



RESOLUTION 2026-05

A RESOLUTION OF THE ESCAMBIA CHILDREN'S TRUST AUTHORIZING THE EXECUTIVE DIRECTOR TO AMEND ESCAMBIA CHILDREN'S TRUST POLICY MANUAL PART TWO, FUNDING COMMUNITY ORGANIZATIONS, CREATING A SUBSECTION 1.7, REGARDING DIRECT CLIENT ASSISTANCE POLICY.

WHEREAS, the ECT Board finds that the Escambia Children's Trust Policy Manual requires amendment from time to time to accurately reflect the policy of the Trust; and

WHEREAS, the proposed amendment to the policy manual serves a compelling public purpose.

NOW, THEREFORE, BE IT RESOLVED BY THE ESCAMBIA CHILDREN'S TRUST OF ESCAMBIA COUNTY, FLORIDA:

Section 1: Recitals. The foregoing recitals are true and correct and incorporated herein by reference.

Section 2. Amendment. Escambia Children's Trust Policy Manual Part Two, Funding Community Organizations, Section I, Policies Pertaining to Funding Community Organizations, is hereby amended to create a Subsection 1.7, Direct Client Assistance Policy, as follows (words underlined are additions and words ~~stricken~~ are deletions):

1.7 Direct Client Assistance (DCA)

- a. Purpose. The purpose of this policy is to define allowable uses and reimbursement procedures for *Direct Client Assistance (DCA)* funds included in program budgets supported by the Escambia Children's Trust (ECT). DCA is intended to provide short-term, tangible support that directly benefits eligible program participants, reduces barriers to participation, or stabilizes family situations that would otherwise hinder a child's development, safety, or well-being.
- b. Definition. **Direct Client Assistance (DCA)** refers to program-funded goods, services, or financial supports provided **directly to or on behalf of a child or family** enrolled in an approved ECT-funded program. DCA expenditures must be **reasonable, necessary, and directly related** to achieving the goals and outcomes of the funded program.

c. Guiding Principles.

1. DCA is **not intended as ongoing income support** or to supplant public benefits available through other systems (e.g., TANF, SNAP, Medicaid).
2. DCA must be **clearly connected to the program's service plan and documented in the client's record.**
3. Provider should have an internal policy, consistent with ECT guidelines and policies, that applies to DCA expenditures, including appropriate purposes and uses for DCA expenditures, a system for dispensing and tracking DCA expenditures, and the individuals responsible for approving such DCA requests.
4. Provider's internal policy regarding DCA should also discuss the frequency and maximum amount in which clients can receive DCA. DCA cannot be awarded more than once per quarter per participant and/or family, whichever is most appropriate in the discretion of ECT's Executive Director. The Executive Director can approve one additional DCA dosage per participant and/or family, whichever is most appropriate, per quarter, and then the Provider must seek approval from the Board for additional dosage permissions.
5. Providers must ensure assistance is **equitable and consistent** across clients and supported by written criteria.
6. DCA should be **the least restrictive, most cost-effective** intervention necessary to meet the child's or family's immediate need.
7. To be eligible for DCA, the client must be currently enrolled in or receiving follow-up services subsequent to participation in an ECT-funded program.

d. Allowable Uses. Examples of allowable DCA expenditures include, but are not limited to:

1. **Basic needs support** (e.g., emergency food, diapers, hygiene products, formula).
2. **Transportation assistance** (e.g., bus passes, rideshare credits for appointments or program participation).
3. **Clothing or uniforms** required for program or school participation.
4. **Program participation costs** (e.g., fees for recreation, licensing, or certification required for youth programs).
5. **Educational or developmental materials** (e.g., books, school supplies, sensory kits, developmental tools).
6. **Child safety items** (e.g., car seats, pack-and-plays, safety locks).
7. **Health-related supports** not covered by insurance (e.g., eyeglasses, hearing aids, dental emergencies).

e. Unallowable Uses. The following are **not allowable** under DCA:

1. Cash disbursements directly to clients (unless approved by ECT in writing for a specific purpose).
2. Gift cards of any kind.
3. Payments for rent, utilities, or other recurring household expenses unless approved by the ECT Board of Directors.
4. Costs that primarily benefit staff or the provider organization.
5. Entertainment, gifts, or incentives not tied to program objectives.

6. Reimbursement for items or services covered by other funding sources or public programs.
 7. Retrospective payments for expenses incurred prior to program enrollment or outside of documented need.
 8. Fines, penalties, advance payments, deposits, restitution, or fraud charges.
- f. Documentation Requirements.
- a. Providers must maintain documentation sufficient to demonstrate:
 - Eligibility and enrollment of the client in an approved program.
 - Justification of the need for assistance and its connection to program outcomes, including proof that other community resources have been exhausted prior to DCA disbursement.
 - Proof of purchase (receipts, invoices, or vouchers).
 - Acknowledgment of receipt by the client or notation in reimbursement request.
 - Supervisor approval (if required by provider's internal policy).
 - b. All DCA expenditures are subject to monitoring and audit by ECT.
- g. Reimbursement and Reporting.
- a. Providers may claim reimbursement for DCA through the standard invoicing process using the *Direct Client Assistance* budget line.
 - b. Each claim must include itemized expenditures and supporting documentation, including but not limited to participant name, date, amount provided, supporting invoice/receipt, and efforts to secure funding elsewhere.
 - c. ECT reserves the right to deny reimbursement for unsubstantiated or noncompliant expenditures.
 - d. Aggregate DCA usage should be summarized in quarterly performance reports, including number of clients served and types of assistance provided.
- h. Review and Amendments. ECT staff will review this policy periodically to ensure alignment with programmatic goals and fiscal accountability standards. Updates will be recommended to the Board as necessary.

Section 3. Severability. If any section, subsection, paragraph, sentence, clause, phrase, or portion of this Policy is for any reason found void, invalid, unlawful, or unconstitutional by any court of competent jurisdiction, such portion shall be deemed a separate, distinct, independent, and severable provision such holding shall not affect the validity of the remaining portions of this Policy.

Section 4. Inclusion in the Policy Manual. It is the intention of the Escambia Children's Trust that the provisions of this Policy shall become and be made a part of the Escambia Children's Trust Policy Manual; and that the sections of this Policy may be renumbered or re-lettered in order to accomplish such intentions.

Section 5. Effective Date. This Policy shall become effective upon the date approval is granted

by the Escambia Children's Trust.

DONE AND ENACTED this 10th day of February, 2026.

By: Rex L. Northup, MD
Dr. Rex Northup, Chairman

ATTEST:
By: Lindsey B. Cannon
Lindsey Cannon, Executive Director