

LESSONS LEARNED

A Review of Our Regional Disaster Response

An Initiative of
Gulf Coast Community Foundation of Venice

Final Report • February 2005

EXECUTIVE SUMMARY

Hurricanes are equal opportunity disasters. They don't discriminate between shelters, hospitals, nonprofit agencies and empty buildings. They impact first responders and government employees. In the aftermath what matters most is what was planned before the crisis.

Personal relationships are the most valuable resource after a disaster. Trust and the knowledge of people and supplies outside the affected areas provided rapid response. Disasters are regional and the best plan is to have strong reciprocal relationships between counties and organizations.

The strongest plans have built in redundancies for meeting places, communication options, back-up facilities, shared personnel, shared transportation, etc.

Staff and volunteers for each organization can be severely affected and unable to respond while simultaneously volunteers and trained personnel from outside the area spontaneously appear and need to be registered and deployed. Developing procedures to manage volunteers in advance is critical.

Non-traditional communication is effective if people know where to look, where to listen, and where to gather – ahead of time. Media, especially radio, is an excellent resource for disseminating information. Radio phones, satellite phones, 211, and even websites enable communication when land lines, power and cell phones are out of service.

Identifying, sheltering and relocating special needs individuals (Hospice, mental health patients, non-English speaking, etc.) requires back-up locations and trained personnel. Regionally, special shelters must be identified and on call.

Mental health and human services organizations can form teams to address a variety of needs quickly and stand ready with “second responders” to provide services for long-term recovery.

After the surveys and sessions were completed, another issue arose and remains a challenge. Non profit organizations are frequently compensated only after services have been delivered. The storms interrupted their operations, yet few have business interruption insurance. Those revenues are lost, yet staff salaries remain, leaving many organizations facing budget shortfalls. Additionally, traditional insurance and FEMA payments have yet to be distributed, and that delay is causing cash flow shortages. Non profit organizations need to have a plan for business interruption.



INTRODUCTION

In the wake of hurricanes Charley, Francis, Ivan, and Jeanne, it is an understatement to say that our region's resources and resourcefulness were sorely tested by the worst concentration of natural disasters in U.S. history over the last 100 years. At the same time, example after example of neighbors helping neighbors emerged from the destruction inflicted on our communities by these disasters.

Now that the dust is finally settling after four hurricanes in less than two months, many disaster response organizations have asked what went right, what didn't work well, and what should change? This process is obviously both necessary and helpful. However, with the widespread effects of these disasters in mind, we also have a unique opportunity to reflect and share our lessons learned as a region.

In order to facilitate that reflection and share lessons learned, Gulf Coast Community Foundation of Venice, in partnership with government agencies, nonprofit organizations, and other local funders from DeSoto, Charlotte, Lee, Manatee, and Sarasota counties conducted a regional online survey as well as listening sessions in Charlotte, DeSoto, and Sarasota counties. Information from the survey was presented at the listening sessions as a guide for the discussion (complete survey results are available in the Interim Report at gulfcoastcf.org). The purpose of this report is to share information from both the survey and the listening sessions.

Through the survey and at the listening sessions, participants identified critical issues such as secure shelters, communication, and coordination with state agencies. This report divides these critical issues into four major sections: planning, responding, recovering, and rebuilding. Within each section, issues are examined, relevant survey results reported, and recommendations listed. Recommendations are the results of suggestions from participants. A list of all the recommendations – a quick reference guide for future planning – follows the last section.

PLANNING

Most participants were satisfied with their pre-season hurricane planning activities, though several noted that the scope and intensity of Hurricane Charley made plans insufficient. Some participants also noted that their plans were sufficient for just before and during a storm but not sufficient for long-term recovery.

Plan effectiveness results from the survey

In our region (DeSoto, Charlotte, Lee, Manatee, and Sarasota counties) 62% reported attending disaster training prior to hurricane season, with county, state, or at a conference.

In our region, 79% of organizations reported either having a written disaster plan or being part of a collaborative plan prior to hurricane season.

Some types of organizations were less likely to have a written plan or know if they had a written plan. For example, 60% of civic organizations, 45% of funders, 35% of faith-based, 31% of education, and 30% of arts and cultural organizations either did not have, or did not know if they had, a plan.

Participants generally had high levels of satisfaction with their plans. They expressed less satisfaction in getting information to the public, managing volunteers and donations, and resource support (defined as providing logistical or other resources to other organizations). This varied by county; participants from Charlotte and DeSoto counties were more likely to report dissatisfaction with the energy and shelter elements of their plans.

Planning suggestions from the survey and sessions

- Plans should be developed collaboratively and in coordination with other local agencies.
- Plans should address those areas identified in the interim report as particularly difficult: communication, coordination between organizations, shelters, and getting information to the public.
- Those without plans can use resources such as the Volunteer Center and the University of Florida to develop plans.
- Plans need to not only address being in an area of impact but also responding to nearby areas if they are impacted.
- Plans need to address people (staff and clients) as well as facilities.

RESPONDING

Throughout the listening sessions, it was clear that successful disaster response depended as much on relationships as on disaster plans. Participants shared example after example of successes attributable to people and resources outside the community:

- Sarasota County Health Department came to aid the Charlotte County Health Department.
- Emergency Operation Centers temporarily merged with the 2-1-1 Information and Referral system.
- Volunteer centers set up shop in surviving buildings, and highly trained and prepared faith-based groups from around the country came to help rebuild.
- Creating a coordinating agency in 48 hours.
- Connecting local volunteers with state responders to help locate houses when street signs and landmarks were gone.
- Providing staff with temporary childcare centers freeing them to respond to those in need.

“When systems break down, relationships matter.”

...LISTENING SESSION PARTICIPANT

Pre-season communication helped to build relationships; those relationships led to the connectivity that allowed for successes, such as those identified above, to happen. For example, in Charlotte County the Homeless Coalition had a monthly meeting of providers prior to the hurricane. After Charley, those agencies met and invited more agencies and organizations to create a network that grew from the initial group; the meeting expanded from word of mouth. United Way of Sarasota County had a relationship with United Way of Charlotte County and stepped in to help provide grants at those meetings to address nonprofit operational needs. Strong communication helped build relationships and connections which led to many successes.

Communication ⇒ **relationships** ⇒ **connectivity** ⇒ **success**

Critical response issues included utilizing volunteers, accessing outside resources, communicating, and coordinating.

Utilizing volunteers

Though this was an area where participants felt they could do better, overall, the coordination of volunteers worked although the number of volunteers was overwhelming. One volunteer agency reported mobilizing 2,500 volunteers in two days; it was reported to be the largest volunteer effort in U.S. history. Another first responder agency reported that the day after Hurricane Charley, 500 volunteers showed up. Clearly difficulties arose in coordinating the sheer number of volunteers between various volunteer coordination sites and agencies.

- *“We had trouble locating our trained volunteers as many had to leave the area.”* [DESOTO]
- *“Volunteers and supplies were offered immediately, but we were not organized to accept all this as quickly as they wanted to give.”* [CHARLOTTE]

Spontaneous volunteers (those who simply appeared on site with no training) emerged after the storm and many organizations did not have a plan for using them. Still other organizations could not find the volunteers already trained by their agencies.

Survey Results

38% of organizations had a system to process spontaneous volunteers
25% of volunteers were trained prior to the disasters
21% of organizations had pre-planned volunteer assignments

Organizations that had affiliated volunteers (those trained by the respective agency) had fewer problems with coordinating volunteers. Spontaneous volunteers were not always captured at the registration center either because they did not know to report at that location or they were unable to get to the center. This meant that some volunteers were not utilized. In addition, some volunteers were not welcomed by victims of the disaster because there was a trust issue of allowing an unknown, unaffiliated, and unregistered volunteer to “...grab a chain saw and start cutting.”

Others noted that during the first 72 hours, mainly local people respond. This means that local agencies need to be trained and ready.

Suggestions

- Train and affiliate local volunteers prior to hurricane season.
- Identify volunteer registration sites in advance and have backup locations.
- Create local processing sites and have backup locations.
- Use the media and state resources to direct spontaneous volunteers to registration sites.
- Be prepared for unaffiliated volunteers.
- Provide local Certified Emergency Response Training training.

Accessing outside resources

Getting help from outside the areas impacted, either through regional support or even national networks, was of great benefit.

- One participant noted, *“those areas NOT hit are the ones that need the organization in order to send people out to areas that ARE hit.”* [SARASOTA]
- Another noted that *“we are part of a denomination that interacted with local and regional church members, extending outside of Florida as well.”* [MANATEE]

Using out-of-area resources was particularly helpful for operational continuity. Some agencies out of the impacted area came in and ran local operations while staff worked to address their personal situations. This included health departments, firefighters, volunteer centers, search/rescue, and human service workers. In other cases, outside resources provided technical assistance such as how to set up a VOAD Volunteer Organizations Active in Disasters or even physical labor: A special forces team converted the DeSoto County Administration Building to an Emergency Operations Center.

Using outside resources had its challenges. For instance, in many affected areas street signs and other directional signs were destroyed and volunteers and workers unfamiliar with local roads simply could not navigate. Agencies dispatched local volunteers to assist those drivers. One organization created GPS maps with latitude and longitude identifiers to be used with handheld GPS devices.

Interfaith and faith-based groups proved critical to response and recovery, providing services such as tarping, repairing, and rebuilding. As one participant said, “they come in from out of the area and they know what to do.”

Suggestions

- Establish relationships with organizations in neighboring areas and include them in regional planning efforts.
- Know what resources the state and others can and will offer.
- Coordinate and/or conduct training with state agencies now.
- Identify national relief organizations that were active this year to contact in the future.
- Create regional recovery plans and frameworks.

Communicating internally

Most participants reported that communication with internal audiences was difficult. Some organizations were able to overcome barriers using satellite phones, ham radios, word of mouth, and touchtone or rotary phones.

- *“Communication was a major problem which made checking on pt’s (patients) in rural areas impossible. Phone service was very unreliable.”* [LEE]
- It was also *“difficult to communicate with employees who work in Sarasota County but live in Charlotte County. Local media focus was on Charlotte.”* [SARASOTA]

Efficiency and effective communication

- 63% Use cell phones or 2-way radios
- 52% Use the regular phone
- 42% Use online/email
- 27% Use outside volunteers or staff
- 23% Used calling trees effectively
- 26% Use Web sites to get information to the public
- 25% Reported cell phones and 2-way radios were out
- 25% Reported land lines were out
- 23% Reported they could not reach others even though they had phone service
- 21% Reported internet access was out

Many noted that the best way to communicate was to use the media, particularly – AM radio. As one participant noted, *“for two weeks, the primary source of communication was the radio.”* Some newspapers also provided free delivery to all residents in their circulation areas as another effective means for communication.

Communication suggestions

- Use 2-1-1 to communicate internally and externally.
- Provide local media with important information. Notify staff and clients in advance that this will be a communication source.
- Have a variety of options planned: cell phone, 2-way radios, battery phones, Web sites, calling trees, satellite phones, etc.
- Plan to conduct in-person visits with clients and staff, if necessary.
- Have a specified time and place for staff to convene.
- Find a way for family members to communicate with those in impacted areas.

Coordinating among responders

In the midst of personal loss, the way that communities pulled together and created quick solutions to coordination problems was remarkable. DeSoto County set up a VOAD within a few days with technical assistance from the state. Participants at the listening session noted that “once VOAD was up and running, churches and nonprofits coordinated very smoothly.” In Charlotte County, a provider network grew by word of mouth, after finding a place to meet that wasn’t damaged. One agency called the first meeting and “invited everyone: Federal Emergency Management Administration (FEMA), Interfaith, etc.” This gathering became a weekly meeting where providers could coordinate and access funds to help them become operational. Several participants remarked on how helpful these meetings were and their positive impact on improving communication, volunteers, donations, and resource support.

- *“Communication, both internal and external, was very stressful during that period. External communication was poor at the outset but later improved as the agency made efforts to be included in collaborative planning and did outreach to other agencies as well as the general community.” [CHARLOTTE]*

Faith organizations have a strong connection to their communities and were an asset in coordinating resource, volunteers, and services. In some cases just finding a physical location was difficult: when the Emergency Operations Center was damaged, or one never existed, responders often found churches where they could coordinate and organize.

Damage to hospitals created an unanticipated need for better coordination with physicians and other medical personnel. There was difficulty with family notification when patients were transferred among counties (due to changing or damaged shelters) and information often did not follow those patients who were transferred. Participants reported that each county had different procedures for handling these matters.

The Interfaith Interagency Network of Charlotte County (IINCC) is a nonprofit that has been set up for long-term recovery coordination supported by churches and local nonprofits. Participants report that IINCC is obtaining a shelter to store supplies and donations and to house volunteers. Currently, IINCC is providing case management training as preparation for door-to-door assessments. Participants at the listening sessions identified a need to know where they and/or their organizations could be used most effectively in responding to, and recovering from, a disaster; responders were often unsure of how and where they fit into the overall recovery effort. They wanted better coordination of their efforts.

Coordination suggestions from the survey and sessions:

- Have a standing post-disaster meeting time and location. Have a backup location as well. (i.e., meet at 2 p.m. the following day at location).
- Network with state agencies prior to hurricane season to understand what they will do, and when, and how.
- Include human services and mental health in state and local plans, and include those in organizational plans.
- Create consistent Emergency Operations Center procedures among counties, from patient notification to permitting.
- Establish EOC and Emergency Support Function (ESF) plans that can ramp up quickly.

RECOVERING

Recovering from the 2004 Hurricane Season proved challenging in several ways: shelter needs, continuity of services, and the personal impact on staff. The cumulative effect of multiple storms was a significant factor in all three areas.

Secure shelters

While shelters were an issue in surviving disasters, they are also part of the recovery and rebuilding process.

The survey participants noted many issues involving shelters, such as:

- Many old facilities are not up to code.
- Shelters moved frequently, causing confusion especially among elders and special needs residents.
- There was an unanticipated need for extended sheltering of special needs residents; facilities were prepared to provide shelter for 24-48 hours, not weeks. For instance, the extended use of a temporary 40-person Alzheimer's unit was a challenge for local staff, but support came from Tennessee, Tampa, and VA hospitals to help.

In many cases, providers couldn't find clients and patients as they were moved among shelters and hospitals (sometimes throughout the state). New shelters didn't get necessary paperwork and sometimes the first shelter didn't know that evacuees had been moved. DeSoto and Charlotte special needs residents had to be evacuated to schools in Sarasota, but then the schools reopened, displacing these individuals. In future disasters, this problem could grow worse. Some who provided shelter in facilities not designed for this purpose state they will not provide space again. They cite the wear and tear on their facilities as their reason for their decision.

Shelters also faced another issue: evacuees thought that they would stay 2-3 days in these facilities, but then learned that their

residences were completely destroyed, leaving them nowhere to go. Beyond 2-3 days, the shelter need became critical. In addition, when residents could go home, many had lost their support systems. Though hospital social workers developed discharge plans for special needs clients who were sheltered at an out of area hospital, many evacuees had lost contact with their physicians.

Finally, by the third hurricane, people were numb and developed an attitude of, "I'm staying here in my home - who cares?"

This attitude persisted because:

- There were not enough adequate shelters in 2004, a fact widely reported by the media.
- Driving long distances to unaffected areas was a problem for the elderly.
- Residents didn't want to leave their possessions unsecured in their homes.
- The tendency of a hurricane to quickly change its path, as happened in 2004, means it is difficult to identify an area that will be safe from the storm. It was widely reported that some people left their homes in areas that were ultimately unaffected by the hurricanes only to travel to areas that were hit.

Suggestions

- Have a regional sheltering plan with built-in redundancy for damaged shelters, multiple storms, and multiple-use facilities.
- Identify organizations and individuals who can address special shelter staffing needs (such as Spanish-speaking residents or Hospice).
- Bring local facilities up to building codes.
- Address long-term sheltering needs for evacuees.
- Address both short-term and long-term sheltering for special needs clients.

Continuity of services

Being able to provide both routine and special services was a challenge for many organizations as the infrastructure was gone. As one participant said, “The hurricane took out the infrastructure, and when the building moves, you can’t function.” For example, health providers needed to provide continuous daily medication for patients in facilities that were damaged and without power. During the crisis, a major goal was to get the nonprofits up and running so that they could begin to address needs created by disasters. Nonprofits needed space, computers, faxes, etc. In Charlotte County, there was a weekly meeting for nonprofits to access funds for this purpose with the United Way acting as the fiscal agent, helping to distribute \$5,000 - \$10,000 grants.

Another challenge in providing services was helping the migrant community from pre-storm to recovery. In addition to language barriers, many in the community are transient, making it difficult to reach them and to communicate vital information. Local providers used word of mouth to share information with this community. They also connected community leaders and known service providers with state agency representatives to increase trust.

Finally, some storm damage made logistics difficult. Gas was not available locally and it was difficult to transport people where they could get help. Not only were street signs gone, but also local landmarks. In Punta Gorda, street names were spray-painted on curbs to address this problem.

Suggestions

- Providers in counties and regions need to be prepared to address the needs of their areas, should they be directly affected. They should also be prepared to render assistance to those in surrounding areas that may be affected.
- Organizations need a continuity plan for how they will continue to provide services with damaged equipment, lack of power, or staff and volunteers who are impacted by the storm.
- Think regionally in developing continuity plans.
- Develop a facility plan for continuity of services so that if facilities are damaged, services can still be provided from another location.

Personal impact

In local organizations, staff were impacted personally by storms as well as by being responders. This complicated disaster response.

- *“Long term effects to staff who had personal losses made it difficult to maintain regular work schedules. Local resources helping in neighboring communities became cumulative, causing a domino effect back in their own community.” [SARASOTA]*

In addition, schools and child care agencies were closed, requiring many organizations to set up child care sites so their staff could serve the public. Listening center participants reported that the YMCA also helped by setting up temporary “kids camps” to meet this need.

Participants also noted that mental health issues for both staff and clients should have been addressed earlier.

- *“The cumulative impact on the mental health of staff and clients was and is an ongoing concern.” [SARASOTA]*

Local media report that four months later, people are starting to face mental strain; they have been exposed to a prolonged agitated and stressful state. There is no sense of normalcy, and they can’t meet their own basic need to feel safe and secure. Participants noted that the multiple hurricanes were emotionally and physically difficult. Even “new normal” routines are impacted as child care agencies and schools were closed or operated on changed schedules. Some participants reported going to food distribution sites, not because they needed the food, but for the human contact with someone else who had been through the same experiences.

Suggestions

- Have a long-term mental health plan for the community; include mental health in state and local disaster plans.
- Address human needs of staff and clients as well as the physical plant.
- Have staff trained who can respond to mental health needs after the disaster; have programs that can be implemented quickly.
- Consider partnering with other organizations to create teams that can address a variety of needs.
- Use the resources that are available; if contingency plans have been made, make sure that the community is aware of them and that they are implemented.

REBUILDING

Listening session participants noted the need to plan for 30-180 days post-storm. Critical long-term needs such as housing and employment need to be addressed. For example, after the third week, the major issue was dealing with insurance company adjusters, FEMA, and permitting. One participant identified a need for “second responders” to help with insurance processing, permitting, etc. This could be similar to programs that provide tax help to the elderly or have neighboring counties assist with the demand.

Participants noted that providers need to think about how they can adapt to new needs. How do you adapt what you do to new demands? They also noted that providers need to identify signs of mental and emotional stress.

One unknown is the overall impact of the disaster on the migrant community. Participants noted that the extent of the housing problem is not known as many migrant farmworkers did not return to the area this year since they knew the crops were damaged. Providers noted that housing is “going to be a bigger problem when they come back.”

While the listening sessions were positive – participants discussed strengths and successes as much as problems and challenges – there were serious concerns expressed about the regions’ ability to handle such large-scale disasters in the future.

“We won’t be recovered by next hurricane season.”

...LISTENING SESSION PARTICIPANT

Some noted that sheltering will be more challenging in the 2005 hurricane season as more residents are in mobile homes and trailers now, since their homes were damaged. There is also a fear that housing won’t be repaired by the time of the next storm, and that many special needs residents will still not have adequate housing. In particular, rural communities serve as evacuation sites for coastal communities yet they often lack the money to build needed shelters - and still remain vulnerable to storms.

In thinking about the future, participants noted a need for additional training and education. They indicated that while resources exist, efforts are “only as successful as people are willing to participate.” The elderly and working parents often can’t go out for a meeting, but they may use alternative training methods, such as TV and radio.

Recommendations

- Disaster preparation includes developing new methods for reaching residents with training and education.
- Create a system of “second responders” to help with the long-term recovery process.
- Address the transportation and language barrier needs of special populations.

Suggestions

Planning

- Plans should be developed collaboratively and in coordination with other local agencies.
- Plans should address those areas identified in the interim report as particularly difficult: communication, coordination, shelters, and getting information to the public.
- Those without plans can use resources such as the Volunteer Center and the University of Florida to develop plans.
- Plans need to address both being directly impacted and responding to nearby areas if they are impacted.
- Plans need to address people (staff and clients) as well as the facilities.

Preparing for Volunteers

- Train and connect local volunteers prior to hurricane season.
- Create local processing sites and have backup locations.
- Identify volunteer registration sites in advance and have backup locations.
- Use the media and state resources to direct spontaneous volunteers to registration sites.
- Provide local Certified emergency response team training.

Understanding what resources are available

- Create consistent Emergency Operations Center procedures among counties, from patient notification to permitting.
- Establish EOC and Emergency Support Function (ESF) plans that can ramp up quickly.
- Network with state agencies prior to hurricane season to understand what they will do, and when, and how.
- Coordinate and/or conduct training with the state agencies before hurricane season.
- Identify national organizations that were active this year to contact in the future.
- Create regional recovery plans and structures.

Communication options

- Learn how to use 2-1-1 to communicate internally and externally.
- Provide local media with important information, especially radio. Notify staff and clients that this will be a communication source.
- Have a variety of options planned: cell phones, 2-way radios, battery phones, Web sites, telephone calling trees, satellite phones, etc.
- Plan to conduct in-person visits with clients and staff if necessary.
- Plan for a specified time and place for staff to convene.
- Find a way for family members to communicate with those in impacted areas.
- Have a standing post-disaster meeting time and location. Have a backup location as well. (i.e., meet at 2 p.m. the following day at location.)

Addressing long-term human needs

- Include human services and mental health in state and local plans and include those in organizational plans.
- Address human needs of staff and clients as well as the physical plant.
- Have staff trained who can respond to mental health needs after the disaster; have programs that can be implemented quickly.
- Consider partnering with other organizations to create teams that can address a variety of needs.

Working with neighboring communities for a regional response and recovery

- Providers throughout the region need to be prepared to address the needs of their areas should they be directly affected. Should they escape a disaster, they should be prepared to render assistance to those in surrounding areas that may be affected.

- Organizations need a continuity plan for how they will continue to provide services with damaged equipment, a lack of power, or staff and volunteers impacted by the storm.
- Think regionally in developing continuity plans.
- Create a system of “second responders” to help with the long-term recovery process.
- Establish relationships with organizations in neighboring areas and include them in regional planning efforts.

Sheltering

- Have a regional sheltering plan with redundancy built into the plan – redundancy for damaged shelters, multiple storms, and multiple use facilities.
- Identify organizations and individuals who can address special shelter staffing needs (such as Spanish-speaking residents or Hospice).
- Bring local facilities up to code.
- Address long-term sheltering needs for evacuees.
- Address both short-term and long-term sheltering for special needs clients.
- Develop a facility plan for continuity of services so that if facilities are damaged, services can still be provided from another location.

How the report was created

Over 200 participants from a five - county region completed the online Lessons Learned survey. Most responses pertained to Sarasota County (44%), followed by Charlotte (22%), DeSoto (14%), Lee (11%), and Manatee (9%). The most common participant was from a human services or social services provider followed by local government.

Of the 216 participants, 85% were impacted by a disaster this season or provided disaster-related services. Those responding to the survey provided over 240 detailed comments across every section. These comments (edited for confidentiality) are available upon request.

Listening sessions were held in three counties on December 6th and 7th, 2004. Fourteen attended the DeSoto County session, 18 attended in Charlotte County, and 31 attended in Sarasota County. Participants were from non-profit agencies, county governments, state government, and first responders (fire, police, etc.). Rick Batyko, of Batyko Communications, facilitated the sessions. Participants were provided a copy of the interim report, then responded to specific findings from the report. Comments were captured to include in this final report.

**A special thank you to all the organizations and individuals
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the Lessons Learned online survey and community sessions.**

211 of Manasota, Inc.

American Red Cross of Sarasota County

Charlotte County Government

DeSoto County Government

Gasparilla Island Conservation and
Improvement Association

Sarasota County Government

Sarasota County Health Department

School Board of Charlotte County

School Board of DeSoto County

School Readiness Coalition of Charlotte
and Desoto Counties

The Funders Network

United Way of Charlotte County

United Way of Lee County

United Way of Manatee County

United Way of Sarasota County



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