The Coordinating Council of Broward (CCB)
2002-03 Organizational Profile for

FUNDERS

of Health, Public Safety, Education, Economic and Human Services
in Broward County

IMPORTANT -- PLEASE NOTE!

1. THIS PACKAGE INCLUDES BLANK FORMS TO BE FILLED OUT WITH INFORMATION ABOUT YOUR ORGANIZATION AND THE SERVICES YOU FUND. IT INCLUDES A SET OF DETAILED DIRECTIONS INTENDED TO HELP YOU ACCURATELY PROVIDE THE REQUESTED INFORMATION. PLEASE TYPE OR LEGIBLY PRINT YOUR RESPONSES.
2. IF YOUR ORGANIZATION FILLED OUT THE PROFILE LAST YEAR, OR WAS PREVIOUSLY INCLUDED IN THE CCB COMMUNITY RESOURCE INVENTORY DATABASE, YOU MAY WANT TO CONTACT FIRST CALL FOR HELP (SEE BELOW) TO RECEIVE A COPY OF YOUR CURRENT INFORMATION. YOU MAY MAKE EDITS DIRECTLY ON THAT FORM, BUT BE SURE TO FILL IN ANY MISSING INFORMATION ON THE PROGRAMS YOU FUND. THIS WILL SAVE BOTH YOU AND FIRST CALL FOR HELP VALUABLE STAFF TIME. MAKE COPIES OF THE SECTIONS OF THIS BLANK FORM, AS NEEDED, TO INCLUDE ADDITIONAL FUNDED AGENCIES OR PROGRAMS. BE SURE TO CROSS OUT ANY FUNDED AGENCIES OR PROGRAMS THAT HAVE BEEN DISCONTINUED.
3. PLEASE COMPLETE EDITS TO YOUR PROFILE BY NO LATER THAN MARCH 3, 2003. AND SUBMIT THEM TO FIRST CALL FOR HELP. IF YOU NEED ADDITIONAL INFORMATION AT ANY TIME, PLEASE VISIT THE COMMUNITY RESOURCE INVENTORY (CRI) HOME PAGE AT WWW.SFRPC.COM/CCB/CRIHOME.HTM OR CALL FIRST CALL FOR HELP.
4. AN ONLINE VERSION OF THE PROFILE IS UNDER DEVELOPMENT AND WILL BE IMPLEMENTED IN THE NEXT FUNDING CYCLE TO COLLECT THIS INFORMATION. TRAINING WILL BE DESIGNED FOR THE PERSON(S) WHO WILL BE FILLING OUT THE FORMS. A CD-ROM WITH RESULTS OF THE 2001-02 COMMUNITY RESOURCE INVENTORY WILL BE DISTRIBUTED IN MARCH, 2003.

STEVE STRICKLAND, DIRECTOR OF INFORMATION SERVICES AND MARKETING
FIRST CALL FOR HELP OF BROWARD, INC.
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Name of Organization _____

Enclosed is my agency's completed organizational profile. I have reviewed all the information, and it is complete and accurate to the best of my knowledge. I understand that First Call For Help of Broward, Inc. and The CCB reserve the right to edit submitted material for clarity and to use the information for community information and/or referral purposes. I agree to accept faxed information from either agency.

Authorized Signature: _____ **Date:** _____

This box for FCFH internal use

Part I	Part II	Part III	Part IV	Part V	Tax/Key	QC

Part I. Organization Identification

1. Name _____ Code FCHB# _____

2. Alternate Name (aka) _____

3. Main Administrative Address _____

   City _____ State _____ ZIP _____

4. Phone (___) _____ Fax (___) _____ Days/Hours _____

5. E-Mail _____ Web Site _____

6. Administrative Head _____ Phone/Ext (___) _____

7. Chief Financial Officer _____ Phone/Ext (___) _____

8. Profile Contact Person _____ Phone/Ext (___) _____

9. Agency Type (mark only one).   Other ☐ _____

   ☐ Private, Non-Profit   ☐ Unit of Federal Government   ☐ Unit of State Government

   ☐ Private, For Profit   ☐ Unit of County Government   ☐ Unit of City Government

   ☐ Membership   ☐ Joint Government / Non-Profit   ☐ Faith-based Organization

10. Description of your Organization (limit 50 words) _____

   _____

   _____

11. Federal Identification Number _____

12. Fiscal Year (mm/dd/yyyy - mm/dd/yyyy) _____

13. Please list your funding source(s) and amounts for the fiscal year, including the reference period.

Source of Funds	Code	Amount ($)	Ref. Period
Total			

Part II. Funded Organization List (*Use as many sheets as needed.*)

Date _____   **Page** ____ of ____

Organization Name _____ Code <u>FCHB#</u> _____

☐ Mark this box if you will attach a list of funded organizations. Otherwise fill out the information below.

14. Funded Organization Name _____

15. Address _____

    City _____ ZIP _____ Phone ( ) _____

16. Contact _____ Phone/Ext ( ) _____

14. Funded Organization Name _____

15. Address _____

    City _____ ZIP _____ Phone ( ) _____

16. Contact _____ Phone/Ext ( ) _____

14. Funded Organization Name _____

15. Address _____

    City _____ ZIP _____ Phone ( ) _____

16. Contact _____ Phone/Ext ( ) _____

14. Funded Organization Name _____

15. Address _____

    City _____ ZIP _____ Phone ( ) _____

16. Contact _____ Phone/Ext ( ) _____

14. Funded Organization Name _____

15. Address _____

    City _____ ZIP _____ Phone ( ) _____

16. Contact _____ Phone/Ext ( ) _____

14. Funded Organization Name _____

15. Address _____

    City _____ ZIP _____ Phone ( ) _____

16. Contact _____ Phone/Ext ( ) _____

14. Funded Organization Name _____

15. Address _____

    City _____ ZIP _____ Phone ( ) _____

16. Contact _____ Phone/Ext ( ) _____

Date _____   **Page** ____ **of** ____

Organization Code <u>FCHB#   </u>   **Fiscal Year** (mm ⁄ yy - mm ⁄ yy) _____

17. **Funds you distribute to other organizations. For each program you fund, please supply the following information:**

   - Name of the organization receiving funds (should be listed in Part II of this form)

   - Name of the program you fund

   - Contract number

   - Fiscal period covered by the contract (mm ⁄ dd ⁄ yyyy – mm ⁄ dd ⁄ yyyy)

   - Dollar amount you fund in the contract for the fiscal period ($)

   - Total number of clients served by the program

   Example:

   1. Avalon Youth Services, Teen Center Program, JH4501, 10/01/2002-09/30/2003, $35,000, 310 clients

Please prepare your list of funded programs, funded amounts and clients served on a separate sheet, observing the example above, and attach to this part of the profile. If you have a separate computer-generated report that contains substantially the same information, even if in a different format, please feel free to substitute your report for this section of the profile.

Part V. Community Assessment Activities

- Please mark here (x) if you or someone from your organization filled out this section for the same community assessment activities as part of the CCB's Provider Organizational Profile.

Date _____   **Organization Code** <u>FCHB# </u>_____   **Page** ____ **of** ____

1. Does your organization conduct a formal needs assessment? ☐ Yes ☐ No

2. Do you use a needs assessment prepared by another organization? ☐ Yes ☐ No

   If yes, identify the organization. _____

3. Have you collaborated with another agency to conduct a needs assessment? ☐ Yes ☐ No

   If yes, identify the organization and when. _____

Stop!! If you do <u>not</u> conduct your <u>own</u> formal needs assessment, skip to Question 15.

4. How often do you conduct a needs assessment? ☐ Annually or more often

   ☐ Other (please specify) _____

5. What is the date of the most recent needs assessment completed? _____

6. Where can a copy of the most recent needs assessment be obtained? _____

   _____ Who is the contact? _____

7. Is some or all of the most recent needs assessment available on-line? ☐ Yes ☐ No

   If yes, please provide the on-line address. _____

8. Please answer the following questions about the most recent needs assessment you conducted.

   What was the purpose? _____

   What was the target population and time period? _____

9. Why do you conduct a needs assessment? Mark (x) all that apply. ☐ Required by law
   ☐ Required by one or more funding sources ☐ To develop an agency (strategic) plan
   ☐ Other (please specify) _____

10. What methods do you utilize in conducting a needs assessment? Mark (x) all that apply.
    ☐ Issue scanning and visioning ☐ Asset mapping of community / neighborhood resources
    ☐ Secondary data compilation and analysis ☐ Key informant interviews
    ☐ Agency resource / service gap analysis ☐ Focus groups
    ☐ Program monitoring and evaluation ☐ Indicators / Benchmarks (including incidence rates)
    Survey(s) of ☐ Population ☐ Clients ☐ Providers ☐ Others
    ☐ Other (please specify) _____

11. Is there a specific geographic area on which your needs assessment activities focus, or do you assess all of Broward County? ☐ All of Broward County

    ☐ Specific area (please specify) _____

12. In conducting a needs assessment, do you use population estimates and projections? ☐ Yes ☐ No
    If yes, what is the source of the estimates and projections you use? Mark (x) all that apply.
    ☐ Self-generated ☐ U.S. Bureau of the Census ☐ State of Florida (EOG, UF/BEBR)
    ☐ Broward County ☐ Other (please specify) _____

13. In conducting a needs assessment, do you develop a socio-economic profile of the population, including such characteristics as age, sex, marital status, race, ethnic origin, income, poverty level, household composition, etc.? ☐ Yes ☐ No
If yes, what is the source of the socio-economic data you use? Mark (x) all that apply.
☐ Tabulations of client characteristics ☐ U.S. Bureau of the Census ☐ Broward County
☐ State of Florida / UF / BEBR ☐ State of Florida / Office of Vital Statistics

☐ Other (please specify) _____

14. In conducting a needs assessment, what is the geographic level at which you currently use population estimates and projections and the socio-economic characteristics of the population? Mark (x) all that apply.
☐ Broward County ☐ Municipalities ☐ ZIP Codes ☐ Traffic Analysis Zones (TAZs)
☐ Census Tracts ☐ Census Block Groups ☐ Census Blocks

☐ Other (please specify) _____

Note!! Begin again here if you skipped after Question 3. Otherwise, continue.

15. Do you plan to initiate or complete any of the following needs assessment activities during the next 12 months? If yes, please mark (x) the appropriate boxes, indicate the month/year when you will initiate, and give a brief description of what you plan to do.

☐ Issue scanning and visioning Month/Year: _____/_____

Brief description _____

☐ Secondary data compilation and analysis Month/Year: _____/_____

Brief description _____

☐ Indicators / Benchmarks (including incidence rates) Month/Year: _____/_____

Brief description _____

☐ Agency resource / service gap analysis Month/Year: _____/_____

Brief description _____

☐ Asset mapping of community / neighborhood resources Month/Year: _____/_____

Brief description _____

☐ Key informant interviews Month/Year: _____/_____

Brief description _____

☐ Focus groups Month/Year: _____/_____

Brief description _____

☐ Program monitoring and evaluation Month/Year: _____/_____

Brief description _____

Survey(s) of ☐ Population ☐ Clients ☐ Providers ☐ Others _____

Brief description _____

☐ Other (please specify) _____

_____

16. Please identify the person to contact about needs assessment activities.

Name _____ Phone/Ext ( ) _____

Please take a moment to provide advice to The Coordinating Council of Broward on how to improve the Funder Organizational Profile. General comments on better ways to collect information for the Community Resource Inventory are welcome, but we also encourage you to make specific comments on each part of the form. Please return this page with your filled-out forms. Thanks for your help.

General comments on the Community Resource Inventory and the process for collecting information.

Comments and suggestions on specific parts of the Funder Organizational Profile.

Please feel free to use any additional sheets you may need.

INSTRUCTIONS FOR FUNDER PROFILE

Please **type** or **print legibly** your responses on this form. Make any additional copies of specific parts of the form you may need to accommodate the information requested for the organization, and the programs and services it funds. If necessary, attach additional sheets with any relevant information that cannot be included on the available forms. If you wish to fill in a computerized version of this form, contact First Call For Help, (954) 467-5610 or visit www.sfrpc.com/ccb/crihome.htm.

Part I. Organization Identification
1   **Name/Code** - The official name by which the organization or division/department is known and the code assigned by First Call For Help. The organization code should be included on all sheets of the profile. If you do not know the code or no code has been assigned, please leave blank.
2   **Alternate Name (aka)** - Include any aliases by which the organization is known.
3   **Main Administrative Address** - The Broward County address where the highest level of management and administration activities for the organization is located.
4   **Telephone/Fax/Hours** - Specify the corresponding contact numbers for the administration of the organization. Also indicate the days and hours that administration is available.
5   **E-Mail/Web Site** - Include an address for Internet e-mail contact with the organization or with one of its representatives. If the organization maintains a "home page" on the World Wide Web, provide the address (URL).
6   **Administrative Head** - Name of the top executive officer of the organization or division/department. If this person has a direct telephone number or extension, please include it.
7   **Chief Financial Officer** - Name of the person who is authorized to sign all financial statements. If this person has a direct telephone number or extension, please include it.
8   **Profile Contact Person** - Provide the name of a contact person for information related to this form, including funding, grants, programs and services. If this person has a direct telephone number or extension, please include it.
9   **Organization Type (mark only one)** - Select the category that best describes the type of organization.
10   **Description of your Organization (limit 50 words)** - A short description of the primary purpose and activities of the organization.
11   **Federal Identification Number** - Provide your organization's federal taxpayer ID number.
12   **Fiscal Year** - Identify the 12-month period, usually the organization's current budget cycle and/or fiscal year, to which the funding and program information generally refers. Use footnotes to identify programs that were or will be initiated or discontinued during the fiscal year.
13   **Please list your funding source(s) for the fiscal year.** – Identify the organization(s) that are the source of the funds that you distribute to other organizations. If your organization both funds and provides services, you should fill out a **Provider Organizational Profile** in addition to this Funder Organizational Profile. For each source of funds, include the name of the organization, the code (from the attached list), the amount of funds you received (or will receive) in the current fiscal year, and the funding reference period (month/day/year - month/day/year) over which you distribute those funds, even if it is different from the fiscal year identified in Question 13. Be sure to use additional sheets if needed to include all of the sources of funds.

Part II. Funded Organization List
General - Please identify each **organization** you fund, and provide address and contact information. Please make copies and use as many sheets as necessary to identify every organization you fund. If you will attach a separate list containing the same information, please mark the box at the top of the form.
Organization/Code - Identify your organization by a short name and by the code used in Part I.
14   **Funded Organization Name** - Name of the organization to which you provided funds.
15   **Address/City/ZIP/Phone** - The address and phone of the office that manages the contract through which funding was provided.
16   **Contact/Phone/Ext** - The name and phone number of the person in charge of the contract.

Parts III/IV. Funded Organization Program and Service Information

17 **Funds you distribute to other organizations. For each program you fund, please supply the following information:**

- **Name of the organization receiving funds** - Each organization listed here should appear with basic contact information in Part II of this form.
- **Name of the program you fund** - Programs generally identify the framework within which funds are made available to provider organizations for services. You may define programs in the way that is most suitable for the information you have available. A program called Administration/Overhead should be used to identify any resources that are required for administering funding activities.
- **Contract number** - If one has been assigned, please identify the contract number for each funded program.
- **Fiscal period covered by the contract (mm/dd/yyyy – mm/dd/yyyy)** – In general, you should use the same 12-month period, usually the organization's current budget cycle and/or fiscal year, for all information about programs and services funded in Parts III/IV of this form. If your organization's fiscal year goes from July to June, this form should be filled out with program and service information for the Jul/2002-Jun/2003 year. If your organization's fiscal year goes from October to September, this form should be filled out with information for the Oct/2002-Sep/2003 year. Where different programs are on different programming and/or funding cycles, give annual data for the current period, and specify the fiscal period. Use footnotes to identify programs that were or will be initiated or discontinued during the fiscal year.
- **Dollar amount you fund in the contract for the fiscal period** - Identify the funding amounts provided for each program during the specified fiscal period. If you served in a "pass-through" function to another organization, which in turn funded a direct service provider, specify the organization you funded, not the service provider; footnotes clarifying these relationships are encouraged. Please note that funding information for each organization and its programs should add up to 100% of all your funding for that organization and programs in the fiscal year; likewise, total funding for all organizations and programs should add up to your total funding.
- **Total number of clients served by the program** – Identify the total number of program clients for the specified fiscal period. Where appropriate, use the same measure of clients to be served that is specified in contract deliverables. If you do not have a precise number of clients programmed, use previous-year averages to project numbers based on current-year funding and client loads.

Please prepare your list of funded programs, funded amounts, services and clients served on a separate sheet, observing the example above, and attach to this part of the profile. If you have a separate computer-generated report that contains substantially the same information, even if in a different format, please feel free to substitute your report for this section of the profile.

Part V. Community Assessment Activities

General - Many health, education and human service funders and providers prepare or use a needs assessment to support the development of funding requests and to guide strategic planning for service delivery. Please answer the following questions in light of where you typically obtain such information. If your organization conducts more than one needs assessment, provide information about the most important one and reference the other(s) with footnotes. Mark the box at the top of the page if you or someone from your organization filled out this section for the same community assessment activities as part of the CCB's Provider Organizational Profile.

1 **Does your organization conduct a formal needs assessment?** Answer "Yes" if you prepare a document that could be shared, in whole or in part, with other organizations.

2 **Do you use a needs assessment prepared by another organization? If yes, identify the organization.** Answer "Yes" if you consult a formal needs assessment prepared by another organization to prepare your agency strategic plan and/or grant applications.

3   **Have you collaborated with another agency to conduct a needs assessment? If yes, identify the organization and when.** Answer "Yes" if you have partnered in producing a formal needs assessment conducted by another organization.

Stop!! If you do <u>not</u> conduct your <u>own</u> formal needs assessment, skip to Question 15.

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4   **How often do you conduct a needs assessment?** If it is on a regular cycle, specify whether (1) "Annually or more often" or (2) some other frequency (specify under "Other"). If it is not on a regular cycle, indicate approximately how often, or state "occasionally" under "Other."

5   **What is the date of the most recent needs assessment completed?** Enter the month/year of publication or of completion. If a needs assessment is underway at this time and will be completed within the next 3 months, indicate the projected completion date.

6   **Where can a copy of the most recent needs assessment be obtained? Please provide contact information.** Inform at which organization location a copy of the needs assessment can be obtained and any restrictions on access. Identify the name and telephone number for the person who can provide additional information about the most recent needs assessment.

7   **Is some or all of the most recent needs assessment available on-line? If yes, please provide the on-line address.** This applies whether the portion of the needs assessment available on-line is a summary, a downloadable copy of a report or a searchable database with some of the results.

8   **Please answer the following questions about the most recent needs assessment you conducted.**
    What was the purpose? Please summarize the overall purpose of the most recent needs assessment.
    What was the target population and time period? Please identify the target population and the period of reference of the most recent needs assessment conducted by your organization.

9   **Why do you conduct a needs assessment? Mark (x) all that apply.** If you prepare information to enable you to respond to grant applications, mark the option "Required by one or more funding sources."

10 **What methods do you utilize in conducting a needs assessment? Mark (x) all that apply.** A typical needs assessment will make use of several of the methods listed. Be sure to mark all that apply to the needs assessment your organization conducts.
    Issue scanning and visioning - review of specialized literature as well as the news media to identify trends and emerging issues; development of a vision of where your organization and/or the population of Broward County should be in the future with regard to the services your organization provides.
    Indicators / benchmarks (including incidence rates) - identification of specific indicators of quality of life or performance for needs in the area of services your organization provides; this could include compilation of time series data for the chosen indicators and/or establishment of goals to be pursued.
    Secondary data compilation and analysis - use of data/information published or otherwise made available by other organizations to assess need; this could include published surveys or compilations of administrative records, population statistics, etc.
    Asset mapping of community / neighborhood resources - identification and compilation of the institutional capability, personal skills and other resources available in specific communities or neighborhoods to address health, education and human service needs.
    Agency resource / service gap analysis - compilation of information about the amount of services provided, along with the identification of any gaps or overlaps in service availability, both in terms of the kind of services and their accessibility due to location, time of day, or eligibility criteria.
    Key informant interviews - interviews with representatives of key organizations involved in funding, providing, monitoring or evaluating the delivery of services, as well as representatives of the communities served, to identify issues related to the performance of the service delivery system.
    Focus groups - small group discussions with representatives of key organizations involved in funding, providing, monitoring or evaluating the delivery of services, as well as representatives of the communities served, to identify issues related to the performance of the service delivery system.
    Program monitoring and evaluation - compilation of information about the implementation of current programs and their ultimate effectiveness in addressing program objectives.

Surveys of population, clients, providers, others - direct surveys of the population at large, the specific clients of your organization, the providers of similar services, or others.

Other (please specify) - if you use any other techniques for assessment of the needs of the population or your specific clients, identify and describe them here.

11 **Is there a specific geographic area on which your needs assessment activities focus, or do you assess all of Broward County?** If the needs assessment you conduct is focused on specific geographic sub-area(s) of Broward County, identify the area(s). If it is countywide, so indicate.

12 **In conducting a needs assessment, do you use population estimates and projections? If yes, what is the source of the estimates and projections you use? Mark (x) all that apply.** Overall estimates and projections of population are a common element of a needs assessment. Answer "yes" if you make use of such estimates or projections in the needs assessment. If you answer "yes," identify the source(s) of the numbers you currently use. Official population estimates and projections of the State of Florida are defined by the Joint Legislative Management Committee and the Executive Office of the Governor, through the Consensus Estimating Conferences, and are published by the Bureau of Economic and Business Research (BEBR) at the University of Florida.

13 **In conducting a needs assessment, do you develop a socio-economic profile of the population, including such characteristics as age, sex, marital status, race, ethnic origin, income, poverty level, household composition, etc.? If yes, what is the source of the socio-economic data you use? Mark (x) all that apply.** Answer "yes" if you must identify your target population based on some combination of socio-economic characteristics and/or include some type of description of the population based on its socio-economic characteristics. If you answer "yes, " identify the source(s) of the information you currently use.

14 **In conducting a needs assessment, what is the geographic level at which you currently use population estimates and projections and the socio-economic characteristics of the population? Mark (x) all that apply.** Answer this question in accordance with the actual data you currently use, considering the availability. Do not answer based on what you would like to be able to use. If different types of data are used at different geographic levels, mark all that apply.

15 **Do you plan to initiate or complete any of the following needs assessment activities during the next 12 months? If yes, please mark (x) the appropriate boxes, indicate the month/year when you will initiate the activity and give a brief description of what you plan to do.** Please identify and describe any needs assessment activities you expect to initiate during the next 12 months. If there are needs assessment activities currently in process, identify and describe those activities you expect to conclude in the next 12 months. Descriptions should clarify beginning or conclusion dates, target population and other relevant details.

16 **Please identify the person to contact about needs assessment activities.** Please include the name and telephone number of the person to be contacted by anyone who may be interested in finding out additional information about needs assessment activities at your organization.

Funding Source Code List

CODE	FUNDING SOURCE
601	Area Agency on Aging of Broward County - AAA
503	Broward Alliance
501	Broward Community College - BCC
399	Broward County / General Funds
320	Broward County / Community Services Department - CS
310	Broward County / CS / Cultural Affairs Division
309	Broward County / CS / Libraries Division
311	Broward County / CS / Mass Transit Division
312	Broward County / CS / Parks and Recreation Division
330	Broward County / Finance and Administrative Services Department - FAS
331	Broward County / FAS / Human Resources Division
313	Broward County / FAS / Revenue Collection Division
300	Broward County / Human Services Department - HS
303	Broward County / HS / Children's Services Administration Division
304	Broward County / HS / Community Development Division
305	Broward County / HS / Elderly and Veteran's Services Division
302	Broward County / HS / Family Success Administration Division
332	Broward County / HS / Office of Housing Finance
307	Broward County / HS / Program Development, Research and Evaluation Division
301	Broward County / HS / Substance Abuse and Health Care Services
340	Broward County / Planning and Environmental Protection Department - DPEP
380	Broward County / DPEP / Transportation Planning Division
350	Broward County / Office of Equal Opportunity - OEO
351	Broward County / OEO / Human Rights Division
370	Broward County / Safety and Emergency Services Department - SES
306	Broward County / SES / Fire Rescue Division
391	Broward County / Licensing and Fees
390	Broward County / Other
502	Broward County Commission on Substance Abuse
511	Broward County Community Development Corporation
550	Broward County / Court Administrator
510	Broward County Housing Authority
509	Broward Employment and Training Administration - BETA (now WorkForce One)
512	Broward Healthy Start Coalition
515	Broward School Readiness Coalition - BSRC
504	Broward Sheriff's Office - BSO
505	Broward Workforce Development Board - BWDB
192	Carl Perkins Act - Section 211
514	Children's Services Council of Broward - CSC
401	City of Coconut Creek
402	City of Cooper City
403	City of Coral Springs
404	City of Dania Beach
451	City of Dania Beach Housing Authority
406	City of Deerfield Beach
452	City of Deerfield Beach Housing Authority
407	City of Fort Lauderdale
453	City of Fort Lauderdale Housing Authority
408	City of Hallandale

Funding Source Code List

CODE	FUNDING SOURCE
410	City of Hollywood
454	City of Hollywood Housing Authority
412	City of Lauderdale Lakes
413	City of Lauderhill
415	City of Lighthouse Point
416	City of Margate
417	City of Miramar
418	City of North Lauderdale
419	City of Oakland Park
420	City of Parkland
422	City of Pembroke Pines
423	City of Plantation
424	City of Pompano Beach
455	City of Pompano Beach Housing Authority
430	City of Southwest Ranches
426	City of Sunrise
427	City of Tamarac
428	City of Weston
429	City of Wilton Manors
299	Florida / General Revenues
200	Florida / Department of Agriculture and Consumer Services
210	Florida / Department of Children and Families - FDCF
217	Florida / FDCF / Adult Payments
212	Florida / FDCF / Adult Services
211	Florida / FDCF / Alcohol, Drug Abuse and Mental Health
213	Florida / FDCF / Developmental Disabilities
218	Florida / FDCF / District Administration
214	Florida / FDCF / Economic Self-Sufficiency Services
216	Florida / FDCF / Family Safety (Child Welfare)
280	Florida / Department of Community Affairs - FDCA
275	Florida / Department of Corrections
220	Florida / Department of Education - FDOE
215	Florida / Department of Elder Affairs - FDOEA
285	Florida / Department of Environmental Protection - FDEP
240	Florida / Department of Health / State Health Office - FDOH
241	Florida / FDOH / Broward County Health Department
242	Florida / FDOH / Children's Medical Services
235	Florida / Department of Highway Safety and Motor Vehicles
250	Florida / Department of Juvenile Justice - FDJJ
251	Florida / FDJJ / Detention Services
252	Florida / FDJJ / Prevention & Victim's Services
253	Florida / FDJJ / Probation & Community Corrections
254	Florida / FDJJ / Residential and Correctional Facilities
260	Florida / Agency for Workforce Innovation – AWI (formerly FDLES)
261	Florida / FDLES / Blind Services Division
270	Florida / Department of Law Enforcement - FDLE
265	Florida / Department of Revenue - FDOR
266	Florida / FDOR / Child Support Enforcement
255	Florida / Department of State - FDOS
230	Florida / Department of Transportation - FDOT

Funding Source Code List

CODE	FUNDING SOURCE
245	Florida / Office of the Attorney General - OAG
205	Florida / State Attorney's Office
297	Florida / Operation and Maintenance Trust Fund
298	Florida / Fees
290	Florida / Other
132	Medicaid (see U.S. Department of Health and Human Services)
131	Medicare (see U.S. Department of Health and Human Services)
506	Memorial Healthcare System (South Broward Hospital District)
460	Municipalities in Miami-Dade County
461	Municipalities in Palm Beach County
469	Municipalities in Other Counties
507	North Broward Hospital District
191	Ryan White Title I
508	School Board of Broward County
506	South Broward Hospital District (Memorial Healthcare System)
405	Town of Davie
409	Town of Hillsboro Beach
411	Town of Lauderdale-by-the-Sea
421	Town of Pembroke Park
100	US / Department of Agriculture
110	US / Department of Commerce
120	US / Department of Education
130	US / Department of Health and Human Services - DHHS
131	US / DHHS / Medicare
132	US / DHHS / Medicaid
160	US / Department of Housing and Urban Development - HUD
161	US / HUD / Community Development Block Grants - CDBG
162	US / HUD / HOME
163	US / HUD / HOPWA
140	US / Department of the Interior - DOI
170	US / Department of Justice - DOJ
155	US / Department of Labor - DOL
150	US / Department of Transportation - DOT
151	US / DOT / Federal Transportation Authority - FTA
180	US / Federal Emergency Management Agency - FEMA
181	US / FEMA / Emergency Food and Shelter Program Board
195	US / Federal Block Grants
196	US / Federal Grant Trust Funds
190	US / Other
414	Village of Lazy Lake
425	Village of Sea Ranch Lakes
509	WorkForce One (formerly BETA)

Funding Source Code List

CODE	EXAMPLES OF PRIVATE AND PASS-THROUGH FUNDING SOURCES
602	Catholic Charities
810	Community Foundation of Broward, Inc.
607	Family Central, Inc.
603	Greater Fort Lauderdale Chamber of Commerce
608	Henderson Mental Health Center
604	Jewish Federation of Broward County
513	The Coordinating Council of Broward - CCB
606	United Way of Broward County
650	Faith Community - Churches, Synagogues, Other Religious Organizations
800	Private Foundation / Corporate Giving (examples) • Community Chest • Sun-Sentinel • Junior League of Fort Lauderdale • Liberia Economic and Social Development, Inc. • National Collegiate Athletic Association - NCAA • Other
920	Agency-Generated Funding (examples) • Membership Dues • Endowments / Estate Giving • Fundraising • Merchandise Sales • Special Events • Miscellaneous Income • Other
950	Fees for Services