering specifically to assist with storm recovery?  
Small business/Micro business assistance

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.

, Funding for grants or goods.

Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Repairing the damage to the building.

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone number/cell phone/alt phone.

Thank you.

Greater Ocala CDC
Elgin Carelock, Vice Chairman
elgin.carelock@gmail.com
404-993-7189
Q1 Did your organization sustain damage to your office location or properties?  Yes, both office location and housing/commercial properties

Q2 Have you resumed operations or do you have date scheduled to resume operations?  Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Miami-Dade, Collier, Hendry, Okeechobee, St. Lucie and Hillsborough

Q4 What services will you be offering specifically to assist with storm recovery?  Other (please specify):

Direct Housing; Owner-Occupied Repairs

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment.

Funding for grants or goods.

Volunteers (specify skills below)

Other (please specify):

Tree Removal; Carpentry

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Tree Removal; Emergency Funds for Victims;
Q7 Please share additional information and community needs not already mentioned.

NA

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone

Thank you.

Rural Neighborhoods
Steven Kirk, President
stevekirk@ruralneighborhoods.org
305-242-2142
305-298-1100
<table>
<thead>
<tr>
<th>Q1 Did your organization sustain damage to your office location or properties?</th>
<th>Yes, both office location and housing/commercial properties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 Have you resumed operations or do you have date scheduled to resume operations?</td>
<td>No, we are not yet operational but are only waiting for power to be restored.</td>
</tr>
<tr>
<td>Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)</td>
<td>Lee county, Fort Myers, Pine Manor</td>
</tr>
<tr>
<td>Q4 What services will you be offering specifically to assist with storm recovery?</td>
<td>Food/Food Stamps, FEMA relief registration/coordination, Other (please specify): as soon as I get power and internet I will be doing these things</td>
</tr>
<tr>
<td>Q5 What type of assistance will most improve your organization's ability to provide these services to your community?</td>
<td>Funding for operations, staff, additional rent and/or equipment, Funding for grants or goods, Volunteers (specify skills below), Donations of goods and/or services, Translators/bilingual volunteers (specify language below)</td>
</tr>
</tbody>
</table>
Q6 What are the principal concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Need volunteers to clean up the property and to help work in the garden. Working on getting assistance for my clients who have lost their property and need a home or job.

Q7 Please share additional information and community needs not already mentioned.

Need people that are handy with chain saws. We have a lot of trees that need to be cut up for pick up.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Pine Manor United Way House
Shari Clark, Resident Coordinator
sharalynclark@goodwillswfl.org
239-275-5180
239-938-6694 - cell
Q1 Did your organization sustain damage to your office location or properties?  
**No substantial damage**

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
**No, we are not yet operational but are only waiting for power to be restored.**

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
**Miami Dade**

Q4 What services will you be offering specifically to assist with storm recovery?  
**Other (please specify): Yet to be determined**

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
**Donations of goods and/or services**

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
**N/A**

Q7 Please share additional information and community needs not already mentioned.  
**Respondent skipped this question**

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization Name, Title of Contact, email address, phone, cell phone/alt phone.  
**Respondent skipped this question**
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Treasure Coast - St. Lucie County, Martin County, Indian River County, Okeechobee

**Q4** What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps, FEMA relief registration/coordination,

Other (please specify):  
Treasure Coast Food Bank is working to support Hurricane Irma recovery efforts in our community. Truckloads of water, ice and supplies are arriving at our facility for distribution. We are working with the counties and our partner agencies to determine the highest priority items and locations.
Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

- Funding for operations, staff, additional rent and/or equipment.
- Funding for grants or goods.
- Volunteers (specify skills below)
- Better access to information and coordination with local public/private/nonprofit resources
- Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Volunteers can register or donations made at www.stophunger.org (various volunteer opportunities available.

Q7 Please share additional information and community needs not already mentioned.

Visit www.stophunger.org get help section to find closest Food Pantry on the Treasure Coast

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone

Thank you.

Treasure Coast Food Bank
401 Angle Rd, Fort Pierce, FL 34947
Homer Gutierrez
Senior Director of Program Service
(772) 489-3034

Your Plate Health & Wellness Center
1203 Orange Ave., Fort Pierce, FL 34950
Sherry Siegfried
Director of Client Services
(772) 464-9617

Whole Child Connection
Dillie Nerios
Director of Whole Child Connection
3257 SE Salerno Rd, Stuart, FL 34997
(772) 463-2168
Q1 Did your organization sustain damage to your office location or properties?
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
St. Lucie County, Any neighborhoods needing assistance if we are able

Q4 What services will you be offering specifically to assist with storm recovery?
Housing repair assistance (construction)

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?
Funding for operations, staff, additional rent and/or equipment.
Funding for grants or goods.
Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
Funding

Q7 Please share additional information and community needs not already mentioned.
There are neighborhoods with critical home repairs needed
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization:
St. Lucie Habitat for Humanity, Inc

Name, Title of Contact:
Donna Lea Askman, Community Outreach Manager

Email address:
daskman@stluciehabitat.org

Phone/Cell phone:
772-464-1117 x 104

Thank you.

Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
Yes, housing or commercial properties only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Repairs for homeowners in Hardee County

Q4 What services will you be offering specifically to assist with storm recovery?  
Housing repair assistance (construction), Debris removal

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment, Funding for grants or goods

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

We have volunteers and a working board but we always lack funding. Without funding, we are not effective in the community.
Q7 Please share additional information and community needs not already mentioned.

Our community has a very high elderly population and high poverty. Those things combined mean many residents can not do for themselves after a disaster. We need to help them but with limited funds, all we can do is partner with other agencies as volunteers to get it done.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone

Thank you.

Habitat for Humanity of Hardee, Inc.
Leslie Long, Executive Director
hardeehabitat@hotmail.com
863.375.2160
Q1 Did your organization sustain damage to your office location or properties?  
Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
No, we are not yet operational but are only waiting for power to be restored.

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Miami Dade and Monroe Counties

Q4 What services will you be offering specifically to assist with storm recovery?  
Legal assistance, Small business/Micro business assistance

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment, Funding for grants or goods, Better access to information and coordination with local public/private/nonprofit resources

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

identification of funding for emergency legal services especially in hardest hit segments of Dade and Monroe counties for outreach
Q7 Please share additional information and community needs not already mentioned.

pro bono attorneys needed to work with our organization to provide legal services in the areas of insurance claims which our organization does not handle

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone

Thank you.

Legal Services of Greater Miami, Inc.
Shahrzad Emami, Esq., Advocacy Director
SEmami@lsgmi.org
(615) 477-6365 or (305) 438-2425
Q1 Did your organization sustain damage to your office location or properties? No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations? Yes, we are operational but have relocated to new address (specify below)

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Miami dade

Q4 What services will you be offering specifically to assist with storm recovery? Food/Food Stamps

Q5 What type of assistance will most improve your organization's ability to provide these services to your community? Funding for operations, staff, additional rent and/or equipment.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Supporting community groups providing direct service to residents through donations, volunteer management and funding

Q7 Please share additional information and community needs not already mentioned. Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization: Miami Climate Alliance
Title of Contact: Rebecca Pelham, Steering Committee
Email address: miamiclimatealliance@gmail.com
Phone: 802-522-4266

Thank you.
Q1 Did your organization sustain damage to your office location or properties?  Yes, housing or commercial properties only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  Volusia County, Daytona Beach, Deland, New Smyrna Beach and Ormond.

Q4 What services will you be offering specifically to assist with storm recovery?  Housing repair assistance (construction), Rental Housing

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  Funding for operations, staff, additional rent and/or equipment, Donations of goods and/or services, Access to low cost capital without personal guarantor

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  Funding for emergency repairs
Q7 Please share additional information and community needs not already mentioned.

Technical assistance

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone

Thank you.

Central Florida Community Development Corporation
Gerald O Chester, President and CEO
geraldc@cfcdc.com
386.589.3726
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Orange County

Q4 What services will you be offering specifically to assist with storm recovery?  Food/Food Stamps, Personal Hygiene, clothing, household items, emotional support
Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

- Funding for operations, staff, additional rent and/or equipment.
- Funding for grants or goods.
- Volunteers (specify skills below)
- Better access to information and coordination with local public/private/nonprofit resources
- Donations of goods and/or services
- Translators/bilingual volunteers (specify language below)
- Other (please specify):
  - Volunteers: receiving, sorting and distribution of donated food and personal items, Translators: Spanish, Creole

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Funding to keep food bank stocked for families who are unable to replace food that was lost due to lack of refrigeration; additional volunteers to handle increased demand for services.

Q7 Please share additional information and community needs not already mentioned.

Replacement of loss wages, child care

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization
Stephanie Bowman, Founder and Executive Director
helponeheart@gmail.com
321.299.4594
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Charlotte and Sarasota Counties

**Q4** What services will you be offering specifically to assist with storm recovery?  
Housing relocation assistance

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.  
Funding for grants or goods.  
Better access to information and coordination with local public/private/nonprofit resources

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Identification of funding for housing assistance

**Q7** Please share additional information and community needs not already mentioned.  
Home buyer assistance as in matching funds
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization: Homes Made Possible Foundation
Name, Title of Contact: Lynne Kittredge, Board Member
email address: Kittredgeassociates@gmail.com
phone/cell phone/alt phone: 9412869849

Thank you.
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
   No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
   Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
   Neighborhoods within City limits

Q4 What services will you be offering specifically to assist with storm recovery?  
   Respondent skipped this question

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
   Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
   Emergency funding available for lost wages

Q7 Please share additional information and community needs not already mentioned.  
   rental and mortgage payment assistance
**Q8** Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Delray Beach Community Land Trust
Evelyn Dobson, Executive Director
Dobson@mydelraybeach.com
561-243-7500
561-573-8656
Q1 Did your organization sustain damage to your office location or properties?  Yes, both office location and housing/commercial properties

Q2 Have you resumed operations or do you have a date scheduled to resume operations?  No, we are not yet operational but hope to be soon (specify date and location below)

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  Palm Beach County, Western Palm Beach County which includes Belle Glade, South Bay Will serve all.

Q4 What services will you be offering specifically to assist with storm recovery?  Food/Food Stamps, Housing relocation assistance, Housing repair assistance (funding), Small business/Micro business assistance

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  Funding for operations, staff, additional rent and/or equipment, Funding for grants or goods, Donations of goods and/or services
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Having an office to work from, resources to work with.

Q7 Please share additional information and community needs not already mentioned.

Establishing a where to turn to coordinate good and services available in the area

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Thank you.

Dr. D.M. Walker, Executive Director, wenniem@aol.com 561 449 1420. We Help Communities To Develop Corporation.
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Lee County - all cities

**Q4** What services will you be offering specifically to assist with storm recovery?  
- Housing relocation assistance
- FEMA relief registration/coordination,
- Other (please specify): Case management as needed

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for grants or goods.

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Availability and quick access of funds to help clients quickly

**Q7** Please share additional information and community needs not already mentioned.

none
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, Email address, Phone, Cell phone/Alt phone. Thank you.

Lee County Department of Human & Veteran Services
Kellie-Ann Torres, Human Services Coordinator
ktorres@leegov.com
239-533-7902
Q1 Did your organization sustain damage to your office location or properties?
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Statewide

Q4 What services will you be offering specifically to assist with storm recovery?
Other (please specify):
N/A to storm recovery - We are a Scholarship Funding Organization

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?
Respondent skipped this question

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
N/A

Q7 Please share additional information and community needs not already mentioned.
We are a Scholarship Funding Organization, providing scholarships for K-12 Florida schoolchildren from lower-income families or children with special needs.
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name of Contact, Title of Contact, email address, phone number, cell phone/alt phone. Thank you.

Step Up For Students
Paul Soost, Director of Marketing
psoost@StepUpForStudents.org
727.451.9828 office
407.590.9333 cell
**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
tri-county area

**Q4** What services will you be offering specifically to assist with storm recovery?  
Other (please specify):  
211 and all services provided through funded partners and our EHS services and OUAC

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?  
Other (please specify):  
donations to gift-in-kind center and donations to HFUW Hurricane Irma Relief Fund

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Providing 211 services and helping partner organizations as they respond to Hurricane Irma

**Q7** Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Thank you.

David Foote, david.foote@hfuw.org 407-835-9762
Q1 Did your organization sustain damage to your office location or properties?  
Yes, both office location and housing/commercial properties

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Palm Beach County

Q4 What services will you be offering specifically to assist with storm recovery?  
FEMA relief registration/coordination, Legal assistance, Small business/Micro business assistance

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment, Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Supporting residents to register for FEMA, identifying funding for emergency services for residents, identifying funds to repair ULPBC facilities, etc.
Q7 Please share additional information and community needs not already mentioned.

Continue to educate Palm Beach County residents on the importance of being prepared during this hurricane season, it’s not over.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization: Urban League of Palm Beach County
Name, Title of Contact: Patrick Franklin, President & CEO
Email address: frankln@ulpbc.org
Phone number: 561-833-3736
Cell phone/alt phone: 561-756-6832

Thank you.
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?
Yes, housing or commercial properties only

**Q2** Have you resumed operations or do you have date scheduled to resume operations?
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Our service area is Alachua County

**Q4** What services will you be offering specifically to assist with storm recovery?
Other (please specify):
.

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?
Other (please specify):
.

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
Repairing our warehouse

**Q7** Please share additional information and community needs not already mentioned.
.

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Collector: Web Link 1 (Web Link)
Started: Monday, September 18, 2017 4:41:59 PM
Last Modified: Monday, September 18, 2017 4:44:26 PM
Time Spent: 00:02:26
IP Address: 98.164.150.10
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization: Alachua Habitat for Humanity. Name, Title of Contact: Scott Winzeler, Executive Director. Email address: swinzeler@alachuahabitat.org. Phone: 352-371-5871, 352-214-8773. Thank you.
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
South Sarasota County

**Q4** What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps  
FEMA relief registration/coordination

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.  
Funding for grants or goods.  
Donations of goods and/or services

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
temporary staff, identification of funding for emergency services
Q7 Please share additional information and community needs not already mentioned.

housing repairs, noon-food needs, clothing, property clean up

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Laurel Civic Association, Sandra Terry - ED, laurelcivic@aol.com, 941-724-3332
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational, our office was able to reopen once power was restored on 9/13. Additional comments:

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Columbia and Suwannee counties, which were both declared, as well as any households in Hamilton and Lafayette counties affected.

Q4 What services will you be offering specifically to assist with storm recovery?  
Housing repair assistance (construction), 
FEMA relief registration/coordination, 
Small business/Micro business assistance, 
Other (please specify):
United Way of Suwannee Valley will support FEMA relief registration and small business assistance as a result of staff and volunteers supporting the operation of the Disaster Recovery Centers, two of which are expected to be opened in Columbia County. UWSV also serves as the long-term recovery organization for the agency's four-county service area of Columbia, Suwannee, Hamilton and Lafayette counties and will, in that capacity, provide housing repair assistance.
Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment.
Funding for grants or goods.
Other (please specify):
Just to clarify, funding will be needed to support the cost of staffing the long-term recovery role and to provide the long-term recovery assistance required by households which will be unable to recovery without assistance.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

There are two specific principal concerns, which include funding the additional staff hours required to coordinate the long-term recovery committee and to secure the funds to provide for the level of long-term recovery assistance required.

Q7 Please share additional information and community needs not already mentioned.

Additional information regarding community needs may be more defined as FEMA registrations are accomplished. This community suffered less hurricane affects other than power outages but greater impacts resulting from river flooding which occurred as a result subsequent to the hurricane. The need for clean up kits and volunteer groups will be better determined as damage assessments are compiled.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone

United Way of Suwannee Valley
Rita Dopp, Executive Director
rita@unitedwsv.org
386-752-5604 x 104
386-344-9307 (cell phone)
<table>
<thead>
<tr>
<th>Q1 Did your organization sustain damage to your office location or properties?</th>
<th>No substantial damage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 Have you resumed operations or do you have date scheduled to resume operations?</td>
<td>Yes, our organization is fully operational</td>
</tr>
<tr>
<td>Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)</td>
<td>Duval County (32206, 32208, 32218)</td>
</tr>
<tr>
<td>Q4 What services will you be offering specifically to assist with storm recovery?</td>
<td>Housing repair assistance (construction)</td>
</tr>
<tr>
<td>Q5 What type of assistance will most improve your organization's ability to provide these services to your community?</td>
<td>Funding for operations, staff, additional rent and/or equipment.</td>
</tr>
<tr>
<td>Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)</td>
<td>Identification of funding for emergency services,</td>
</tr>
<tr>
<td>Q7 Please share additional information and community needs not already mentioned.</td>
<td>Respondent skipped this question</td>
</tr>
<tr>
<td>Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.</td>
<td>Metro North CDC, Jacqui Harrington, Housing Coordinator, <a href="mailto:jharrington@metronorthcdc.com">jharrington@metronorthcdc.com</a>, (904) 358-1224</td>
</tr>
</tbody>
</table>
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Hillsborough County, Wimauma Community

Q4 What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps 
Small business/Micro business assistance

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment. 
Funding for grants or goods. 
Better access to information and coordination with local public/private/nonprofit resources

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Temporary staff to process emergency relief services.
Q7 Please share additional information and community needs not already mentioned.

Respondent skipped this question

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone, alt phone.

Thank you.

Elizabeth Gutierrez, CEO
Enterprising Latinas, Inc.
18240 US Highway 301 S
Wimauma, FL 33598
813-699-5811
liz.gutierrez@enterprisinglatinas.org
Page 1: Please help us collect a quick assessment of post-hurricane community needs and response services.

Q1. Did your organization sustain damage to your office location or properties?
   Yes, both office location and housing/commercial properties

Q2. Have you resumed operations or do you have a date scheduled to resume operations?
   Yes, our organization is fully operational

Q3. What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
   Palm Beach County

Q4. What services will you be offering specifically to assist with storm recovery?
   Other (please specify):
   Employment assistance

Q5. What type of assistance will most improve your organization’s ability to provide these services to your community?
   Funding for grants or goods.
   Better access to information and coordination with local public/private/nonprofit resources

Q6. What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
   Reopening safe and operational facilities for staff and customers

Q7. Please share additional information and community needs not already mentioned.
   Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization:

Name, Title of Contact:

email address:

phone:
cell phone/alt phone:

Thank you.

Respondent skipped this question
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Lee County, Fort Myers, Florida

**Q4** What services will you be offering specifically to assist with storm recovery?

Food/Food Stamps, Housing relocation assistance, FEMA relief registration/coordination,

Other (please specify):

Counseling to find resources to help, ESG Funds,
Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

- Funding for operations, staff, additional rent and/or equipment.
- Funding for grants or goods.
- Volunteers (specify skills below)
- Better access to information and coordination with local public/private/nonprofit resources
- Donations of goods and/or services
- Translators/bilingual volunteers (specify language below)

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

- Funding for Emergency Services, Temporary staff & Volunteers

Q7 Please share additional information and community needs not already mentioned.

We have many clients that were not able to work due to hurricane Irma and have no food and still don't have power they are scared of becoming homeless due to these issues.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization: Name, Title of Contact: email address: phone: cell phone/alt phone

Thank you.

Affordable Homeownership Foundation
Lois M Healy- CEO
lois@ahf.today
239-689-4944
239-872-8977 Cell
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
No, we are not yet operational but are only waiting for power to be restored.

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Lower Florida keys and key west

Q4 What services will you be offering specifically to assist with storm recovery?  
Housing repair assistance (funding), Housing repair assistance (construction), FEMA relief registration/coordination

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment, Funding for grants or goods, Better access to information and coordination with local public/private/nonprofit resources

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Any storm related repair and rebuilding efforts will require funding and staff capacity beyond our budgeted allocations.
Q7 Please share additional information and community needs not already mentioned.

Our true needs are not yet clear as this survey is less than a week after the storm event.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone number/cell phone/alt phone.

Thank you.

Mark Moss
Executive Director
305 407 4070
buildit@habitatlowerkeys.org
tel 305 294 9006
Q1 Did your organization sustain damage to your office location or properties?  
Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational  
Additional comments::  
One side of our building was damaged. It is enclosed with plywood. It is an historical home. Needs immediate repair. The room where we hold our homebuyer workshop is not able to be used.

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Seminole, Orange, Lake, Volusia and all cities within those counties

Q4 What services will you be offering specifically to assist with storm recovery?  
Housing relocation assistance,  
Housing repair assistance (funding),  
Housing repair assistance (construction),  
Other (please specify):  
We can assist with resources information for housing. However, we do have contractors to offer repairs as we do construction of homes but no funding for it.
Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

- Funding for operations, staff, additional rent and/or equipment.
- Funding for grants or goods.
- Volunteers (specify skills below).
- Better access to information and coordination with local public/private/nonprofit resources.
- Donations of goods and/or services.
- Other (please specify):
  We are a bilingual organization (Spanish).

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Temporary staff, identification of funding for emergency services, housing, childcare and transportation for our staff.

Q7 Please share additional information and community needs not already mentioned.

We offer assistance in paying of light bills for seniors only, we need to be able to pay water bills as well. We would like to offer these services all households notwithstanding the age.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization: Goldenrule Housing & Community Development Corp Inc., Name: Cynthia Smith, Title: Executive Director, Email: cynthia.goldenrule@gmail.com, Phone: 407 878 3759, Cell: 407-272-1679
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Miami-Dade, Broward, Palm Beach, Monroe Counties

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify):  
For families who have lost their home internet connection or their computers, we have a new unlimited data internet hotspot as well as affordable computers for purchase.

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Better access to information and coordination with local public/private/nonprofit resources

Other (please specify):  
Raise awareness for EveryoneOn.org

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Ensuring the most affected communities in Florida can get connected to the internet and EveryoneOn.org so families can access disaster relief services and their children can participate in school.
Q7 Please share additional information and community needs not already mentioned.

N/A

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone/alt phone.

Thank you.

EveryoneOn
Maribel Martinez
Regional Manager, Florida
maribel@everyoneon.org
786-540-4754
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

| Q1 Did your organization sustain damage to your office location or properties? | No substantial damage |
| Q2 Have you resumed operations or do you have date scheduled to resume operations? | Yes, our organization is fully operational |
| Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable) | Escambia county, Santa Rosa county. All neighborhoods |
| Q4 What services will you be offering specifically to assist with storm recovery? | Respondent skipped this question |
| Q5 What type of assistance will most improve your organization's ability to provide these services to your community? | Funding for grants or goods. Volunteers (specify skills below) |
| Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.) | Respondent skipped this question |
| Q7 Please share additional information and community needs not already mentioned. | Respondent skipped this question |
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization: [Name], Title of Contact: [Title], Email Address: [Email], Phone: [Phone], Cell Phone/Alt Phone: [Alt Phone]. Thank you.

Respondent skipped this question.
**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Columbia, Suwannee, Hamilton, and Lafayette Counties

**Q4** What services will you be offering specifically to assist with storm recovery?  
Other (please specify): Staff Disaster Recovery Center, Case Management, and other services as needs are assessed.

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?  
Other (please specify): Not sure at this point.

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Assisting in Disaster Center and assessing needs.

**Q7** Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, Email address, Phone number, Cell phone/alt phone

Thank you.

Lynne Hodges Case Manager
United Way of Suwannee Valley  386-752-5604  X106
lynne@unitedwsv.org
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Orange County

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify):  
Financial Counseling

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Identification of funding for housing counseling services

Q7 Please share additional information and community needs not already mentioned.

Language services for non-english speaking community
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization
Name, Title of Contact
email address
phone
cell phone/alt phone

Thank you.

Florida Consumer
Annie Hernandez - Business Development Consultant
ahernandez@consumerpr.org
407-433-9221
Q1 Did your organization sustain damage to your office location or properties?  
Yes, housing or commercial properties only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Volusia County; Daytona Beach

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify): N/A

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?
Funding for grants or goods.
Better access to information and coordination with local public/private/nonprofit resources

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
id emergency services; we're receiving multiple calls

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Respondent skipped this question
Q1 Did your organization sustain damage to your office location or properties?
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Pinellas county

Q4 What services will you be offering specifically to assist with storm recovery?
Food/Food Stamps, personal hygiene, transportation, utility assistance, referrals for services, baby supplies, clothing, other services as needed and resources available
Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

- Funding for operations, staff, additional rent and/or equipment.
- Funding for grants or goods.
- Volunteers (specify skills below)
- Donations of goods and/or services
- Other (please specify):
  - Emergency supplies Bateries, flashlights, etc. for low-income households

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Utilities, rent for people who lost work hours, have extra expenses and will not be financially able to maintain essential services

Q7 Please share additional information and community needs not already mentioned.

Still determining

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization

Daystar Life Center, Inc.
Jane Trocheck Walker, Executive Director
727-894-5323
727-479-6122
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month?  (Please include County, City and neighborhood as applicable)

central Florida/Polk County

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify):
exhibits and programs for children, financial education for families

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.

Q6 What are the principle concerns for you, your staff and your organization for next month?  (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Funds to pay for building repairs that occurred in non-visitor areas

Q7 Please share additional information and community needs not already mentioned.

Families need relief for themselves and their children - funds to support admissions/educational programs
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, Email address, Phone number, Cell phone/alt phone.

Thank you.

Explorations V Children's Museum; Georgann Carlton, CEO; gcarlton@explorationsv.com; (863)687-3869; (863)640-1106
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

na

**Q4** What services will you be offering specifically to assist with storm recovery?  
Other (please specify): casemanagement support & linkage to community resources

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?  
Better access to information and coordination with local public/private/nonprofit resources

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Clients ability to access resources in the community

**Q7** Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone number, cell phone/alt phone.

Thank you.

Gulf Coast Jewish Family & Community Services
Sylvia Acevedo, Sr. Director, Refugee & Employment Services
Sylvia.Acevedo@gcjfcs.org
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?
Yes, office location only

**Q2** Have you resumed operations or do you have date scheduled to resume operations?
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
SEminole, Orange, Osceola and Volusia Counties

**Q4** What services will you be offering specifically to assist with storm recovery?
Other (please specify):
Emergency food orders

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?
Funding for operations, staff, additional rent and/or equipment,
Volunteers (specify skills below),
Donations of goods and/or services,
Translators/bilingual volunteers (specify language below),
Other (please specify):
Pantry and front desk volunteers, additional spanish translators/bilingual
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Needing volunteers; access to funding post emergency

Q7 Please share additional information and community needs not already mentioned.  

Respondent skipped this question

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone number, cell phone/alt phone.

Thank you.

Christian HELP Foundation Inc  
450 Seminola Blvd Casselberry, FL 32707  
Tracy Trimblett Director Client Services  
407 834 4022 x226 or 609 760 2564
Q1 Did your organization sustain damage to your office location or properties?  
Yes, housing or commercial properties only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Lake County; Eustis, FL

Q4 What services will you be offering specifically to assist with storm recovery?  
Respondent skipped this question

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Replace shingles on 22 apartment buildings

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Eustis Housing Authority
Horace Jones, Executive Director
hjones@eustishousingauthority.com
Ofc: (352) 357-4851
Cell: (352) 989-0538
Q1 Did your organization sustain damage to your office location or properties?  
Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Palm Beach County

Q4 What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps, FEMA relief registration/coordination, Small business/Micro business assistance

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Respondent skipped this question

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization: 

Urban League of Palm Beach County
Lydia Callender
Program Manager, Financial Empowerment Center
561-833-1461, ext 3010

Thank you.
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Collier County

Q4 What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps, Housing relocation assistance, FEMA relief registration/coordination, Other (please specify): Coordination of all the above

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?  
Funding for grants or goods, Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Identification of funding, emergency services
Q7 Please share additional information and community needs not already mentioned. Respondent skipped this question

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone number, cell phone/alternate phone number.

Thank you.

Hunger and Homeless Coalition of Collier County
Christine Welton, Executive Director
executivedirector@collierhomelesscoalition.org
239-263-9363 Office
239-210-1379 Cell
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
City and neighborhood; however County is possible

Q4 What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps, Housing relocation assistance, Other (please specify): Counseling

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment, Donations of goods and/or services, Other (please specify): Non-perishable food - P.B. & J - diapers
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

identification of funding for emergency services, bus passes.

Q7 Please share additional information and community needs not already mentioned.

Immediate assistance for basic needs

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Thank you.

Joy Kruppa, Program Director, ip-e@tampabay.rr.com, 863-875-8379
### Q1 Did your organization sustain damage to your office location or properties?
Yes, both office location and housing/commercial properties

### Q2 Have you resumed operations or do you have date scheduled to resume operations?
Yes, we are operational but have relocated to new address (specify below),
Additional comments::
We relocated staff within our building

### Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Orange, Osceola, Seminole and Brevard Counties

### Q4 What services will you be offering specifically to assist with storm recovery?
Other (please specify):
Referrals for child care, referrals to 211

### Q5 What type of assistance will most improve your organization's ability to provide these services to your community?
Other (please specify):
Vendors to be available to restore operations pre-Irma

### Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
Remediate and replace roof, a/c units, and damages to interior building due to water damage

### Q7 Please share additional information and community needs not already mentioned.
Child care centers also have damage, needing assistance from vendors, even FEMA
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

4C
Patricia Frank, President and CEO
pefrank@4cflorida.org
407-532-4124; 407-421-9588
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
Yes, both office location and housing/commercial properties

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
County

**Q4** What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps, Housing relocation assistance, Other (please specify): In-home counseling
Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

- Funding for operations, staff, additional rent and/or equipment.
- Funding for grants or goods.
- Volunteers (specify skills below)
- Donations of goods and/or services
- Other (please specify):
  Volunteers for helping to take care of the facility (paying for lawn care and cleaning takes away from dollars that could be spent on clients)

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Respondent skipped this question

Q7 Please share additional information and community needs not already mentioned.

resources to help staff and clients "hold them over" - cash, food, gas

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Thank you.

Children's Home Society of Florida
Julie Schneider, Executive Director
Julie.schneider@chsfl.org
843-906-9462
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Palm Beach County

Q4 What services will you be offering specifically to assist with storm recovery?  
Housing repair assistance (funding), Housing repair assistance (construction), FEMA relief registration/coordination

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment, Funding for grants or goods, Better access to information and coordination with local public/private/nonprofit resources

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Needing temporary staff to coordinate relief efforts
Q7 Please share additional information and community needs not already mentioned.

Funding for CLT low-income homeowners who sustained damage but cannot afford hurricane deductible

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone

Community Land Trust of Palm Beach County
Cindee LaCourse-Blum, Executive Director
clacourse-blum@cltofpbc.org
561-318-8430
Q1 Did your organization sustain damage to your office location or properties?  Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Outreach activities to clients

Q4 What services will you be offering specifically to assist with storm recovery?

FEMA relief registration/coordination

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment.
Funding for grants or goods.
Better access to information and coordination with local public/private/nonprofit resources.
Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Identification of funding for emergency services, housing assistance
Q7 Please share additional information and community needs not already mentioned.

Respondent skipped this question

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone Thank you.

Urban League of Palm Beach County
Jean Belzer Louis, Director of Housing
jlouis@ulpbc.org
561.833.1461
Q1 Did your organization sustain damage to your office location or properties? 
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations? 
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Duval County, Jacksonville

Q4 What services will you be offering specifically to assist with storm recovery? 
Childcare

Q5 What type of assistance will most improve your organization's ability to provide these services to your community? 
Volunteers (specify skills below), Better access to information and coordination with local public/private/nonprofit resources

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.) 
Funding for emergency services

Q7 Please share additional information and community needs not already mentioned. 
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization:

Lutheran Services of North Florida Head Start /Early Head Start

3027 San Diego Road

Jacksonville, Florida

32207
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, we are operational but have relocated to new address (specify below)

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Miami-Dade County

Q4 What services will you be offering specifically to assist with storm recovery?

Other (please specify):
Communication & Coordination Assistance

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment.

Volunteers (specify skills below)

Better access to information and coordination with local public/private/nonprofit resources

Other (please specify):
Funding for a p/t person or a volunteer to temporarily focus on communication and coordination specific to IRMA
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Regarding Recovery: Assisting with Miami-Dade communication, coordination and public resource allocation

Q7 Please share additional information and community needs not already mentioned.

Workforce training for LMI population for disaster relief jobs

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Thank you.

South Florida Community Development Coalition
Shekeria Brown, Executive Director
Shekeriab@southfloridacdc.org
P: 786-237-2120
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Liberty City, Allapattah, Overtown

**Q4** What services will you be offering specifically to assist with storm recovery?

- Housing relocation assistance
- FEMA relief registration/coordination
- Legal assistance
Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment.

, Funding for grants or goods.

Volunteers (specify skills below)

Donations of goods and/or services

Translators/bilingual volunteers (specify language below)

, Other (please specify):

Volunteers for transporting in-kind donations

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Funding to reimburse for emergency relief material purchases

Q7 Please share additional information and community needs not already mentioned.

Civic Tower Apartments in Allapattah needs a lot of help

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone

Thank you.

Adrian Alberto Madriz
Project Lead/Director de Proyecto
Struggle for Miami’s Affordable and Sustainable Housing
SMASH
Tel: 786-523-4734
adrian@smashtheslumlords.org
www.smashtheslumlords.org
Q1 Did your organization sustain damage to your office location or properties?

No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?

Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Hillsborough County

Q4 What services will you be offering specifically to assist with storm recovery?

Other (please specify):
Debt Relief Clinic

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

Other (please specify):
N/A

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Business as usual (unless another Hurricane intervenes!).

Q7 Please share additional information and community needs not already mentioned.

N/A
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Patrick Tolan
813-419-5100
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
Yes, both office location and housing/commercial properties

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Duval, Nassau, Clay, St. Johns and Baker counties (and 12 more west of NE Florida)

Q4 What services will you be offering specifically to assist with storm recovery?  
Legal assistance

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.
Funding for grants or goods.
Better access to information and coordination with local public/private/nonprofit resources.
Translators/bilingual volunteers (specify language below)

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
Answering clients questions relating to housing, FEMA, insurance and benefits questions
Q7 Please share additional information and community needs not already mentioned.

Respondent skipped this question

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone/alt phone/Thank you.

Jacksonville Area Legal Aid, Inc.
Lynn Drysdale, Division Chief Consumer Law Division
Did your organization sustain damage to your office location or properties?  
Yes, office location only

Have you resumed operations or do you have date scheduled to resume operations?  
No, we are not yet operational but hope to be soon (specify date and location below)

What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

SOUTH MIAMI-DADE

What services will you be offering specifically to assist with storm recovery?

- Housing relocation assistance
- FEMA relief registration/coordination
- Other (please specify): FORECLOSURE AND FOREBEARANCE

What type of assistance will most improve your organization's ability to provide these services to your community?

- Funding for operations, staff, additional rent and/or equipment.
- Funding for grants or goods.
- Better access to information and coordination with local public/private/nonprofit resources

What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

FUNDING TO COVER THE STAFF SALARIES FOR THE 2 WEEK PERIOD WHEN OFFICE WAS CLOSED
Q7 Please share additional information and community needs not already mentioned.

NA

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization: Trinity Empowerment Consortium
Address: 18142 SW 97 Ave, Palmetto Bay FL 33157
Contact: Stephanye Johnson, Exec Director
Phone: 305 412-5184
Email: steffye@trinityempowers.org

Thank you.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>No substantial damage</td>
</tr>
<tr>
<td>Q2</td>
<td>Yes, our organization is fully operational</td>
</tr>
<tr>
<td>Q3</td>
<td>Same: Miami-Dade, Broward</td>
</tr>
<tr>
<td>Q4</td>
<td>Other (please specify): We can do home repair loans if we had the capital to do so.</td>
</tr>
<tr>
<td>Q5</td>
<td>Other (please specify): Loan capital for home repair loans</td>
</tr>
<tr>
<td>Q6</td>
<td>Respondent skipped this question</td>
</tr>
<tr>
<td>Q7</td>
<td>There is still a lot of safety issues which trees down, tree limbs not picked up, and stop lights still not working. Also, in Miami-Dade and Broward where there wasn’t major property damage, the same issues exist as before the storm such as housing availability and affordability and access to home repair loans for homeowners.</td>
</tr>
</tbody>
</table>
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Neighborhood Housing Services of South Florida
Arden Shank, President & CEO
ardens@nhssf.org
305-751-5511, ex 2113
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
Yes, both office location and housing/commercial properties

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Manatees County

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify):  
Needs specific to clients

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?  
Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Repairs and assistance to clients

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization: Manatee Children's Services
Name: Melinda Thompson, CEO
Email: Melindat@mcsfl.com
Phone: 941-345-1200
Cell Phone: 941-232-1026

Thank you.
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties? No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations? Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable) Manatee County

Q4 What services will you be offering specifically to assist with storm recovery? Food/Food Stamps

Q5 What type of assistance will most improve your organization's ability to provide these services to your community? Funding for operations, staff, additional rent and/or equipment.

, Funding for grants or goods.

Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.) Volunteers to assist in staffing food distributions

Q7 Please share additional information and community needs not already mentioned. None other than those mentioned
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, Email address, Phone, Cell phone/alt phone

Thank you.

Meals on Wheels PLUS of Manatee, Inc.
dba Food Bank of Manatee
Haskell Gates, Vice President/CFO
hgates@mealsonwheelsplus.org
941-747-4655
813-417-1627
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?

Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?

Yes, our organization is fully operational,

Additional comments::

Damage was to roof, and we have been able to get it fixed

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Manatee County

Q4 What services will you be offering specifically to assist with storm recovery?

Food/Food Stamps,

FEMA relief registration/coordination

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment.

Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

We anticipate an influx of people from throughout the state from areas hard hit - they will be seeking housing, jobs, services etc. and we already have a tight housing market for people in the low income/services earning bracket. Finding affordable housing from them will take more staff time working with landlords, locating properties and ensuring they are safe and up to code, and assisting clients with getting new employment
**Q7** Please share additional information and community needs not already mentioned.

Lack of housing for people who can pay only $600 - $1000 a month is a huge problem, and exacerbates many other problems leading to homelessness for families and their children, mental health issues and even health issues. These along with lack of affordable child care make life for the service type worker very difficult - now the failure of the citrus crop throughout the state will also contribute to new families coming to our area looking for work/accommodation and services.

**Q8** Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone/alt phone/Thank you.

Turning Points
Adell Erozer, Executive Director
aerozer@tpmanatee.org
941-747-1509
941-807-9282 cell
### #107

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q1</strong> Did your organization sustain damage to your office location or properties?</td>
<td>No substantial damage</td>
</tr>
<tr>
<td><strong>Q2</strong> Have you resumed operations or do you have date scheduled to resume operations?</td>
<td>Yes, our organization is fully operational</td>
</tr>
<tr>
<td><strong>Q3</strong> What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)</td>
<td>Lee (Lehigh and Estero); Collier (Naples and Immokalee); Pt. Charlotte</td>
</tr>
<tr>
<td><strong>Q4</strong> What services will you be offering specifically to assist with storm recovery?</td>
<td>Food/Food Stamps, FEMA relief registration/coordination, Other (please specify): providing over $10k in 25 dollar emergency vouchers that can be redeemed at Goodwill stores</td>
</tr>
<tr>
<td><strong>Q5</strong> What type of assistance will most improve your organization's ability to provide these services to your community?</td>
<td>Funding for grants or goods, Better access to information and coordination with local public/private/nonprofit resources, Donations of goods and/or services</td>
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</tbody>
</table>
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

funding for emergency services and supports

Q7 Please share additional information and community needs not already mentioned.

N/a

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone

Thank you.

Goodwill Industries of SW Florida
Fred Richards, Vice President of Community Services
fredrichards@goodwillswfl.org
239-995-2106 ext. 2224
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations? Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Indian River County

Q4 What services will you be offering specifically to assist with storm recovery? Other (please specify):

Funding several of the services listed above through some of our partner agencies.

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment.

, Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Generally, we are good shape, but the funds we have available to help those in need will not be enough.

Q7 Please share additional information and community needs not already mentioned. Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

United Way of Indian River Co.
Michael Kint, CEO
michael.kint@unitedwayirc.org
772-567-8900 office
772-532-8579 cell
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 Did your organization sustain damage to your office location or properties?</td>
<td>No substantial damage</td>
</tr>
<tr>
<td>Q2 Have you resumed operations or do you have date scheduled to resume operations?</td>
<td>Yes, our organization is fully operational</td>
</tr>
<tr>
<td>Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)</td>
<td>Indian River County</td>
</tr>
<tr>
<td>Q4 What services will you be offering specifically to assist with storm recovery?</td>
<td>Respondent skipped this question</td>
</tr>
<tr>
<td>Q5 What type of assistance will most improve your organization's ability to provide these services to your community?</td>
<td>Respondent skipped this question</td>
</tr>
<tr>
<td>Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)</td>
<td>Respondent skipped this question</td>
</tr>
<tr>
<td>Q7 Please share additional information and community needs not already mentioned.</td>
<td>Respondent skipped this question</td>
</tr>
<tr>
<td>Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.Name of Organization, Name of Contact, email address, phone, cell phone/alt phone. Thank you.</td>
<td>Respondent skipped this question</td>
</tr>
</tbody>
</table>
**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Respondent skipped this question

**Q4** What services will you be offering specifically to assist with storm recovery?  
Respondent skipped this question

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?  
Respondent skipped this question

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Respondent skipped this question

**Q7** Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Robin Dapp
Substance Awareness Center of Indian River Co
Rdapp@sacirc.org
772-770-4811
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Charlotte, Collier, Glades, Hendry and Lee counties

**Q4** What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.  
Funding for grants or goods.  
Donations of goods and/or services

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Food distribution increase; funding for emergency services

**Q7** Please share additional information and community needs not already mentioned.  
Relief efforts can be located at www.harrychapinfoodbank.org
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization: Harry Chapin Food Bank of Southwest Florida
Kari LeFort, Director of Programs
klefort@harrychapinfoodbank.org
239-334-7007, Ext. 124

Thank you.
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Charlotte County

Q4 What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.  
Funding for grants or goods.  
Better access to information and coordination with local public/private/nonprofit resources

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
Gathering enough funds to help those in need

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Charlotte Community Foundation
Tami Sender
tsender@charlottcf.org
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations? Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Hillsborough and Eastern Pasco Counties

Q4 What services will you be offering specifically to assist with storm recovery?
Food/Food Stamps, Childcare, Other (please specify): Showers and child care to displaced families

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?
Funding for operations, staff, additional rent and/or equipment, Better access to information and coordination with local public/private/nonprofit resources

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.) None
Q7 Please share additional information and community needs not already mentioned.

None

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization Name, Title of Contact, email address, phone/cell phone/alt phone. Thank you.

Respondent skipped this question
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Charlotte County

Q4 What services will you be offering specifically to assist with storm recovery?  Other (please specify):

Medical and Pharmacy

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Funding

Q7 Please share additional information and community needs not already mentioned.  Respondent skipped this question

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Title of Contact, email address, phone number.  Respondent skipped this question
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Pinellas and Hernando Counties

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify):
Providing information on disaster recovery services to 211 callers in need

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment.
Volunteers (specify skills below)
Other (please specify):
Volunteers who can assist with answering disaster recovery calls as well as text messages

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

needing volunteers and temporary staff
Q7 Please share additional information and community needs not already mentioned.

None at the moment

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, Email address, Phone, Cell phone/Alt phone.

Thank you.

2-1-1 Tampa Bay Cares
Micki Thompson, President/CEO
micki@211tampabay.org
727-403-4062
Q1 Did your organization sustain damage to your office location or properties?  No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Pinellas, Pasco, Marion, Hernando, Sumter, Lake Seminole and Pasco Counties

Q4 What services will you be offering specifically to assist with storm recovery?
Other (please specify):
Increase in work hours for seniors

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?
Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

assistance in provident emergency food or vouchers

Q7 Please share additional information and community needs not already mentioned.

Many people did not sign up for FEMA emergency because the felt that services were income based
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization

Name, Title of Contact

e-mail address

phone

cell phone/alt phone

Thank you.

Pinellas County Urban League, Watson L. Haynes, President/CEO, whaynes@pcul.org/ 727 327-3568
Q1 Did your organization sustain damage to your office location or properties? Yes, both office location and housing/commercial properties

Q2 Have you resumed operations or do you have date scheduled to resume operations? Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable) Pinellas and Hillsborough Counties

Q4 What services will you be offering specifically to assist with storm recovery? Childcare, Other (please specify): child care consultation and early literacy through home visitation

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community? Funding for grants or goods, Other (please specify): a couple of air conditioners-compressors and condensers were damaged from power surges and need replacing at a total cost of some $14,000

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.) none beyond normal operations
Q7 Please share additional information and community needs not already mentioned.

Respondent skipped this question

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Thank you.

R'Club Child Care, Inc.
Arthur O'Hara, Executive Director
aohara@rclub.net
727-578-5437
727-458-9959
Q1 Did your organization sustain damage to your office location or properties?  No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Hillsborough County, Tampa Heights

Q4 What services will you be offering specifically to assist with storm recovery?  Childcare

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

None

Q7 Please share additional information and community needs not already mentioned.

Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

A Brighter Community
Melissa Burman
Executive Director
813-263-7127
President@abrightercommunity.org
Q1 Did your organization sustain damage to your office location or properties?

No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?

Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Charlotte

Q4 What services will you be offering specifically to assist with storm recovery?

Housing repair assistance (funding), FEMA relief registration/coordination, Inquiries assistance with food and gas, basic utilities/rent assistance

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

Funding for grants or goods, Volunteers (specify skills below), Better access to information and coordination with local public/private/nonprofit resources, Donations of goods and/or services
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

being able to assist the folks who are struggling as a result of lost wages, food and repair costs.

Q7 Please share additional information and community needs not already mentioned.  

Respondent skipped this question

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization Name, Title of Contact email address phone cell phone/alt phone Thank you.

Angie Matthiessen
United Way of Charlotte County
Interim Executive Director
resourcedevelopment@unitedwayccfl.org
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month?  (Please include County, City and neighborhood as applicable) 
Nokomis, Laurel, Osprey, Venice, Englewood and North Port Floirda

Q4 What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps, Legal assistance, Childcare

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment, Better access to information and coordination with local public/private/nonprofit resources

Q6 What are the principle concerns for you, your staff and your organization for next month?  (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Rent and utility assistance will be key for helping our workforce recover from loss hourly wages and from spending extra money on purchasing hurricane supplies or evacuating.
Q7 Please share additional information and community needs not already mentioned.

Recovery donations vs. regular donations will be a tough case to balance with the already fragile services we fund annually that are the backbone of our regular economy.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Title of Contact, Email address, Phone number

United Way South Sarasota County
Maryann Terry
Executive Director
maryann@uwssc.com
941-484-4811

Thank you.
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Hillsborough County

Q4 What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps, Housing repair assistance (funding), Other (please specify): Gift cards to assist with loss of perishable food as a result of losing power.

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Funding for gift cards and gas cards.
Q7 Please share additional information and community needs not already mentioned.

We are seeing a need for financial assistance. Our clients have to juggle monthly expenses because dollars need to be allocated towards expenses that have popped up as a result of the storm.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Tampa Jewish Family Services
Michael Barnett, CEO
michael.b@tjfs.org
813-960-1848 (office)
813-545-6800 (cell)

Thank you.
| Q1 Did your organization sustain damage to your office location or properties? | Yes, office location only |
| Q2 Have you resumed operations or do you have date scheduled to resume operations? | Yes, our organization is fully operational |
| Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable) | Vero Beach, Indian River County, South County, Gifford |
| Q4 What services will you be offering specifically to assist with storm recovery? | Other (please specify): none of the above, we provide mentoring services to students |
| Q5 What type of assistance will most improve your organization's ability to provide these services to your community? | Better access to information and coordination with local public/private/nonprofit resources |
| Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.) | Having access to referral services for the families of our clients. |
| Q7 Please share additional information and community needs not already mentioned. | n/a |
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name of Contact, Title of Contact, email address, phone number, cell phone/alternate phone number.

Thank you.

Youth Guidance
Felix Cruz, Executive Director
fcruz@youthguidanceprogram.org
772-770-5040
772-404-9808
**Q1** Did your organization sustain damage to your office location or properties?  
Yes, both office location and housing/commercial properties

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Okeechobee, Martin, St Lucie and Indian River Counties

**Q4** What services will you be offering specifically to assist with storm recovery?  
- Food/Food Stamps  
- FEMA relief registration/coordination  
Other (please specify): Benefits outreach and connection, nonfood essentials

**Q5** What type of assistance will most improve your organization’s ability to provide these services to your community?  
- Funding for operations, staff, additional rent and/or equipment.  
- Volunteers (specify skills below)  
Other (please specify): Costs associated with emergency relief not budgeted, roof repair to distribution center, volunteers to help with clean up and preparation of food boxes and non food essentials boxes
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Staff have been working round the clock to support community needs, the strain on our already strained system, emotionally draining for our team who suffered home damage and loss.

Q7 Please share additional information and community needs not already mentioned.

Respondent skipped this question.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization
Treasure Coast Food Bank
Name, Title of Contact
Judith Cruz - President/CEO
Email address
jcruz@tcfoodbank.org
Phone number
772-489-3034
772-971-3337 - cell
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
Yes, both office location and housing/commercial properties

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Pinellas County

**Q4** What services will you be offering specifically to assist with storm recovery?  
FEMA relief registration/coordination,  
Childcare,  
Other (please specify):  
Access to computers and donation drives for shelters

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment,  
Volunteers (specify skills below)  
Better access to information and coordination with local public/private/nonprofit resources  
Other (please specify):  
tree removal, painting, gutter cleaning and repairs, general clean up
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Funding to ensure the properties are safe, trees and debris have been removed, identifying resources for families, connecting families with assistance

Q7 Please share additional information and community needs not already mentioned.

Respondent skipped this question

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization
Girls Inc of Pinellas

Name, Title of Contact
Kristina Fortner, Executive Director

kfortner@girlsinc-pinellas.org
7275446230 x 117
7275446230 x 114 (Gail Vollrath)
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?
   No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?
   Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
   Hillsborough, Pinellas, Polk, Pasco, Hernando, Citrus, Sumter

Q4 What services will you be offering specifically to assist with storm recovery?
   Other (please specify):
   Our regular one-to-one mentoring services

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?
   Volunteers (specify skills below)
   Other (please specify):
   volunteers who can commit a minimum of 15 months to volunteer

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
   Just getting back to business as usual.

Q7 Please share additional information and community needs not already mentioned.
   None come to mind
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Big Brothers Big Sisters of Tampa Bay, Inc.
Stephen A. Koch, CEO
StephenK@BBBSTampaBay.org
(813) 453-3335
#126

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Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

East Hillsborough County

**Q4** What services will you be offering specifically to assist with storm recovery?

Food/Food Stamps, Housing relocation assistance, Other (please specify): grief counseling, extra food, job referrals

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment, Funding for grants or goods, Donations of goods and/or services
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

We doubled the number of people we serve in just a year. Now with the storm that number has significantly increase again.

Q7 Please share additional information and community needs not already mentioned.

gas cards/transportation

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization
Mary Heysek, Executive Director
mheysek@ufbpc.org or maryheysek@aol.com
813-764-0625
cell: 813-763-4660
#127

| Q1 Did your organization sustain damage to your office location or properties? | No substantial damage |
| Q2 Have you resumed operations or do you have date scheduled to resume operations? | Yes, our organization is fully operational |

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Manatee

**Q4** What services will you be offering specifically to assist with storm recovery?
Childcare,
Other (please specify):
Referrals to other agencies for service

**Q5** What type of assistance will most improve your organization’s ability to provide these services to your community?
Better access to information and coordination with local public/private/nonprofit resources

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Getting our families that need it connected to the resources they need to regain some level of normalcy and sufficiency

**Q7** Please share additional information and community needs not already mentioned.
None
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization:
United Community Centers, Inc.

Name, Title of Contact:
Alexdrena V. Green, COO

Email address:
agreen@uccfl.org

Phone number:
941-746-7470 x 226
941-812-1290
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
Yes, both office location and housing/commercial properties

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Hillsborough and Polk Counties Tampa and surrounding areas and Lakeland

**Q4** What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps, Housing relocation assistance, Childcare, Substance Use disorder treatment

**Q5** What type of assistance will most improve your organization’s ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Loss of productivity before, during and after the storm that will shrink our billing for the month of September.

**Q7** Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Thank you.

DACCO Behavioral Health, Mary Lynn Ulrey, CEO marylynnu@dacco.org; 813-384-4201
Q1 Did your organization sustain damage to your office location or properties?  Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
St Petersburg, Pinellas Florida

Q4 What services will you be offering specifically to assist with storm recovery?  Childcare

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?  Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Our principle concerns are for funding to replace the school’s three freezers and a double commercial refrigerator full of perishable food lost in the power outage. We are also concerned about funding to get office systems up and running that were damaged in the storm such as computer systems, security and fire systems, and the time clock and payroll systems.

Q7 Please share additional information and community needs not already mentioned.
I believe most of it has been covered.
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization

Preschool Experience Inc.

DBA Community Preschool

Mary Gray

Executive Director

cpreschool@tampabay.rr.com

727-895-2512

cell 727-254-6475

Name, Title of Contact

Thank you.
#130

Collector: Web Link 1 (Web Link)

Started: Friday, September 22, 2017 12:36:09 PM

Last Modified: Friday, September 22, 2017 12:39:50 PM

Time Spent: 00:03:41

IP Address: 73.104.8.87

Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties? Yes, housing or commercial properties only

Q2 Have you resumed operations or do you have date scheduled to resume operations? No, we are not yet operational but hope to be soon (specify date and location below)

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Clay County Girl Acrobat camp and office location

Q4 What services will you be offering specifically to assist with storm recovery? Other (please specify):

None

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment.

Funding for grants or goods.

Volunteers (specify skills below)

Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Volunteers, equipment and donations.
Q7 Please share additional information and community needs not already mentioned. Respondent skipped this question

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone numbers

Mary Anne Jacobs
CEO, Girl Scouts of Gateway Council
Majacobs@girlscouts-gateway.org
9044213488
9043839502 (c)
Q1 Did your organization sustain damage to your office location or properties?
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Lake City Florida Columbia County

Q4 What services will you be offering specifically to assist with storm recovery?
Childcare

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?
Funding for operations, staff, additional rent and/or equipment.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
We had to close the preschool due to no power during Hurricane Irma. We lost the parent fee income ($5,548) for the week and the USDA meal reimbursement ($3,367). In addition, we lost our food in the commercial refrigerator and freezer ($2,543). Our insurance policy does not pay for loss of income unless there is property damage. We paid our staff for the week. We serve 220 children and employ 42 staff.

Q7 Please share additional information and community needs not already mentioned.
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact email address phone cell phone/alt phone Thank you.

Happy House, Inc.
Sheryll Walker, Executive Director
swalker@happyhouselc.com
386-752-4736
386-365-8316
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Service area - Columbia,

Q4 What services will you be offering specifically to assist with storm recovery?  
Childcare

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Respondent skipped this question

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
Identification of funding for emergency CHILD CARE services

Q7 Please share additional information and community needs not already mentioned.
N/A
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone number, cell phone/alt phone. Thank you.

Early Learning Coalition of Florida's Gateway, Inc.
LASHONE T. SUREMENTY
Executive Director/CEO
lsurrency@elcgateway.org
386-752-9770
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
Yes, office location only

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Gifford, South County, Central Vero, Sebastian

**Q4** What services will you be offering specifically to assist with storm recovery?  
Respondent skipped this question

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?  
Respondent skipped this question

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
We are managing ok.

**Q7** Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization
Crossover Mission, Inc.

Name, Title of Contact
Antoine Jennings, Dir. of Operations

Email address
ajennings@crossovermission.com

Phone numbers
772-643-3320

Thank you.
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Suwannee County

**Q4** What services will you be offering specifically to assist with storm recovery?  
Other (please specify):  
Shelter for victims of Domestic violence

**Q5** What type of assistance will most improve your organization’s ability to provide these services to your community?  
Funding for grants or goods.  
Donations of goods and/or services

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Funding

**Q7** Please share additional information and community needs not already mentioned.  
Funds delayed through State or Federal to pay Staff
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Thank you.

Vivid Visions
Kathy White, Executive Director
vividv@windstream.net
386-364-5957
cell-386-208-9211
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
No, we are not yet operational but hope to be soon (specify date and location below)
Additional comments::  
Oct 1 at camp on Doctors Lake

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Clay Co

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify):
Debris cleanup

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?  
Better access to information and coordination with local public/private/nonprofit resources

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Have one staff member whose house is inhabitable for an undetermined length of time. Needs temp housing assist.

Q7 Please share additional information and community needs not already mentioned.  
Our organization should be fully operational in the next week. We look forward to helping others.
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Thank you.

Boy Scouts of America, North Florida Council
Development Director
gary.stasco@scouting.org
office 904-265-3817
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Indian River County

Q4 What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps, Other (please specify): Referrals to community agencies for the above

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Other (please specify): None

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

None

Q7 Please share additional information and community needs not already mentioned.

None
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Mental Health Collaborative of Indian River County
Brett Hall, Executive Director
brett.hall@mhcollaborative.net
(772) 217-3663
Q1 Did your organization sustain damage to your office location or properties?
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
County

Q4 What services will you be offering specifically to assist with storm recovery?
Other (please specify):
we will connect families to the above resources

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?
Other (please specify):
We provide resource information to Providers via email.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
Respondent skipped this question

Q7 Please share additional information and community needs not already mentioned.
Making sure families are aware of FEMA resources
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization

Name, Title of Contact

email address

phone

cell phone/alt phone

Thank you.

Whole Child Manatee/Manatee County Government
Pat Johnson
pat.johnson@mymanatee.org
941-749-3059
941-807-0666
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

same as before

Q4 What services will you be offering specifically to assist with storm recovery?

Other (please specify):

same services as before

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment.

,  

Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Identifying funding to pay for overtime for emergency staff

Q7 Please share additional information and community needs not already mentioned.  Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization: CASA
Name, Title of Contact: Suzanne Horn, Chief Operations Officer
Email address: 
phone: 727-895-4912 x 112

Thank you.
Q1 Did your organization sustain damage to your office location or properties?  
Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational, Additional comments::
Our Sarasota campus was without power for one full week so we were not operational from Sept. 11-15. Sustained damage to portion of playground, downed trees, etc.

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Sarasota, Charlotte, Manatee, DeSoto, Hardee counties

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify): Resuming standard operations, which includes childcare

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?
Funding for operations, staff, additional rent and/or equipment.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
Our main concern is the loss of revenue we experienced by having to close for 6 days and still pay our large staff. We also don't have funds in the budget to replace minor damage to campus, which included a tree service, loss of a playground shade, damage to signs on property, etc..

Q7 Please share additional information and community needs not already mentioned.
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Thank you.

The Florida Center for Early Childhood
Stacy Pinkerton
Chief Development Officer
stacy.pinkerton@thefloridacenter.org
941-371-8820 Ext. 1165
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

All counties in the Third Judicial Circuit...Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee and Taylor

Q4 What services will you be offering specifically to assist with storm recovery?  
Legal assistance

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Our needs will be more long-term as legal services is often part of the long-term recovery. Victims of the storm will need legal assistance with matters such as landlord/tenant; probate of heirs property to be eligible for FEMA and repairs; assistance with FEMA applications and appeals; and negotiating with insurance companies. We will need staff to address these needs for several months.

Q7 Please share additional information and community needs not already mentioned.

It's too early to determine all of the needs as we are still in the very early stages of recovery.
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization: Three Rivers Legal Services, Inc.
Name, Title of Contact: Donna S. MacRae, Managing Attorney/Pro Bono Director
donna.macrae@trls.org
386/269-7585
386/752-5960 ext. 7405

Thank you.
Q1 Did your organization sustain damage to your office location or properties? No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations? Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Hernando County - all cities

Q4 What services will you be offering specifically to assist with storm recovery? Food/Food Stamps, FEMA relief registration/coordination, Other (please specify): Additional resources as needed

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community? Funding for operations, staff, additional rent and/or equipment, Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Being equipped with enough staff on hand to not only handle the call volume, but meet with residents and assess needs, conduct follow up, and have enough time
Q7 Please share additional information and community needs not already mentioned.  Respondent skipped this question

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/ALT phone

United Way of Hernando County
Angie Bonfardino-Walasek, CEO
angie@UnitedWayHernando.org
352-688-2026
Q1 Did your organization sustain damage to your office location or properties?  
Yes, both office location and housing/commercial properties

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Manatee County

Q4 What services will you be offering specifically to assist with storm recovery?  
Respondent skipped this question

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Other (please specify):  
donations to assist with repairs not covered by insurance or deductible (depending on coverage)

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
Repairing the fence is the principal concern as we operate a domestic violence shelter.

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cellular phone.

Thank you.

Laurel Lynch, CEO
Hope Family Services
Laurel.Lynch@hopefamilyservice.org
941.747.8499
941.730.0074 cellular
Q1 Did your organization sustain damage to your office location or properties?  
Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Pinellas County

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify):  
Mental Health counseling, Trauma Counseling, and Mental Health Case Management

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Other (please specify):  
Current experience demonstrated our need to have generator to be available to serve our clients immediately post disaster

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

To ensure that all clients are served who missed appointments and who have increased trauma related issues

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Suncoast Center, Inc
Kristin Mathre COO
Kmathre@suncoastcenter.org
727-327-7656 ext 4114
Q1 Did your organization sustain damage to your office location or properties?  
Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Hamilton, Union, Suwannee, Lafayette and Columbia counties

Q4 What services will you be offering specifically to assist with storm recovery?

Food/food stamps, Housing relocation assistance, Other (please specify):
Food, water, family boxes, bug spray, personal hygiene products, fresh fruits & vegetables and frozen meat.

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment, Funding for grants or goods, Volunteers (specify skills below), Donations of goods and/or services
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Staffing and overtime, diesel for our food trucks, one broken electric pallet jack (failed during distributions, ongoing)

Q7 Please share additional information and community needs not already mentioned.

We are also a Feeding America Food Bank and serve in 3 of our counties in Emergency Operations Center for ESF -11 food & water. Also supplied food & water for all shelters, law enforcement, fire, and first responders pre, during and post storm. Still on going. Last year 1.7 million pounds of food distributed.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization: Name, Title of Contact: email address: phone: cell phone/alt phone Thank you.

Catholic Charities Lake City Regional office
Suzanne M. Edwards, Regional Director
cclc@bellsouth.net
O-386-754-9180
C 386-288-8787
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?

No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?

Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Hillsborough County

Q4 What services will you be offering specifically to assist with storm recovery?

Other (please specify):
Emergency shelter to qualified applicants

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment.
Funding for grants or goods.
Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Food items for our food pantry, hygiene items for women, infants and children, underwear for women and young children, pull ups, training pants, jackets for young children

Q7 Please share additional information and community needs not already mentioned.

Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone/alternate phone. Thank you.

Alpha House of Tampa
Patricia Langford, Executive Director
Plangford@alphahouseoftampa.org
813-875-2024
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Ft. White & Lake City, FL  Columbia County

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify):  
Long Term Recovery Committee Activity

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Better access to information and coordination with local public/private/nonprofit resources  
Other (please specify):  
Funding for a generator for our cold storage food.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
There may be additional need for food for people not formerly our clients.

Q7 Please share additional information and community needs not already mentioned.  
Several food distribution organizations need funding for generators capable of keeping food storage close to two weeks.
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization Name, Title of Contact email address phone cell phone/alt phone

Columbia County Senior Services, Inc.
Deborah B. Freeman, ED
ccssdirector@aol.com
386-755-0235 or 386-755-9222
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Hillsborough, Pinellas, Pasco, Manatee, Sarasota

**Q4** What services will you be offering specifically to assist with storm recovery?  
Legal assistance

**Q5** What type of assistance will most improve your organization’s ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.  
Funding for grants or goods.  
Better access to information and coordination with local public/private/nonprofit resources

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Legal needs assessment and Identification of funding for emergency and long term disaster recovery legal services.

**Q7** Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization: Bay Area Legal Services
Name: Joan Boles
Title: Deputy Director
Email: jboles@bals.org
Phone: 813-232-1222 x 144
Thank you.
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
   - No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
   - Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
   - Hillsboro and Tampa

Q4 What services will you be offering specifically to assist with storm recovery?  
   - Food/Food Stamps, Housing relocation assistance, Other (please specify): Gas cards motel stays and employment

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
   - Funding for operations, staff, additional rent and/or equipment, Funding for grants or goods

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
   - No concerns we are able to manage with our skilled staff
Q7 Please share additional information and community needs not already mentioned.

No unmet need in our community

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone

Thank you.

TCR. Sara Romeo 8132388557
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Palmetto County Manatee

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify):  
NA

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.  
Funding for grants or goods.  
Volunteers (specify skills below)

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Needs and concerns - funds for additional student recognitions, after school tutors, location for Community Children’s Library and student transportation.
Q7 Please share additional information and community needs not already mentioned.

NA

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Thank you.

Educational Consultants Consortium, Inc. Ms. Jometa Roberts, robertsjometa01@gmail.com, 941-723-6879 or cell 941-962-0245. Alt Barbara Harvey 941-592-3669.
Q1 Did your organization sustain damage to your office location or properties?
Yes, both office location and housing/commercial properties

Q2 Have you resumed operations or do you have date scheduled to resume operations?
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Saint Lucie County, Fl

Q4 What services will you be offering specifically to assist with storm recovery?
Food/Food Stamps
FEMA relief registration/coordination,
Other (please specify):
Financial literacy, life skills, Getting Ahead classes, mitigation planning

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?
Funding for operations, staff, additional rent and/or equipment.
Funding for grants or goods.
Volunteers (specify skills below)
Other (please specify):
Outreach and education
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Operational funding, insurance deductible, building repair

Q7 Please share additional information and community needs not already mentioned.

Respondent skipped this question

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone

Thank you.

Stefanie Myers, Executive Director, United Against Poverty, Inc 772 559 3995, 772 468 8543
**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
IRC all

**Q4** What services will you be offering specifically to assist with storm recovery?  
Respondent skipped this question

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?  
Respondent skipped this question

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Respondent skipped this question

**Q7** Please share additional information and community needs not already mentioned.  
Respondent skipped this question

**Q8** Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name of Contact, Title of Contact, email address, phone number, cell phone/alt phone. Thank you.
Did your organization sustain damage to your office location or properties?  
No substantial damage

Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
St. Lucie, Indian River & Okeechobee Counties

What services will you be offering specifically to assist with storm recovery?  
Other (please specify): Mentoring services through Big Brothers Big Sisters

What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for grants or goods.  
Volunteers (specify skills below)  
Other (please specify): Reading mentors

What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Most of our families are being helped through FEMA. Staff Members did not suffer permanent damage to their homes. Our annual fund raiser, held on September 23, was not as robust as in normal years due to the storm. Therefore, we will need to make up any loss in revenue another way but didn't feel it would work to reschedule due to upcoming BBBS special events in our other counties.
Q7 Please share additional information and community needs not already mentioned.

Sabal Chase Apartments on Okeechobee Road were devastated. Tenants from this low income housing residence were forced to relocate. Many had no where to move.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Title of Contact, email address, phone, cell phone/alt phone.

Big Brothers Big Sisters of St. Lucie, Indian River & Okeechobee Counties, Inc.
Judi Miller, CEO
judibbs@gmail.com
(772) 466-8535 x 202 or (772) 528-4545
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Pinellas, Pasco, Hernando, Citrus

Q4 What services will you be offering specifically to assist with storm recovery?  
Childcare,  
Other (please specify): Normal operations

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?  
Other (please specify): Reimbursement for services provided, but received no fees

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
None at this time

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization

YMCA of the Suncoast

G. Scott Goyer, President/CEO

sgoyer@suncoastymca.org

727-459-7190
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Volusia & Flagler Counties

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify):  
Volunteer coordination used in clean-up efforts

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Volunteers (specify skills below)

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Being able to respond to outside calls for assistance

Q7 Please share additional information and community needs not already mentioned.  
none
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Thank you.

United Way of Volusia-Flagler Counties
Francine Martin - Volunteer Coordinator
fmartin@uwvfc.org
386-275-1948
Q1 Did your organization sustain damage to your office location or properties?  
Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, we are operational but have relocated to new address (specify below)

584 NW University Blvd, Suite 200, Port St. Lucie, FL 34986

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

We cover all of St. Lucie County. Focusing on childcare subsidies for families under 150% of the Federal Poverty Level and Free VPK for all of Florida's 4 year olds

Q4 What services will you be offering specifically to assist with storm recovery?  
Childcare

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

To find a new office location for our operations. We were located in the Orange Blossom Business Center and had major flood damage to the entire building. We lost 95% of our furniture to water damage. Fortunately, it appears that our computers made it safely.

Q7 Please share additional information and community needs not already mentioned.

Funding is always needed to serve more children off of our waitlist.
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Early Learning Coalition of St. Lucie County
Tony Loupe, CEO
loupet01@elcslc.org
772-595-6424, ext 149
772-828-0511, mobile
Q1 Did your organization sustain damage to your office location or properties?  
Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, we are operational but have relocated to new address (specify below)

Additional comments::
The main office had most of the damage, roof, standing water, we are open but will be shifting some services to the Port saint Lucie location, as we continue restoration clean up

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
St Lucie County, Fort Pierce & Port Saint Lucie FL

Q4 What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps
Housing relocation assistance
Other (please specify):
Clothing & furniture.

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.
Funding for grants or goods.
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Restore damage social service office, Emergency funding for housing.

Q7 Please share additional information and community needs not already mentioned.  

Respondent skipped this question

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone

Thank you.

Mustard Seed Ministries
Stacy Malinowski, Program Director
smalinowski@mustardseedslc.org
772-465-6021 office
772-579-8508 cell
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
South Pinellas County

Q4 What services will you be offering specifically to assist with storm recovery?  
Childcare,  
Other (please specify):  
Financial Assistance for membership and program participation.

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
The financial impact on those that lost wages as result of the storm and increased demand for support from our organization.

Q7 Please share additional information and community needs not already mentioned.  
Business lost income for some non-profits may create some hardships not expected.
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Thank you.

YMCA of Greater St. Petersburg
David Jezek, President / CEO
djezek@stpeteymca.org
727-895-9622 Work
727-433-4174 Cell
**Page 1:** Please help us collect a quick assessment of post hurricane community needs and response services.

<table>
<thead>
<tr>
<th>Q1 Did your organization sustain damage to your office location or properties?</th>
<th>No substantial damage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 Have you resumed operations or do you have date scheduled to resume operations?</td>
<td>Yes, our organization is fully operational</td>
</tr>
<tr>
<td>Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)</td>
<td>East Tampa</td>
</tr>
<tr>
<td>Q4 What services will you be offering specifically to assist with storm recovery?</td>
<td>Childcare</td>
</tr>
<tr>
<td>Q5 What type of assistance will most improve your organization's ability to provide these services to your community?</td>
<td>Funding for operations, staff, additional rent and/or equipment.</td>
</tr>
<tr>
<td>Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)</td>
<td>Respondent skipped this question</td>
</tr>
<tr>
<td>Q7 Please share additional information and community needs not already mentioned.</td>
<td>Respondent skipped this question</td>
</tr>
</tbody>
</table>
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization: Easterseals Florida
Name, Title of Contact: Chantel Griffin-Stampfer
Email: cstampfer@fl.easterseals.com
Phone: 8137695921
Cell phone/alt phone: 8136011831

Thank you.
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Hillsbourgh, Pinellas, Polk, Pasco and Hernando Counties

Q4 What services will you be offering specifically to assist with storm recovery?  
Respondent skipped this question

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Respondent skipped this question

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
N/A

Q7 Please share additional information and community needs not already mentioned.  
Because our organization is a training organization located in Tampa Bay, we were fortunate, as were most of our nonprofit students, to not sustain major losses or disruption from the storm. It has made us aware, however, of severe shortcomings of our Emergency Preparedness Policy that we are now staking steps to revise. In addition, we rescheduled 4 of our classes.
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization

Name, Title of Contact

e-mail address

phone

cell phone/alt phone

Thank you.

Nonprofit Leadership Center of Tampa Bay

Emily H. Benham, CEO

ebenham@nonprofitleadershipcenter.com

813-287-8779
**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Orange, Volusia, Brevard, Osceola, Seminole, and Lake County

**Q4** What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps

**Q5** What type of assistance will most improve your organization’s ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.  
Funding for grants or goods.  
Better access to information and coordination with local public/private/nonprofit resources.  
Donations of goods and/or services

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
volunteers and temporary staff
Q7 Please share additional information and community needs not already mentioned. Where to direct students and staff for available resources

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization Name, Title of Contact email address phone cell phone/alt phone Thank you.

Idalia Nunez
Life Skills Education Manager
407-514-1037 Work
407-453-3958 Cell
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?

No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?

Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Broward County and Miami-Dade County

Q4 What services will you be offering specifically to assist with storm recovery?

Other (please specify):
Assisting current residents as needed. Reviewing ability to deliver NEW units quickly for displaced. Program under development and not currently available.

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Assessing ability to quickly develop NEW units for those displaced. TBD.

Q7 Please share additional information and community needs not already mentioned.

Small homebuyer repair loans for minor property damage.
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

South Florida Community Land Trust
Mandy Bartle, Executive Director
mandy@southfloridaclt.org
954.769.1731
c. 954.263.6055
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations? 
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Manatee County

Q4 What services will you be offering specifically to assist with storm recovery? 
Other (please specify):  
infant essentials: e.g. diapers, wipes, breast pumps

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Many of our clients - who are families with infants - are needing financial assistance, in addition to the wrap around support services we are able to provide. On our end, we are in need of donations to help meet the demand in the area where we can, such as diapers, wipes, and breast pumps.

Q7 Please share additional information and community needs not already mentioned. 
none
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Healthy Start Manatee
Lisa Ramirez, Project Advisor
lramirez@hsmanatee.com
941-714-7541 ext 311
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
We are back to servicing our normal areas of service

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify):
We collected food from a local church and set up a temporary food pantry. Some of our families were in need of food.

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for grants or goods.
Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
Knowing how to direct people to seek services for their loss. Resources to help people meet their basic needs.

Q7 Please share additional information and community needs not already mentioned.
Need for non English speaking staff to help families. To have food vouchers to send people to the store for. Dampers, toilet paper, toothpaste etc. Have the resources to maintain a small food pantry and clothing closet in our office.
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone number/cell phone/alt phone

Thank you.

Big Brothers Big Sisters of the Sun Coast
Dan Campbell, Vice President of Quality Assurance
239-288-4224
Q1 Did your organization sustain damage to your office location or properties?  No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  Miami Dade and Monroe Counties

Q4 What services will you be offering specifically to assist with storm recovery?  Information/referral to services

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  Funding for operations, staff, additional rent and/or equipment.

Better access to information and coordination with local public/private/nonprofit resources

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  Identification of funding for emergency services

Q7 Please share additional information and community needs not already mentioned.  Transportation, older adults
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization: Alliance for Aging
Name: Martine Charles
email address: charlesm@allianceforaging.org
Thank you.
<table>
<thead>
<tr>
<th>Q1</th>
<th>Did your organization sustain damage to your office location or properties?</th>
<th>No substantial damage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2</td>
<td>Have you resumed operations or do you have date scheduled to resume operations?</td>
<td>Yes, our organization is fully operational</td>
</tr>
<tr>
<td>Q3</td>
<td>What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)</td>
<td>south Palm Beach County</td>
</tr>
<tr>
<td>Q4</td>
<td>What services will you be offering specifically to assist with storm recovery?</td>
<td>Food/Food Stamps, Housing repair assistance (funding), FEMA relief registration/coordination, Other (please specify): Financial Assistance for Repairs</td>
</tr>
<tr>
<td>Q5</td>
<td>What type of assistance will most improve your organization’s ability to provide these services to your community?</td>
<td>Funding for operations, staff, additional rent and/or equipment, Funding for grants or goods, Better access to information and coordination with local public/private/nonprofit resources, Donations of goods and/or services</td>
</tr>
</tbody>
</table>
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

funding for emergency assistance.

Q7 Please share additional information and community needs not already mentioned.

None

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization
Danielle N. Hartman, President & CEO
danielleh@ralesjfs.org
561-852-3343
561-852-3333

Ruth & Norman Rales Jewish Family Services
#166

Collector: Web Link 1 (Web Link)
Started: Monday, September 25, 2017 3:35:46 PM
Last Modified: Monday, September 25, 2017 3:51:37 PM
Time Spent: 00:15:51
IP Address: 73.244.79.136

Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

| Q1 Did your organization sustain damage to your office location or properties? | Yes, housing or commercial properties only |
| Q2 Have you resumed operations or do you have date scheduled to resume operations? | Yes, our organization is fully operational |
| Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable) | South Florida, Keys and Texas |
| Q4 What services will you be offering specifically to assist with storm recovery? | Housing repair assistance (construction), FEMA relief registration/coordination |
| Q5 What type of assistance will most improve your organization's ability to provide these services to your community? | Volunteers (specify skills below), Better access to information and coordination with local public/private/nonprofit resources, Translators/bilingual volunteers (specify language below), Other (please specify): Construction Supervision, Aiding Local Population, Working w/ Local Govemments |
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

All of the above, but need to know more info on Such Things as FEMA Inspections. I may be not coordinating w/ proper organization.

Q7 Please share additional information and community needs not already mentioned.

Too Many to state, Have been thru too many of these Storms to reply. Would prefer to be able to talk w/ a Person.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization: Pepe Consulting
   Name, Title of Contact: Frank Pepe / President
   Email address: frankpepe2@yahoo.com
   Phone numbers: 561-441-8538
Q1 Did your organization sustain damage to your office location or properties?  
Yes, housing or commercial properties only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Palm Beach County

Q4 What services will you be offering specifically to assist with storm recovery?  
- Housing relocation assistance
- Childcare,
- Other (please specify):
  - Our normal programs

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Respondent skipped this question

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Funding to cover the cost we have incurred to get back in operation particularly at the domestic violence shelter.

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name of Contact, Title of Contact, email address, phone number, cell phone/alternate phone number. Thank you.

YWCA of Palm Beach County
Suzanne Turner, CEO
sturner@ywcapbc.org
561-640-0050
561-309-5946
Q1 Did your organization sustain damage to your office location or properties? Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations? Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

All 35 counties of 67 in Florida.

Q4 What services will you be offering specifically to assist with storm recovery?

Food/Food Stamps, FEMA relief registration/coordination

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment, Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

We are speaking to all 2000 of our patients across Florida. Most are indigent and have suffered with the loss of food, medications and gas shortages. They have had to expend money that they did not plan on spending. Repairs are having to be made. We will try and assist them as much as possible. We do have some funding that we are using to provide them with reimbursements for food losses and we have access to emergency epilepsy medications.

Q7 Please share additional information and community needs not already mentioned.

Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization: 
Name, Title of Contact: 
email address: 
phone: 
cell phone/alt phone: 

Thank you.

Karen Egozi, CEO
Epilepsy Foundation of Florida
kegozi@efof.org
786-999-2316 cell
305-670-4949, ext. 211 work
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Western Palm Beach County (Lake Communities)

**Q4** What services will you be offering specifically to assist with storm recovery?  
Other (please specify):  
Needs as presented by Developmentally Disabled Clients

**Q5** What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for grants or goods.  
Other (please specify):  
$7,000 in staff wages/lost inventory of perishable goods +/- $500.00

**Q6** What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Things are under control.

**Q7** Please share additional information and community needs not already mentioned.  
n/a
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization: The Arc of The Glades
Name of Contact: Scot Kannel, Executive Director
Email: arcglades@yahoo.com
Phone: 561-996-9583 X11
Cell: 561-985-2020

Thank you.
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
Yes, office location only

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Lake Worth, Greenacres, Lantana, West Palm Beach, Belle Glade, Pahokee, South Bay

**Q4** What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps, rental/utility assistance, gift cards, food, clothing & household items, toiletries and disposable diapers

**Q5** What type of assistance will most improve your organization’s ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment, Funding for grants or goods, Donations of goods and/or services
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

immediate concerns are food/water/shelter

we anticipate a greater need for rental & utility assistance since so many of our clients will now experience a longer period of unemployment.

Q7 Please share additional information and community needs not already mentioned.

we desperately need canned food for our food pantries

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization
Name, Title of Contact
email address
phone
Thank you.

Sergio Palacio, Executive Director
Farmworker Coordinating Council of Palm Beach County, Inc.
SPalacio@FarmworkerCouncil.org
561-533-7227
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Palm Beach County

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify):  
We gave out $5,000 in gift cards to needy families.

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Our concerns always revolve around adequately funding the level of service we strive to provide to the infants, children, young adults and families here in Palm Beach County.

Q7 Please share additional information and community needs not already mentioned.  
I just want to thank TD Bank for the support you all gave us following Hurricane Matthew. Your gift helped us cover the additional expenses incurred as a result of the storm.
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name of Contact, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Matthew Ladika, CEO
matthewladika@helphomesafe.org
561-383-9817
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Eastern Regions of Palm Beach County

Q4 What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps,  
Other (please specify):  
Emergency supports provided to program participants as needed.

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment,  
Funding for grants or goods,  
Better access to information and coordination with local public/private/nonprofit resources

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
Funding to recoup lost wages, income, and emergency related expenses not covered by insurance or other means.
Q7 Please share additional information and community needs not already mentioned.

Supports are needed for both program participants and staff who care for their needs.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization

David Lin, CEO
dlin@pbhab.com
561-965-8500
561-635-9841
Q1 Did your organization sustain damage to your office location or properties?  Yes, both office location and housing/commercial properties

Q2 Have you resumed operations or do you have date scheduled to resume operations?  Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  Palm Beach County

Q4 What services will you be offering specifically to assist with storm recovery?  Food/Food Stamps, FEMA relief registration/coordination, Legal assistance

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  Funding for grants or goods, Better access to information and coordination with local public/private/nonprofit resources, Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month?  (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  Identification of funding for emergency services, housing relocation assistance, food replacement / donations
<table>
<thead>
<tr>
<th>Q7 Please share additional information and community needs not already mentioned.</th>
<th>Respondent skipped this question</th>
</tr>
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<tbody>
<tr>
<td>Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization Name, Title of Contact email address phone cell phone/alt phone Thank you.</td>
<td>Respondent skipped this question</td>
</tr>
</tbody>
</table>
Q1 Did your organization sustain damage to your office location or properties?
Yes, both office location and housing/commercial properties

Q2 Have you resumed operations or do you have date scheduled to resume operations?
Yes, we are operational but have relocated to new address (specify below)
, Additional comments:: locations have electric but phone or internet is out

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Immokalee, Collier, Labelle, Hendry, Mulberry, Polk, and other areas because farm work was hit so hard.

Q4 What services will you be offering specifically to assist with storm recovery?
Housing repair assistance (funding)
Other (please specify):
Families that work on farms will be without work because farms were damaged so much.

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?
Funding for operations, staff, additional rent and/or equipment.
Other (please specify):
Funding for families unable to work

Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Housing for families and staff

Q7 Please share additional information and community needs not already mentioned.

Workers are displaced because of damage to farms

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization
Name, Title of Contact
email address
phone
cell phone/alt phone
Thank you.

RCMA
Kathleen Roehm- Director of Community Relations
Kathleen.roehm@rcma.org
863-781-2874
Q1 Did your organization sustain damage to your office location or properties?  No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  Yes, our organization is fully operational.

Additional comments:: We did lose our copy machine. It is older and it did not work properly after it was put back in place. I guess the move was too much.

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Palm Beach County

Q4 What services will you be offering specifically to assist with storm recovery?  Other (please specify):

Works no with students that were traumatized by the events.

Q5 What type of assistance will most improve your organization’s ability to provide these services to your community?  Funding for operations, staff, additional rent and/or equipment.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

I paid staff for the time they were unable to work. We used our reserves. Therefore our savings have been compromised.

Q7 Please share additional information and community needs not already mentioned.

None
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Communities In Schools of Palm Beach County
Margaret Bagley, CEO
MBAGLEY@cispbc.org
561-371-0965 cell - best number
561-471-9681 office
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational,  
Additional comments::  
The roof in our Glades office is being fixed by Landlord

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)  
Palm Beach County

Q4 What services will you be offering specifically to assist with storm recovery?  
Food/Food Stamps,  
Other (please specify):  
monies for food, diapers, personal supplies

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Funding for grants or goods,  
Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)  
Identification of funding for emergency services as well as housing opportunities.
Q7 Please share additional information and community needs not already mentioned.

We are connecting clients to the community resources for disaster relief.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization Name, Title of Contact email address phone cell phone/alt phone Thank you.

Families First of Palm Beach County
Julie Swindler
jswindler@familiesfirstpbc.org
561-324-1128
Q1 Did your organization sustain damage to your office location or properties?  
No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)
Indian River, St, Lucie, Martin Counties

Q4 What services will you be offering specifically to assist with storm recovery?
Housing relocation assistance, FEMA relief registration/coordination

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?
Funding for grants or goods.

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)
staff capacity to meet the need to interview clients, deliver the services and find suitable hotels and affordable housing.

Q7 Please share additional information and community needs not already mentioned.
local governmental response is largely absent in Indian River
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses.

Name of Organization:

Name, Title of Contact:

Email address:

Phone cell phone/alt:

Thank you.

Louise Hubbard, Executive Director

irhschl@aol.com

772-696-3187
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

**Q1** Did your organization sustain damage to your office location or properties?  
No substantial damage

**Q2** Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

**Q3** What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Palm Beach County

**Q4** What services will you be offering specifically to assist with storm recovery?  
Other (please specify):
Healthcare

**Q5** What type of assistance will most improve your organization’s ability to provide these services to your community?  
Funding for operations, staff, additional rent and/or equipment,
Volunteers (specify skills below),
Better access to information and coordination with local public/private/nonprofit resources,
Translators/bilingual volunteers (specify language below),
Other (please specify):
Medical assistance, optometrist and Eye care technicians
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Additional staff to cover the sudden influx of patients.

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone
Thank you.

Community Health Center of West Palm Beach
George Papadimitriou, Executive Director
Gpapadimitriou@chcwpb.org
561-844-0745
561-312-2746
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  
Yes, office location only

Q2 Have you resumed operations or do you have date scheduled to resume operations?  
Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Palm Beach County

Q4 What services will you be offering specifically to assist with storm recovery?  
Other (please specify):
Gift cards to Walmart and Winn Dixie for families in one of our programs

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  
Respondent skipped this question

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

The air conditioning unit at our office was damaged, and has not yet been fully repaired. Our other two service locations did not suffer damage and are back to full operation.

Q7 Please share additional information and community needs not already mentioned.  
Respondent skipped this question
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone. Thank you.

Literacy Coalition of Palm Beach County
Diane Pacheco, Chief Development and Compliance Officer
dpacheco@literacypbc.org
561-767-3363
Q1 Did your organization sustain damage to your office location or properties?  No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Palm Beach County

Q4 What services will you be offering specifically to assist with storm recovery?

Food/Food Stamps

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?

Funding for operations, staff, additional rent and/or equipment.
Funding for grants or goods.
Volunteers (specify skills below)
Donations of goods and/or services
Other (please specify):
Volunteers needed for our Basics4Babies pantry (infant basic needs)
Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

Volunteers are needed in our pantry

Q7 Please share additional information and community needs not already mentioned.

Many of our clients are struggling with lost wages and loss of food from the storm.

Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone

Thank you.

Healthy Mothers Healthy Babies Coalition of Palm Beach County
Michelle Gonzalez, CEO
mgonzaleez@hmhpbc.org
561-665-4515 Office
561-386-3681 Cell
Page 1: Please help us collect a quick assessment of post hurricane community needs and response services.

Q1 Did your organization sustain damage to your office location or properties?  No substantial damage

Q2 Have you resumed operations or do you have date scheduled to resume operations?  Yes, our organization is fully operational

Q3 What will be your focused geography of service for the next month? (Please include County, City and neighborhood as applicable)

Fort Pierce, St. Lucie County,

Q4 What services will you be offering specifically to assist with storm recovery?  Continuing with our program services

Q5 What type of assistance will most improve your organization's ability to provide these services to your community?  Donations of goods and/or services

Q6 What are the principle concerns for you, your staff and your organization for next month? (For example, needing volunteers or temporary staff, identification of funding for emergency services, housing/childcare/transportation for your staff, etc.)

No concerns at this time. Will continue on with our services and all staff have returned to work.

Q7 Please share additional information and community needs not already mentioned.

Starting a food pantry for community clients.
Q8 Please provide a primary contact at your organization for hurricane response related matters, including summary of survey responses. Name of Organization, Name, Title of Contact, email address, phone, cell phone/alt phone.

Thank you.

Hibiscus Children's Center
Jayna D'Arcangelo, CAO
jdarcangelo@hcc4kids.org
772-334-9311 ext 204