## **Executive Compensation Annual Report**

Instructions: Upon entering into a contract with the Department of Children and Families (Department), and annually by May 1 of each year, providers in a contract with the Department must complete Sections 1 and 2 of this form, and Section 3 if required. Completion of this document is required to comply with the Federal Funding Accountability and Transparency Act (FFATA) and Executive Order 20-44. All references to entity or contract(s) in Sections 2 and 3 shall refer to the Entity and Contract(s) identified in Section 1. Upon completion submit this form to the relevant Department Contract manager(s).

## Section 1: Attestation

I swear (or affirm) to my authority to make binding representations on behalf of the enti information contained in this document is accurate and complete to the best of the beloknowledge, and both I and the below-listed entity intend the Department rely upon the this document.  Micah's Place, Inc.  Entity Name	ow-listed entity's				
LN291	VYLSKPBMVSC1				
Department Contract Numbers	UEID Number				
Tracie Fasel					
Printed Name of Authorized Person					
Me le Casel	1/28/2025				
Signature of Authorized Person	Date				
Signature of the transfer of t					
STATE OF FLORIDA					
COUNTY OF Nassau					
Sworn to (or affirmed) before me by means of physical presence or online notarization, this <u>98</u> day of <u>100009</u> , 20 <u>25</u> , by <u>100009</u> ASHLEY MCLEAN <u>MY COMMISSION # HH 551099 at ure of Notary Public- State of Florida Expires: September 9, 2028  Type of Identification Produced:</u>					
Section 2: Qualifying Questions					
1) Did one or more of the contract(s) result from the Entity being named in federal law or Florida Statutes (substantive or appropriation) as the required recipient of a single source, public-private agreement?  □ Yes ■ No					
2) During the preceding fiscal year, did the Entity receive 50% or more of its budget from Florida or from a combination of State and Federal funds?	om either the State of				
■ Yes 3) During the preceding fiscal year, did the Entity: (a) receive more than \$25 million in the federal funds so received accounted for more than 80% of the Provider's annual g the compensation of top five executives for the preceding fiscal year not available pub □ Yes No	licly?				
If the answer to <b>any</b> question in this section is Yes, you must proceed to and complete submit this form to your relevant Department Contract Manager.	e Section 3. Otherwise,				

## Section 3: Annual Executive Compensation Report

Attach the latest copy of the Entity's most recent IRS Form 990 and complete the following. If the IRS 990 form is unavailable for the last fiscal year, please explain why:

990 for FY 2023-2024 has not been filed. Extension applied for and approved by IRS.

List the Entity's current directors, board members, chief executive officer, chief financial officer, chief operating officer, and any other person performing equivalent functions by their title, total annual compensation, and the percentage of compensation from state (FL %) or federal (Fed %) allocations. If any executive compensation changes prior to the next annual report, the Entity must submit an updated version of this report with those changes, and their total annual compensation. Total annual compensation includes salary, bonuses, cashedin-leave, cash equivalents, paid personal leave, severance pay, retirement benefits, deferred compensation, real-property gifts, and any other payout [see also 17 CFR 229.402(c)(2)]. Include the percentage of the total compensation directly from the state or federal allocations to the contracted entity. If any of the above-listed persons also receive compensation from organizations that: (a) created or were created by the Entity; (b) that were created by any of the above-listed persons whose compensation therefrom also derives from state or federal allocations; or (c) contract with the Entity, then identify the organization(s), their relationship with the Entity or the above listed person, and that person's annual compensation from each such organization, and the percentage of that compensation from state (FL %) or federal (Fed %) allocations. The Entity is not required to disclose the additional compensation a person receives from organizations that contract with the Entity if the above listed person was identified solely upon the person's status as an uncompensated member of the Entity's board of directors, whatever the person's actual title in the organization.

Name	Title	Total Annual Compensation	FL %	Fed %	FL & Fed % (Total)
Tracie Fasel	Executive Director	\$110,000.00	17%	14%	31%
Brittany Willingham	DV Services Director \$75,000.00 50%		50%	50%	100%
Robert Whitley	Facilities Director	\$60,000.00	35%	50%	85%
Lisa Rozier	Community Engagement Director	\$60,000.00	0%	0%	0%
Sarah Rumings	Board President	40			
Heather Hodges	Board Vice President	\$0			
Casey Mizell	Secretary	\$0			
Paul Hurst	Treasurer	\$0			
Melissa Mitchell	Board Member	\$0			
Mary Molusky	Board Member	\$0			
e attached for more members					

Name	Title	Total Annual Compensation	FL%	Fed%	FL & Fed % (Total)
Karen Hargrave	Board Member	\$0			
Ginny Gately	Board Member	\$0			
Cedric Arline	Board Member	\$0			
Josh Hoppe	Board Member	\$0			
Jean Palamar	Board Member	\$0			
Shelly Denis	Board Member	\$0			