

Good afternoon.

The UWF Foundation received a check from Sherriff Chip W. Simmons on 8/29/2022, check # 10033719 in the amount of \$1500. Will you please let us know which fund he would like this to be designated to? In the description, it has that it's for Crime Prevention, but we don't have a fund for that. Please advise.

Thanks in advance.

Respectfully,

**Charina F. Narciso**

Gift Processing Coordinator

UWF Foundation, Inc.

University of West Florida

11000 University Pkwy.

Pensacola, FL 32514-5750

850-474-3062

[cnarciso2@uwf.edu](mailto:cnarciso2@uwf.edu)

[uwf.edu/give](http://uwf.edu/give)

[ ]

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**CHIP W. SIMMONS, SHERIFF**  
ESCAMBIA COUNTY SHERIFF'S OFFICE  
GENERAL FUND ACCOUNT  
P.O. BOX 18770  
PENSACOLA, FLORIDA 32523-8770  
(850)436-9541

BBVA Compass Bank  
PENSACOLA, FLORIDA

CHECK DATE 08/25/22  
CHECK NO. 10033719

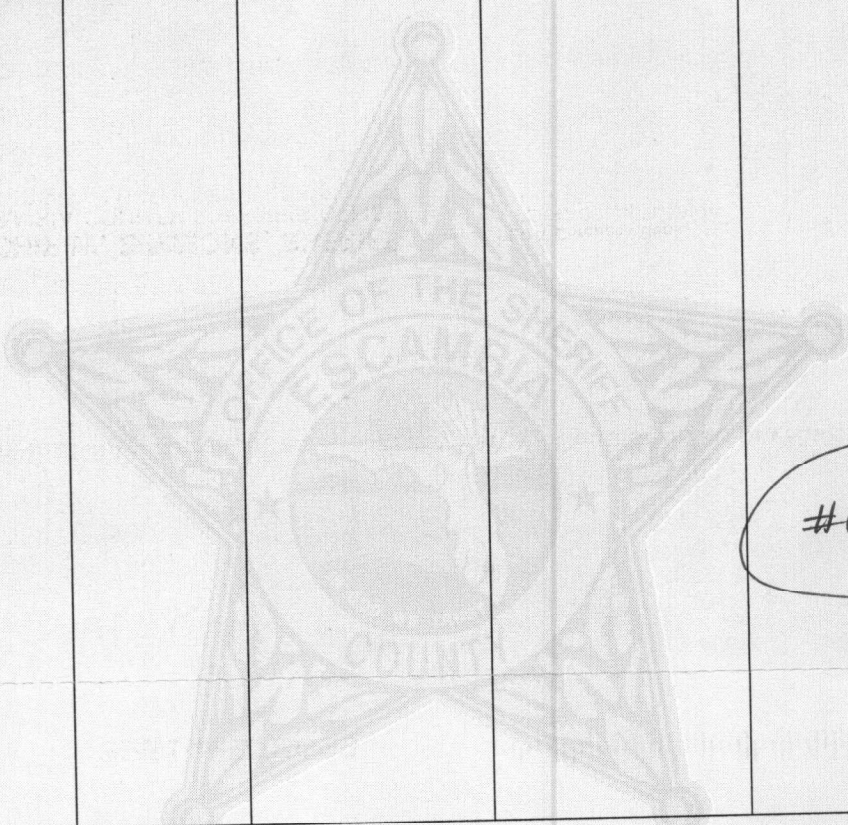
AMOUNT \$ \*\*\*\*\*1,500.00\*

**PAY THE SUM OF ONE THOUSAND, FIVE HUNDRED DOLLARS & ZERO CENTS**

TO THE ORDER OF UWF FOUNDATION  
BLDG 12  
11000 UNIVERSITY PARKWAY  
PENSACOLA FL 32514

⑈ 10033719 ⑈ 063013924:6748697878 ⑈

<i>Account</i>	<i>Purchase Order</i>	<i>Invoice Number</i>	<i>Amount</i>	<i>Description</i>
7000                      58201		LET DONATION	1,500.00	CRIME PREVENTION



#04339

2165                      UWF FOUNDATION

Stop waiting on the mail - Ask us about electronic payments - Contact us at: [payables@escambiaso.com](mailto:payables@escambiaso.com)

\*See Reverse Side For Easy Opening Instructions\*

Chip W. Simmons, Sheriff  
Escambia County Sheriff's Office  
P.O. Box 18770  
Pensacola, Florida 32523-8770

PENSACOLA FL 325

NEOPOST

08/26/2022

26 AUG 2022PM 1 L

US POSTAGE \$000.57



ZIP 32501  
041M1146522

10033719  
UWF FOUNDATION  
BLDG 12  
11000 UNIVERSITY PARKWAY  
PENSACOLA FL 32514

RECEIVED AUG 29 2022



**Accounting/Reporting for Expenditure of Law Enforcement Trust Funds**

Organization Name: University of West Florida Foundation, Inc.  
Event/Project: Mental Health Task Force of NW Florida  
Event/Project Date: Date of Gift: 09/02/2022 Date of Expenditure: 03/16/2023

I submit the following as an accounting for my organization's expenditure of law enforcement trust funds:

EMB (int.) CERTIFICATION (required) - I hereby certify that the funds received by my organization from the Sheriff's Law Enforcement Trust Fund were expended for the purposes outlined in my request for these funds.

EMB (int.) PROOF OF EXPENDITURE OR LINE ITEM BUDGET (required) - I have attached proof of expenditure or a total line-item budget. Project Detail Report

~ (int.) COPIES OF PROMOTIONAL MATERIAL (required if applicable) - Attached are copies or photographs of signs, advertisements, uniform logos, or other promotional material advocating crime prevention, drug prevention, drug education, safe neighborhoods, or other law enforcement purpose relating to the expenditure of these funds. Not Applicable

EMB (int.) OTHER PERTINENT INFORMATION (if applicable) - Other documentation is attached showing the expenditure of these funds. Scope of Work

EMB (int.) I understand that the Escambia County Sheriff's Office may require additional information including but limited to receipts, program data, lesson plans, staff salary information, or any other supporting documentation to meet their obligation that the funds were spent appropriately. I understand that failure to provided additional information upon ECSCO's written demand will result in my organization becoming ineligible to receive any future disbursements.

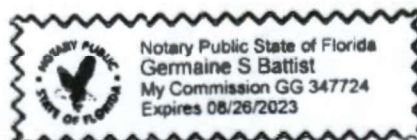
I certify that I possess the legal authority on behalf of the requesting organization to submit this required accounting and reporting form and to affirm that the funds received were used for purposes described in the application.

I affirm that the documents attached to this form are a true and accurate account of funds received and that false statements or claims made in connection with this accounting may result in fines, imprisonment, and/or any other remedy available under the law.

Signature: Eva J. Butts Print: Eva J. Butts  
Title: Director

Subscribed and affirmed before me in the county of ESCAMBIA, State of Florida, this 9<sup>th</sup> day of MAY, 2023, by GERMAINE S. BATTIST

Germaine S Battist  
Signature of Notary Public



(Seal)

# University of West Florida Foundation

## Project Summary Report

### Mental Health Task Force

Report name: AAA -Mental Health Task Force  
 Include all dates  
 Include all Funds  
 Include all Accounts  
 Include these Projects: 04399  
 Include all Journals  
 Include all Research(s)

Date	Batch	Source	Reference	Balance
<b>04399</b>				
<b>04399 - Mental Health Task Force of Northwest Florida</b>				
<b>26-41010 - CONTRIBUTIONS - CASH</b>				
			<i>Beginning Balance</i>	<i>\$0.00</i>
6/27/2022	32609 - 2	Raiser's Edge	102489-6/27/2022 102489-6/27/2022	(\$2,000.00)
6/30/2022	32728 - 2	Raiser's Edge	249992-6/30/2022 249992-6/30/2022	(\$25,000.00)
8/1/2022	32932 - 2	Raiser's Edge	299014-8/1/2022 299014-8/1/2022	(\$20,000.00)
8/29/2022	33148 - 2	Raiser's Edge	309932-8/29/2022 309932-8/29/2022	(\$5,000.00)
9/2/2022	33212 - 2	Raiser's Edge	263976-9/2/2022 263976-9/2/2022 Escambia County Sheriff's Office	(\$1,500.00)
9/7/2022	33216 - 2	Raiser's Edge	100225-9/7/2022 100225-9/7/2022	(\$50,000.00)
9/14/2022	33314 - 2	Raiser's Edge	313291-9/14/2022 313291-9/14/2022	(\$10,000.00)
9/14/2022	33314 - 3	Raiser's Edge	100102-9/14/2022 100102-9/14/2022	(\$10,000.00)
9/19/2022	33316 - 2	Raiser's Edge	219508-9/19/2022 219508-9/19/2022	(\$20,000.00)
10/3/2022	33516 - 2	Raiser's Edge	313675-10/3/2022 313675-10/3/2022	(\$500.00)
10/3/2022	33516 - 3	Raiser's Edge	107312-10/3/2022 107312-10/3/2022	(\$3,500.00)
11/1/2022	33792 - 2	Raiser's Edge	313930-11/1/2022 313930-11/1/2022	(\$10,000.00)
			<i>Net Change</i>	<i>(\$157,500.00)</i>
			<i>Ending Balance</i>	<i>(\$157,500.00)</i>
<b>26-41042 - CONTRIBUTIONS - SPONSORSHIPS</b>				
			<i>Beginning Balance</i>	<i>\$0.00</i>
10/31/2022	33774 - 2	Raiser's Edge	117822-10/31/2022 117822-10/31/2022	(\$1,000.00)
12/1/2022	33988 - 2	Raiser's Edge	314108-12/1/2022 314108-12/1/2022	(\$100,000.00)
12/14/2022	34060 - 6	Raiser's Edge	102896-12/14/2022 102896-12/14/2022	(\$1,000.00)
			<i>Net Change</i>	<i>(\$102,000.00)</i>
			<i>Ending Balance</i>	<i>(\$102,000.00)</i>
<b>26-76060 - PROFESSIONAL SERVICES</b>				
			<i>Beginning Balance</i>	<i>\$0.00</i>
3/16/2023	34920 - 2	Journal Entry	Record Professional Services Exp-Ernst & Young LP	\$100,000.00
			Expenditure: Records wire payment to Ernst & Young	Net Change \$100,000.00
			<i>Ending Balance</i>	<i>\$100,000.00</i>
<b>26-91531 - INTRA-FUND TRANSFERS IN</b>				
			<i>Beginning Balance</i>	<i>\$0.00</i>
1/23/2023	34276 - 1	Journal Entry	Tranx fr 04924 to 04399\Mental Health Task Force	(\$5,000.00)
			<i>Net Change</i>	<i>(\$5,000.00)</i>
			<i>Ending Balance</i>	<i>(\$5,000.00)</i>
<b>26-90518 - ADMIN FEE TRANSFER</b>				
			<i>Beginning Balance</i>	<i>\$0.00</i>
6/30/2022	32836 - 234	Allocation Management	Indirect Allocation (Misc.)-Admn Non-end	\$810.00
8/31/2022	33472 - 232	Allocation Management	Indirect Allocation (Misc.)-Admn Non-end	\$750.00
9/30/2022	33662 - 240	Allocation Management	Indirect Allocation (Misc.)-Admn Non-end	\$2,745.00
10/31/2022	33929 - 236	Allocation Management	Indirect Allocation (Misc.)-Admn Non-end	\$150.00
11/30/2022	34250 - 218	Allocation Management	Indirect Allocation (Misc.)-Admn Non-end	\$300.00
12/31/2022	34418 - 266	Allocation Management	Indirect Allocation (Misc.)-Admn Non-end	\$3,030.00
			<i>Net Change</i>	<i>\$7,785.00</i>



**University of West Florida Foundation**  
**Project Summary Report**  
Mental Health Task Force

*Ending Balance* \$7,785.00

Total Fund Balance (including Net Surplus Deficit) (\$156,715.00)

**University of West Florida Foundation, Inc.  
and  
Community Partners of Mental Health Task Force of NW Florida  
and  
Ernst & Young, LLP**

**Scope of Work**

Ernst & Young LLP ("EY") will provide the following services to UWF Foundation for Mental Health Community Alignment and Strategic Planning Support.

**Phase I**

During Phase 1, EY will conduct an assessment, including performing an information and organization review, environmental scan, and gathering of discovery narratives.

- Collecting relevant background information.
- Conducting up to 15 interviews.
- Conducting an environmental scan.
- Conducting leading best business practices and research.

**Phase 2**

During Phase 2, EY will meet with key stakeholders to understand the dynamics of your community's mental health ecosystem and the aspirations for mental health services in the region.

- Select focus group topics, participants and questions.
- Facilitating up to 5 focus groups that will include up to 15 participants.
- Facilitating a workshop with the Task Force to define state of continuity of support and closure of service gaps.

**Phase 3**

During Phase 3, EY will develop a summary of findings.

- Develop future vision and goals that are illustrated in strategic framework.
- Facilitating a second future workshop to support the development of options, identification of performance measurements and methods for data collection and analysis.
- Compiling information into a project plan and presenting the final plan to a group of stakeholders.



# Gift Detail and Summary Report

Report name: Mental Health Task Force Report

Include all dates

Include these constituents: Inactive = Yes; Deceased = Yes; Constituents with no valid addresses = Yes

Constituent Name	Date	Fund Description	Cash	Stocks	Pledge Bal	MG Pledge Bal
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Escambia County Sheriff's Office	9/2/2022	Mental Health Task For	\$1,500 00	\$0.00	\$0.00	\$0.00
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Northwest Florida Health Network	12/1/2022	Mental Health Task For	\$100,000 00	\$0.00	\$0.00	\$0.00
	8/1/2023	Mental Health Task For	\$31,250 00	\$0.00	\$0.00	\$0.00

Santa Rosa County Board of Commis	5/22/2023	Mental Health Task For	\$5,000 00	\$0.00	\$0.00	\$0.00
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<b>Grand Totals:</b>			<b>\$305,750.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
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18 Gift(s) listed

17 Donor(s) listed

## Gift Detail and Summary Report

# INVOICE

## The University Of West Florida Foundation, Inc.

11000 University Parkway  
Bldg. 12/128  
Pensacola, FL 32514-5750  
Phone 850.474.3118 Fax 850.474.2714

**DATE:** 6/22/2023  
**INVOICE #** ECBOCC1000

**Bill To:**  
Escambia County Board of County Commissioners  
Attn: Jeff Bergosh  
3363 W Park Place  
Pensacola, FL 32505

DESCRIPTION	AMOUNT
Support for the Northwest Florida Mental Health Task Force initiatives.	\$ 5,000.00
Sub Total	5,000.00
Adjustments	-
<b>TOTAL</b>	<b>\$ 5,000.00</b>

Make all checks payable to **UWF Foundation, Inc.**  
If you have any questions concerning this invoice, please contact Eva "Jan" Butts,  
phone 850-474-3284 or [ebutts@uwf.edu](mailto:ebutts@uwf.edu)

# INVOICE

## The University Of West Florida Foundation, Inc.

11000 University Parkway  
Bldg. 12/128  
Pensacola, FL 32514-5750  
Phone 850.474.3118 Fax 850.474.2714

DATE: 6/22/2023  
INVOICE # NWFHN1000

**Bill To:**

Northwest Florida Health Network  
Attn: Mike Watkins, CEO  
525 N. Martin Luther King Jr Blvd.  
Tallahassee, FL 32301

DESCRIPTION	AMOUNT
Support for the Northwest Florida Mental Health Task Force initiatives.	\$ 31,250.00
Sub Total	31,250.00
Adjustments	-
<b>TOTAL</b>	<b>\$ 31,250.00</b>

Make all checks payable to **UWF Foundation, Inc.**  
If you have any questions concerning this invoice, please contact Eva "Jan" Butts,  
phone 850-474-3284 or ebutts@uwf.edu





# Sheriff Chip W. Simmons

## ESCAMBIA COUNTY SHERIFF'S OFFICE

COURTESY                      INTEGRITY                      PROFESSIONALISM

### ESCAMBIA COUNTY SHERIFF'S STATE LAW ENFORCEMENT TRUST FUND APPLICATION

The Escambia County Sheriff's Office is pleased that we are able to provide asset forfeiture funds to the benefit of local nonprofit organizations that make a difference in our community. These funds stem from civil forfeiture of assets that have been seized as contraband linked to certain felony crimes and that have met the strict standards and statutory requirements by the seizing law enforcement agency. Once the civil forfeiture process is complete, the seized money is maintained in the Law Enforcement Trust Fund (LETf) and can only be used in accordance with Florida Statutes. The Florida Contraband Forfeiture Act allows law enforcement agencies to support projects and programs that strive to improve neighborhood safety, prevent crime, and provide drug abuse education and prevention within our community.

A LETf request may be a request to fund an entire project/program or a particular portion of a larger project/program if that project/program meets the eligibility criteria outlined in the statute described below. Funding requests are subject to fund availability and approval by the Sheriff and the Escambia County Board of County Commissioners.

To be considered for LETf funding, the project/program must meet the statutory criteria as to the use and must fall into one of the following categories:

- **Crime Prevention**
- **Drug Abuse Education**
- **Drug Prevention**
- **Safe Neighborhoods**

The following documentation must be provided with your application:

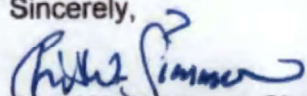
- IRS 501(c)3 or documentation of Non-Profit Status ✓
- FL Consumer's Certificate of Exemption ✓
- W-9 and a Justification for the request of funds. ✓

If your application is approved and funds are awarded, you are **required** by Florida Statute 932.7055 (5) to complete a Accounting/Reporting for the Expenditure of Law Enforcement Trust Funds Form and return it to the ECSO as soon as practical. This form is mandatory as it provides audit information of how the funds received were utilized. Failure to submit this form in a timely manner or upon request will result in a failure of your organization to be considered as a recipient for future donations.

The point of contact for the Sponsorship/Donation application package is Dan Capozzolo, he can be reached at (850) 436-9949 or [SLETdonations@escambiaso.com](mailto:SLETdonations@escambiaso.com).

I look forward to a partnership between the Escambia County Sheriff's Office and your Organization.

Sincerely,

  
Chip W. Simmons, Sheriff



**ESCAMBIA COUNTY SHERIFF'S  
STATE LAW ENFORCEMENT TRUST FUND APPLICATION**

**APPLICANT INFORMATION**

Organization Name: UWF Foundation, attn: Mental Health Task Force of Northwest Florida House of Representatives

Name/Title of Contact: Eva Butts

Complete Mailing Address: UWF Foundation: 11000 University Parkway, Building 12, Pensacola, FL 32514

Email Address: ebutts@uwf.edu

Phone Number: 850-474-3118

Make Check Payable to: UWF Foundation, attn: Mental Health Task Force of Northwest Florida House of Rep.

**PROGRAM INFORMATION**

Date funds needed: Immediate

Amount Requested: 1,500.00

Date of Project/Program: Currently in Progress

Funds will be used for:

Promotion/Advertising

Direct Support

**LET Category**

*The Florida Contraband Forfeiture Act allows law enforcement agencies to support projects and programs that strive to prevent crime, provide drug abuse education and prevention within our community, and improve neighborhood safety. Please select the category below that best describes your program. More than one category may be selected.*

Crime Prevention

Drug Abuse Education

Drug Prevention

Safe Neighborhoods

**Justification**

*This application cannot be processed without a justification statement. Use the area below to describe how the funds will be used. Additional pages may be submitted with the application. Some examples of questions to be answered include: How does your program meet the statutorily applicable LET Category selected above? Why is the funding needed? What data or information can you provide that demonstrates how this program will benefit the citizens of Escambia County?*

The Mental Health Task Force of Northwest Florida is funding a Strategic Plan to identify gaps in access to mental healthcare, implement changes to immediately improve that access, and set a blueprint for our community to create a wholistic approach to Mental Health Care that will address issues for patients before they reach a crisis that results in arrest. This will help improve the interaction with law enforcement and those with mental health issues or in moments of crisis. This will help reduce addiction in our community by helping uninsured citizens access care rather than resorting to self-medicating and spiraling into the world of addiction, which can lead to criminal activity. The goal of the Mental Health Task Force of Northwest Florida is to act as a positive catalyst influencing the working and communal culture by the promotion of wellness to include optimal mental wellbeing for the workforce in Escambia and Santa Rosa Counties.

**APPROVED ECSO LOGO AND MESSAGE**

If your request is for a sponsorship or includes a need for printed material that requires an official ECSO logo and message, you will be provided the official ECSO logo and message after your application has been approved. This official logo and message must appear on all printed material.

**CERTIFICATION STATEMENT**

1. As required by Florida law, the requested funds will be used for the purpose specified above and no other purpose.
2. My organization shall, as required by Florida law, maintain records of these funds and provide Accounting/Reporting for the Expenditure of Law Enforcement Trust Funds Form to the Sheriff.
3. I understand that if I am seeking funds for a sponsorship, I am only permitted to use the approved ECSO logo and message that has been provided to me.
4. I have the appropriate authority on behalf of the requesting agency to submit this application and ensure funds are used for the purposes specified herein and produce the required accounting and reporting of these funds.

All representations in this application are true to the best of my knowledge and belief.

Eva J. Butts  
Signature

Date: 08-04-2022

Eva J. Butts  
Name of Certifying Official

Director  
Title of Certifying Official

**ECSO STAFF USE ONLY**

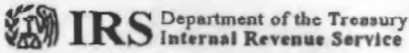
	<u>Approved</u>	<u>Denied</u>
CFO _____	<input type="checkbox"/>	<input type="checkbox"/>
Legal _____	<input type="checkbox"/>	<input type="checkbox"/>
Chief _____	<input type="checkbox"/>	<input type="checkbox"/>

I certify this request complies with Florida Statute § 932.7055 (5). Amount Approved \_\_\_\_\_

\_\_\_\_\_  
Chip W. Simmons, Sheriff Date \_\_\_\_\_

**Finance review:**  
 Organization Vendor # \_\_\_\_\_  
 Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_  
 Sponsorship  Donation  
 501(c)(3)/Not for Profit  
 W-9  
 FL Consumer's Certificate of Exemption  
 Justification  
 Previously Approved: Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Prior Accounting Form Submitted:





Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248336501  
Dec. 11, 2007 LTR 4168C E0  
59-6166292 000000 00 000  
00016553  
BODC: TE

UNIVERSITY OF WEST FLORIDA  
% SALTMARSH CLEVELAND & GUND  
11000 UNIVERSITY PKWY BLDG 12  
PENSACOLA FL 32514-5732008



014799

Employer Identification Number: [REDACTED]  
Person to Contact: Ms. Holland  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Nov. 30, 2007, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in November 1965, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.  
Accounts Management Operations I





## Consumer's Certificate of Exemption

DR-14  
R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

85-8012667732C-1	05/31/2018	05/31/2023	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

UNIVERSITY OF WEST FLORIDA FOUNDATION  
INC  
11000 UNIVERSITY PKWY BLDG 12  
PENSACOLA FL 32514-5732

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>University of West Florida Foundation, Inc.</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not Individuals; see instructions on page 3):  Exempt payee code (if any) <u>1</u>  Exemption from FATCA reporting code (if any) <u>A</u>  <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. <b>11000 University Parkway, Building 12</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Pensacola, Florida 32514</b>	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

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

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																				
OR																				
Employer identification number																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																				

### Part II Certification

Under penalties of perjury, I certify that:

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

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

**Sign Here**

Signature of U.S. person ▶

Date ▶ 1/25/22

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

THE FACE OF THIS CHECK HAS A COLORED PATTERN, MICROPRINTED BORDER AND A WATERMARK - HOLD AT A LIGHT SOURCE TO VIEW.

SANTA ROSA COUNTY BOARD OF COMMISSIONERS

P.O. BOX 472  
MILTON, FLORIDA 32572-0472

Truist  
5224 Stewart Street  
Milton, FL 32570

63-215  
631

CHECK DATE  
05/18/23

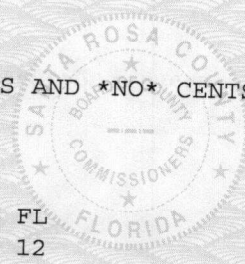
CHECK NO.  
2308421

**PAY** THE SUM OF \*\*\*\*\*5000\* DOLLARS AND \*NO\* CENTS

AMOUNT \$\*\*\*\*\*5,000.00\*

TO THE  
ORDER  
OF

UWF FOUNDATION, INC.  
MENTAL HEALTH TASK FORCE OF NW FL  
11000 UNIVERSITY PARKWAY, BLDG 12  
PENSACOLA FL 32514



CHARGEABLE TO OPERATING ACCOUNT  
VOID AFTER 90 DAYS

*David C. Spence*

*David C. Spence*

⑈ 2308421 ⑆ ⑆ 063102152 ⑆ 1000137656988 ⑆



RECEIVED MAY 22 2023

SANTA ROSA COUNTY-MILTON, FLORIDA

VENDOR NO. 14722

CHECK NO. 2308421

ACCOUNT	PURCH. ORDER	INVOICE NUMBER	AMOUNT	DESCRIPTION
0019	5820045	ALLOCATION	5,000.00	COMMUNITY ALIGN/PLAN

14722 UWF FOUNDATION, INC.



NOT NEGOTIABLE





Eva Butts <ebutts@uwf.edu>

**UWF Foundation, Inc. W - 9 Form per Request**

2 messages

*Santa Rosa*

Thu, May 4, 2023 at 12:29 PM

**Geri Battist** <gbattist@uwf.edu>  
To: thomask@santarosa.fl.gov  
Cc: Eva Butts <ebutts@uwf.edu>

*Re: MH Task Force*

Tom,

Per your request, please see the link below for the UWF Foundation, Inc. W-9 form to process a check for contribution to the Mental Health Task Force NWFL fund.

UWF Foundation, Inc. W-9

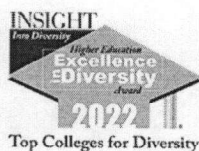
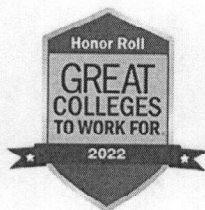
I also attached below in case you have trouble opening the link.

Thank you,  
Geri

**Germaine "Geri" Battist**  
Executive Assistant & Foundation Board Secretary  
VP Office of University Advancement  
University of West Florida

11000 University Pkwy  
Building 12 Room 140  
Pensacola, FL 32514

850.474.3306 Office  
850.377.6361 Cell  
850.474.2714 Fax  
gbattist@uwf.edu  
uwf.edu/advancement



*Please note: Due to Florida's broad public records law, most written communication to or from University employees is considered a public record. Therefore, the contents of this email, including personal email addresses, may be subject to disclosure in the event a request is made.*

**UWF Fdn W-9-Form-Signed-2022.01.25-DL.pdf**  
486K

.Geri Battist <gbattist@uwf.edu>  
To: Eva Butts <ebutts@uwf.edu>

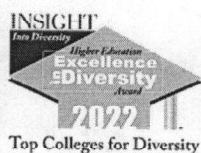
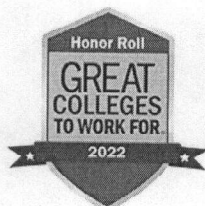
Thu, May 4, 2023 at 1:49 PM

**Germaine "Geri" Battist**

Executive Assistant & Foundation Board Secretary  
VP Office of University Advancement  
University of West Florida

11000 University Pkwy  
Building 12 Room 140  
Pensacola, FL 32514

850.474.3306 Office  
850.377.6361 Cell  
850.474.2714 Fax  
gbattist@uwf.edu  
uwf.edu/advancement



*Please note: Due to Florida's broad public records law, most written communication to or from University employees is considered a public record. Therefore, the contents of this email, including personal email addresses, may be subject to disclosure in the event a request is made.*

----- Forwarded message -----

From: **Thomas Kristufek** <Thomask@santarosa.fl.gov>  
Date: Thu, May 4, 2023 at 1:47 PM  
Subject: RE: UWF Foundation, Inc. W - 9 Form per Request  
To: Geri Battist <gbattist@uwf.edu>

Thank you Ms. Battist.

Regards,

---

Tom Kristufek

Administrative Aide

Santa Rosa County Board of Commissioners

6495 Caroline Street, Ste. M | Milton, Florida 32570

P: 850.983.1839 F: 850.983.1856

Santarosa.fl.gov | Facebook | Twitter | Instagram

Help us improve our customer service with this short survey.

---

**From:** Geri Battist <gbattist@uwf.edu>  
**Sent:** Thursday, May 4, 2023 12:30 PM  
**To:** Thomas Kristufek <ThomasK@santarosa.fl.gov>  
**Cc:** Eva Butts <ebutts@uwf.edu>  
**Subject:** UWF Foundation, Inc. W - 9 Form per Request

Tom,

Per your request, please see the link below for the UWF Foundation, Inc. W-9 form to process a check for contribution to the Mental Health Task Force NWFL fund.

UWF Foundation, Inc. W-9

I also attached below in case you have trouble opening the link.

Thank you,

Geri

**Germaine "Geri" Battist**  
Executive Assistant & Foundation Board Secretary  
VP Office of University Advancement  
University of West Florida

11000 University Pkwy  
Building 12 Room 140  
Pensacola, FL 32514

850.474.3306 *Office*  
850.377.6361 *Cell*  
850.474.2714 *Fax*  
gbattist@uwf.edu  
**uwf.edu/advancement**







*Please note: Due to Florida's broad public records law, most written communication to or from University employees is considered a public record. Therefore, the contents of this email, including personal email addresses, may be subject to disclosure in the event a request is made.*

**CAUTION:** This email originated from an **EXTERNAL SOURCE**. Do not follow guidance, click links, or open attachments unless you recognize the sender and know the content is safe.

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Florida has a very broad Public Records Law. Virtually all written communications to or from Santa Rosa County Personnel are public records available to the public and media upon request. E-mail sent or received on the county system will be considered public and will only be withheld from disclosure if deemed confidential pursuant to State Law.

University of West Florida Foundation, Inc.  
 Summary of Pledges and Donations to Mental Health Taskforce of NW Florida  
 As of January 23, 2023

Organization	Pledges	Donations Received	Pledge Payments Received	Non Pledged Donations	Pledges O/S	Notation
Northwest Florida Health	100,000.00	100,000.00	100,000.00	-	-	
Board of County Commissioners	5,000.00	-	-	-	5,000.00	Outstanding
Escambia County Sheriff's Office	-	1,500.00	-	1,500.00	-	
Local Support Grant (State of Florida)	cancelled	cancelled	cancelled	cancelled	cancelled	
<b>Totals</b>	<b>\$231,500.00</b>	<b>\$264,500.00</b>	<b>\$226,500.00</b>	<b>\$38,000.00</b>	<b>\$5,000.00</b>	

Total Pledges	\$231,500.00
Less Pledge Payments Received	(226,500.00)
Total Outstanding Pledges (BOCC)	<u>\$5,000.00</u>
Total Support Received (Cash)	\$264,500.00
Less 3% Administrative Fees	(7,785.00)
BOCC Pledge	5,000.00 Outstanding
Less 3% Administrative Fee	(150.00)
Projected Balance	<u>\$261,565.00</u>

APPROVED JAN 23 2023  
 ENB

# Gift Detail and Summary Report

Report name: Mental Health Task Force Report

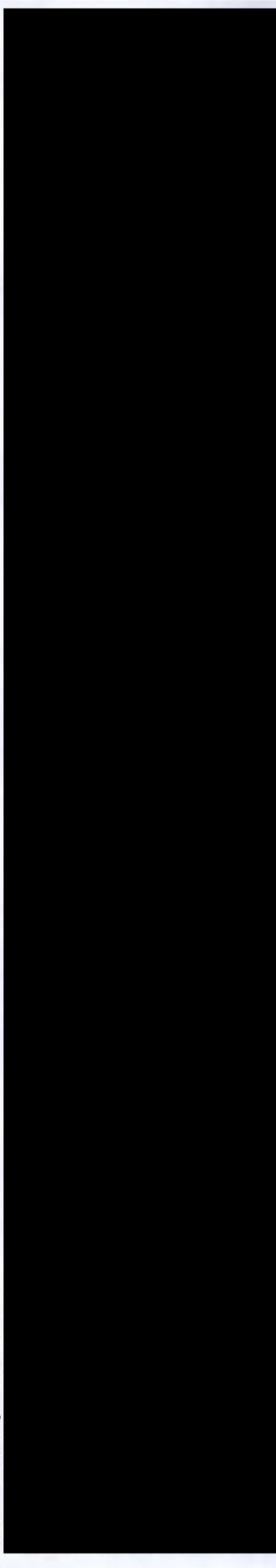
Include all dates

Include these constituents: Inactive = Yes; Deceased = Yes; Constituents with no valid addresses = Yes

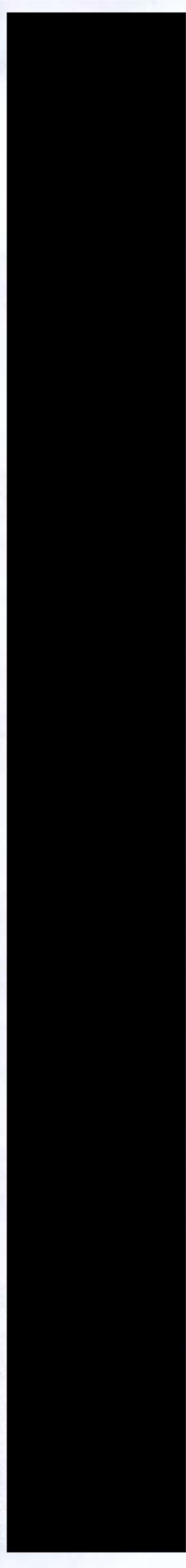
Constituent Name      Date      Fund Description      Cash      Stocks      Pledge Bal      MG Pledge Bal



Escambia County Sheriff's Office      9/2/2022      Mental Health Task For      \$1,500.00 ✓      \$0.00      \$0.00      \$0.00



Northwest Florida Health Network      12/1/2022      Mental Health Task For      \$100,000.00 ✓      \$0.00      \$0.00      \$0.00



**Grand Totals:**      \$259,500.00      \$0.00      \$0.00      \$0.00

15 Gift(s) listed

15 Donor(s) listed

# INVOICE

## The University Of West Florida Foundation, Inc.

11000 University Parkway  
Building 12  
Pensacola, FL 32514  
Phone 850.474.3118 Fax 850.474.2714

DATE: 11/04/2022  
Reference: NWFHN  
UWFF Project #: 04399

### Bill To:

Big Bend Community Based Care, Inc.  
d/b/a NWF Health Network  
Jeff Dykes, Contract Manager, NWF Health Network  
525 N. Martin Luther King Jr. Blvd.  
Tallahassee, FL 32301

DESCRIPTION	AMOUNT
Big Bend Community Based Care, Inc., d/b/a NWF Health Network (NWFHN), has entered into an agreement with the University of West Florida Foundation, Inc. signed and dated November 3, 2022 for services that are in connection with NWFHN's administration and delivery of behavioral health services to at-risk children.	\$100,000.00
Sub Total	100,000.00
Adjustments	-
<b>TOTAL</b>	<b>\$ 100,000.00</b>

Make all checks payable to **UWF Foundation, Inc.**

If you have any questions concerning this invoice, please contact Eva "Jan" Butts, phone 850-474-3284 or [ebutts@uwf.edu](mailto:ebutts@uwf.edu)

**BIG BEND COMMUNITY BASED CARE, INC., d/b/a NWF HEALTH NETWORK  
BUSINESS AGREEMENT**

**THIS AGREEMENT** designated **V0060**, is entered into and between **BIG BEND COMMUNITY BASED CARE, INC., d/b/a NWF HEALTH NETWORK**, hereinafter referred to as "NWFHN" and **UWF FOUNDATION, INC.**, hereinafter referred to as "VENDOR".

**RECITALS**

**WHEREAS**, NWFHN has entered into contracts with the Florida Department of Children and Families (hereinafter referred to as "DCF"), relating to the administration and delivery of behavioral health services to children who are at-risk; and provide foster care and related services pursuant to Section 409.1671, Florida Statutes (F.S.), and prevention services.

**WHEREAS**, NWFHN desires to retain Vendor to provide services in connection with NWFHN's performance under the DCF Contract, a copy of the DCF Contract is available in hard copy by request, or at <https://www.nwfhealth.org>; and

**WHEREAS**, Vendor is duly licensed, if applicable, and desires to perform the services described in this Contract in connection with NWFHN's performance under the DCF Contract.

**NOW THEREFORE**, in consideration of the mutual undertakings and agreements hereinafter set forth:

**THE PARTIES AGREE:**

**A. THE VENDOR AGREES:**

1. To provide services in accordance with **Attachment I** of this agreement.

**B. NWFHN AGREES:**

1. As described in **Attachment I, Scope of Work**, NWFHN agrees to pay for deliverable or deliverables, an amount not to exceed **\$100,000.00**, subject to the availability of funds.
2. To remit payment to Vendor for authorized services within thirty (30) calendar days of a properly completed and approved invoice, to be submitted no later than July 5, 2023.

**C. NWFHN AND THE VENDOR MUTUALLY AGREE:**

1. This Agreement shall be effective from **September 15, 2022 to June 30, 2023**.
2. Cancellation of this agreement by either party requires thirty days written notice to the other party.



**3. NAME AND MAILING ADDRESS OF PAYEE:**

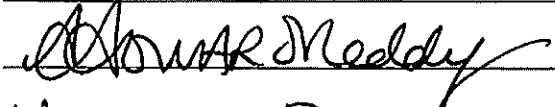
Name: UWF Foundation, Inc.  
Address: 11000 University Parkway  
City: Pensacola State: FL Zip: 32514  
Phone: 850-474-2000  
Email: hreddy@uwf.edu

Contact person:

Name: Howard J. Reddy  
Address: 11000 University Parkway  
City: Pensacola State: FL Zip: 32514  
Phone: 850-474-3306  
Email: hreddy@uwf.edu

I have read the above Agreement and understand each paragraph. **IN WITNESS THEREOF**, the Parties hereto have caused this Business Agreement to be executed by their undersigned officials as duly authorized.

**VENDOR:** UWF Foundation, Inc.

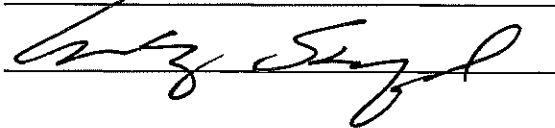
**SIGNATURE:** 

**PRINT NAME:** HOWARD REDDY

**TITLE:** PRESIDENT, UWF FOUNDATION

**DATE:** November 3, 2022

**VENDOR:** NWF Health Network

**SIGNATURE:** 

**PRINT NAME:** Mike Watkins

**TITLE:** Chief Executive Officer

**DATE:** 11/03/2022

**ATTACHMENT I  
SCOPE OF SERVICES**

**I. General Description**

NWF Health Network (NWFHN) serves as the Network Management agency for child welfare and substance abuse and mental health (behavioral health) services in northwest Florida. Our sole purpose is to provide the highest quality child welfare, substance abuse and mental health services to children, adults and their families within their communities through a managed network of accredited providers. We serve as a centralized support for our community and agency partners. Our agency is far more than an administrative office, however. At NWFHN, we strive to develop relationships with our children and families so we can provide them with the individualized attention they need. At NWFHN, we believe that children have the right to grow up safe, healthy and fulfilled in families that love and nurture them and that the children, adults and elders in our communities deserve exceptional behavioral health services that meet their needs. As such NWFHN is requesting professional services to:

**II. Scope of Service**

**Needs Assessment Findings Report:**

Vendor will provide written documentation of the requested Needs Assessment for Mental Health Community Alignment, for the counties of Escambia and Santa Rosa, which includes an executive summary, description of the process, findings from background research, strategic framework, possible approaches, and metrics.

**III. Method of Payment:**

This Contract contains a fixed price method of payment. NWFHN shall pay Vendor for the delivery of the Needs Assessment Findings Report provided in accordance with the terms of the Contract for a total amount of **\$100,000.00** upon delivery of no later than **June 30, 2023**, subject to the availability of funds.

**Amendment # 001  
Business Agreement # V0060**

This Amendment, entered into between **BIG BEND COMMUNITY BASED CARE, INC. d/b/a/ NWF HEALTH NETWORK** hereinafter referred to as "NWFHN", and **UWF FOUNDATION, INC.**, hereinafter referred to as the "Vendor," amends Business Agreement as follows:

**1. Business Agreement, Section B. NWFHN AGREES:**

1. As described in **Attachment I, Scope of Work**, NWFHN agrees to pay for deliverable or deliverables, an amount not to exceed **\$100,000.00**, subject to the availability of funds.

**Is hereby amended to read:**

1. As described in **Attachment I, Scope of Work**, NWFHN agrees to pay for deliverable or deliverables, an amount not to exceed **\$131,250.00**, subject to the availability of funds.

**2. Business Agreement, Section C. NWFHN AND THE VENDOR MUTUALLY AGREE:**

1. This Agreement shall be effective from **September 15, 2022** to **June 30, 2023**.

**Is hereby amended to read:**

1. This Agreement shall be effective from **September 15, 2022** to **June 30, 2023**.

**3. Attachment I, Scope of Services, Section III. Method of Payment:**

This Contract contains a fixed price method of payment. NWFHN shall pay Vendor for the delivery of the Needs Assessment Findings Report provided in accordance with the terms of the Contract for a total amount of **\$100,000.00** upon delivery of no later than **June 30, 2023**, subject to the availability of funds.

**Is hereby amended to read:**

This Contract contains a fixed price method of payment. NWFHN shall pay Vendor for the delivery of the Needs Assessment Findings Report provided in accordance with the terms of the Contract for a total amount of **\$131,250.00** upon delivery of no later than **June 30, 2023**, subject to the availability of funds.

All terms and conditions of the Contract, as well as any supplements and amendments thereto, not in conflict with this Amendment, shall remain in force and effect for this Amendment.

UWF FOUNDATION, INC.

SIGNED BY: Howard Reddy

NAME: Howard Reddy

TITLE: President, UWF Foundation

DATE: June 28<sup>th</sup> 2023

NWF HEALTH NETWORK

SIGNED BY: \_\_\_\_\_

NAME: Mike Watkins

TITLE: Chief Executive Officer

DATE: \_\_\_\_\_

**University of West Florida Foundation, Inc.**  
**Summary of Pledges and Donations to Mental Health Taskforce of NW Florida**  
**24-Aug-23**

Organization	Pledges	Donations Received	Pledge Payments	Non Pledged	Pledges O/S
Board of County Commissioners	5,000.00	-	-	-	5,000.00
Escambia County Sheriff's Office	-	1,500.00	-	1,500.00	-
Northwest Florida Health	100,000.00	131,250.00	100,000.00	31,250.00	-
Santa Rosa County Board of Comm.	-	5,000.00	-	5,000.00	
<b>Totals</b>	<b>\$231,500.00</b>	<b>\$310,750.00</b>	<b>\$226,500.00</b>	<b>\$84,250.00</b>	<b>\$5,000.00</b>

Total Pledges	\$231,500.00
Less Pledge Payments Received	(226,500.00)
Total Outstanding Pledges (BOCC)	<u>\$5,000.00</u>
Total Support Received (Cash)	\$310,750.00
Less Administrative Fees	(9,172.50)
Less Ernst & Young Payments	(297,500.00)
Current Balance	<u>\$ 4,077.50</u>