

LOI Form

LOI

If you would like to complete this Letter of Intent in Word first and copy your answers over later, use the following link: [Download LOI](#)

The rubric that will be used to score your Letter of Intent can be found here: [Download LOI Rubric](#)

Please pay attention to character limits while working on your draft. These limits include spaces.

Organization Name*

Boley Centers, Inc.

Project Name*

Create a brief name for this large capital project. This is how it will appear throughout the PCF grant portal.

Celia Hall Ceiling/Truss/AC Repair and Boley's Your Neighborhood Store Lighted building sign repair

EIN*

59-1290089

Incorporation Year*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

1970

Organizational Mission Statement*

What is your organization's mission statement? This should be no longer than one or two sentences.

Mission: Boley Centers' mission is to enrich the lives of the people in recovery by providing the highest quality treatment, rehabilitation, employment and housing services.

Vision: Boley Centers' vision is to set the standard as an innovative leader for the services we provide.

Values: Boley Centers values respect, trust, and ethics in all our relationships.

Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no**

longer uses.

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. HOWEVER, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

EPVBLR4HA7R4

Annual Operating Budget Size*

Please provide the amount of your annual operating budget (expenditures only) for your entire organization.

\$19,515,000.00

Amount Requested*

The maximum grant amount is \$5 million. You may request up to 5% for grant administration, project management, and other indirect costs. Please be sure your indirect cost rate is represented in the figure you put below.

Note: You will be required to upload a more detailed budget if you are approved for the full application stage. You will need to also attach any bids, estimates, and agreements with contractors or other vendors in relation to the proposed project.

\$81,148.00

Does the total project cost exceed the amount your organization is requesting?*

Please note: Answering "Yes" will cause additional questions to load later in this application.

Examples

ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$150,000 for certain equipment, and will seek other funding and donations for the remaining \$20,000 of the playground. ABC Childcare would select "Yes" for this question.

Better Tomorrow, a mental health provider, is looking to expand their counseling center by two rooms to meet increased service demand arising from the pandemic. Better Tomorrow has secured \$25,000 in private contributions, and wants to request the remaining \$125,000 in this grant. Better Tomorrow would select "Yes" for this question.

DBE Food Pantry is seeking funding for a new HVAC unit for their pantry, and is requesting \$40,000 from PCF to cover the entire cost. DBE Food Pantry would select "No" for this question.

Yes

Parent Non-Profit/Subsidiaries*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

Request Specifics

Organization Programming Background*

Please describe the programming your organization offers to the community and the length of time it has been doing so. That is, what does your organization **do** and **how long** has it been doing it?

Boley Centers is a private, not-for-profit, organization that has provided critical services to citizens of Pinellas County for the past 52 years. Since 1970, Boley Centers has been providing case management, rehabilitation and treatment to people who are disabled and disadvantaged. Boley's Employment and Youth Services Program place over 600 disabled and disadvantaged people into jobs each year including 150 disadvantaged youth into paid internships each summer. Boley Centers' Supported Employment Program was recognized by the Dole and J.M. Foundations as being one of the 12 best community-based rehabilitation programs in the country for individuals with disabilities. We operate two employment training and placement programs for Veterans funded through the Department of Labor and have operated an Summer Youth & After School Youth Employment Program for since 2003. Boley has been part of the Pinellas County social services community for over 52 years making the agency an expert on accessing needed services for a variety of populations.

In addition to our array of services, Boley Centers is a leading developer of affordable housing developing over 1,000 units of permanent housing in Pinellas County, including over 265 units for individuals and families who have been homeless. Boley has received the Developer of the Year award from the Florida Supportive Housing Coalition. Boley Centers currently has 48 facilities which including 6 residential treatment facilities, a psychosocial rehabilitation campus, and permanent housing locations. Boley Centers use of psychiatric treatment & rehabilitation, supported housing, counseling, case management, and supported employment services has helped thousands of disadvantaged and disabled adults & families, including Veterans maintain stable housing and increase self sufficiency.

Boley is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and has an annual operating budget of \$19.5 million.

Community Need*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

Boley serves people with very low income and are disabled by mental illness and who may also have co-occurring substance use problems. We serve people who are homeless and affected by mental illness, veterans and high risk youth. With the exception of our Youth Employment Programs, 100% of the people we

serve have a disability and low to very low income. We provide Case Management, Community Treatment, Vocational Services, psychiatric and substance use treatment. We provide Permanent Supported Housing to people who have a mental illness and to people who are homeless and who have the highest vulnerability scores as measured by the Vi-SPDAT.

Foundation for a Healthy St. Petersburg clearly outlines the needs of access to affordable housing: In 2016, an estimated 940,000 residents lived in Pinellas County and approximately 130,727 lived in poverty (U.S. Census Bureau). Poverty has a disproportionate impact on persons of color in Pinellas County - nearly 31% of those living in poverty identifying as African-American, 21% identifying as bi- or multi-racial, and 27% identifying as "other race (U.S. Census Bureau)." In Pinellas County, the top 20% household income is 4.8 times higher than the lowest 20% (University of Wisconsin Population Health Institute & Robert Wood Johnson Foundation, 2018). Pinellas County ranks 26th out of 67 counties in the state of Florida for overall health outcomes. Housing instability and homelessness have been linked to an increased risk of depression and mental illness for adults and children over their lifetimes. Adults living in unaffordable housing are more likely to describe themselves as being in "fair" or "poor" health compared to individuals living in affordable housing. Research suggests that stable and affordable housing may help individuals living with chronic diseases, such as HIV/AIDS, diabetes, and hypertension, increase their rates of medical care, maintain their treatment regimens, and achieve better health outcomes.

Negative Economic Impact*

The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests.

1. Boley's bed utilization rates were reduced due to the need to social distance which reduced capacity and reduced our ability to draw down our contracts.
2. Reduction in capacity and services occurred due to lack of staffing. We experienced a high staff vacancy rate due to people taking less risky jobs and compounded by our inability to increase wages to a competitive level.
3. We experienced increased vacancies in our permanent supported housing because shelters closed their doors or reduced capacity which in turn limited referrals to our units.

4. We experienced vacancies in our maintenance positions which greatly slowed our ability to get units "turned" (ready for new occupants)
5. We have continued to have recruitment issues due to low wages, employee fear, employee absences due to COVID and resulting quarantines
6. Extreme inflation has increased the cost of operations with no off setting revenues
7. During COVID, we agreed to assist with the administration of COVID rental assistance dollars. While these funds did increase our total revenue for the organization, they were one time dollars and did not provide any administrative support to operate. We hired temporary staffing to successfully fulfill these much needed community rental assistance and relief programs.

Proposal Description*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your project proposal and address the following:

- What project will be undertaken with these funds?
- What is the estimated lifespan of the project/property improvement?
- How does it address the negative economic harm you described in the previous question?

We are requesting funding for two projects. Your Neighborhood Store is Boley's thrift store that provides Boley with unrestricted revenue to support our clients and programs, provides a protective workplace to our clients, and provides clothing and household items to our clients. The store is run on a shoe string budget with little funding for advertising. We rely heavily on signage to bring people into our store. Our storefront signage has not properly functioned in several years (only the word "HOOD STORE" is visible when lit) and our front awning is tattered and in need of replacement. We have not had the additional capital to repair these items and it negatively impacts the appearance of the store to the community and the reputation of Boley.

Celia Hall is a residential treatment facility that provides 24 hour residential care and supervision along with treatment and psycho-social rehabilitation to 16 people at any given time who have a mental illness and have been involved with the criminal justice system. It is housed in a building that Boley acquired around 1991 and it was a prior nursing home. The building has a long corridor and there is a drop ceiling through which the air conditioning ducts run. At the point where the air conditioning enters the building, a great deal of condensation has collected over the years. The insulation has worn away. This has resulted in an area of the ceiling/roof approx. 8 feet by 10 feet that has become sodden. The leakage has caused structural problems with the roof. At least one roof truss is soaked through and requires replacement. We suspect there may be more once the ceiling is opened and the trusses exposed. The duct work which is old (50 to 60 years) needs to be re-insulated throughout the building. The duct work will need to be cleaned of mold/mildew. The ceiling which is wet needs to be repaired. We have asked our GC to provide us with a "worst case" scenario cost work up/bid because there is no way to precisely assess the damage until work gets underway. This is a critical residential program that services a highly vulnerable and at-risk population in our community and very important that we provide a safe living environment with acceptable air quality.

Number Served*

How many people will directly benefit from this capital project annually?

24

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

Unduplicated: A client is counted once, regardless of the number of times they access services

Example: ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Unduplicated

Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital project.

Rent vs. Own*

Does your organization rent or own the property for which you are proposing modifications?

Note: Selecting "Rent" will cause more questions to load below.

Own

Guiding Principles - Client Impact*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term "equity" is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

Will this project benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?

Boley Centers serves all low and very low income households (100% below 60% AMI) who also have disabilities -- all individuals (100%) will have a severe and persistent mental illness. Households have the head of household affected by mental illness. Our housing units also serve some households who are victims of domestic violence, but these residents will also have a mental illness.

The residents of housing provided by Boley Centers and Pinellas Affordable Living, Inc. all (100%) have incomes at or below 60 percent AMI with the majority having incomes below 35% AMI. The majority were homeless prior to entering PAL housing.

Boley Centers serves all individuals in need of our services. We do not discriminate or deny services to anyone because of the color of their skin, their race, religion, their sexual identity, or their income. Boley Centers serves Pinellas County's most vulnerable citizens.

Community Connection

The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link:

https://www.huduser.gov/portal/sadda/sadda_qct.html

In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

Below, please provide the location of your operations and the location of your headquarters, if different.

Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>

445 31st Street N, St. Petersburg, FL 33713

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

No

Project Location*

Please provide the address or intersection where the property being modified is.

815 7th Ave S, St. Petersburg, FL 33701

QCT Determination - Project*

Is this organization's project in a QCT?

No

QCT Impact*

PCF understands that just because a project may not be located in a Qualified Census Tract, those who reside in one may access your services and may come to the location where your organization's project will take place.

- If applicable, please describe if you have clients that reside in a QCT as indicated on the map linked above, and the proportion of your clients that come from these areas.
- If your organization does not serve clients from a QCT, you can write "Not Applicable" below.

The residents of Celia Hall prior to accessing this permanent supported housing, lived throughout Pinellas County. All (100%) have incomes at or below 60 percent AMI with the majority having incomes below 35% AMI. 100% of the residents have a disability.

QCT Determination - Clients*

Does this organization's project benefit residents of QCTs?

No

This section aims to capture general demographic data about your organization and to see how you engage with and represent the community you serve. PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

Community Representation and Connection*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

Boley Centers provides services, housing and treatment to people affected by disabilities with low income. Pinellas County residents demographic break down is 82% White, 11% Black, 11% Hispanic, 4% Asian, 2% 2 or more races. Boley's staff are 46% Black, 46% White, 1% Asian, 1.6% 2 or more races. Boley's clients are 35% Black, 56% white, .7% Asian, 3.7% multiracial, 4% other. We do not collect data regarding LGBTQ+ or Neurodiversity. Our housing is found throughout Pinellas County from North Clearwater to South St. Petersburg. We have been a social service agency in Pinellas County since 1970 and our staff have close formal and informal working relationships with our fellow social service agencies. We work together to coordinate services and to ensure the clients receive the services they need from the most appropriate service provider in the area. We have been members of the local homeless coalition since its inception in the 1980s, we work closely with the local mental health agencies Directions and Suncoast, we have close working relationships with Day Star, HEP, Evara (formerly Community Health Centers) St. Vincent de Paul, Salvation Army, local churches, local veteran organizations and organizations that provide services/supplies to children such as Baby Cycle and Santa's Angels. We manage 110 HOPWA vouchers and therefore work closely with Metro Wellness and Community Centers, EPIC, Catholic Charities and other agencies providing services to people with HIV/AIDS. Our outreach is focused based on the populations we serve, with our Youth Employment Programs reaching out to the local school systems, our group homes reaching out to local psychiatric hospitals and the jail, and out homeless outreach staff working with the HLA's Coordinated Entry and local shelters and the VA.

Leadership Demographics - CEO/Executive Director*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

None of the above

Leadership Demographics - Executive Level Leadership Team*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC
LGBTQ+

Leadership Demographics - Board Membership*

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC
LGBTQ+

Cost Difference

Estimated Total Project Cost*

Please specify the total cost of this capital project.

Example: ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$20,000 for certain equipment, and will seek other funding and donations for the remaining \$150,000 of the playground, for a total project cost of \$170,000. ABC Childcare would put \$170,000 below.

\$81,148.00

Cost Difference*

How does your organization plan to cover the cost of this project beyond the amount requested in this LOI? Please also specify if your organization can carry out the potential ARPA-funded portion of this project without other funding being secured.

In the event the actual costs exceed the expected cost at Celia Hall Group Home (which we suspect will happen) Boley Centers will pay the additional costs by asking for a loan from the Bessie Boley Foundation along with any available reserves.

Financial Overview

Budget Summary*

Please provide a brief sketch of the categories of expenses and the costs needed for your project. If your organization is requesting compensation for indirect costs, be sure to note the percentage (up to 5%) and dollar amount below.

If you are invited to complete the full application, you will be asked to upload current verifiable bids, proposals, price lists [from your potential vendor(s)] from the past 60 days. If a contractor has already been selected for a

construction project for which you are requesting funding, you will need to upload their bid. You are strongly encouraged to collect any remaining bids, proposals, and price lists shortly after submitting this LOI.

Updated price with HVAC costs, plus a little shoring if needed. Project will take 45 days, but not all of that will be productive – there will be some wait time between measuring and ordering the duct.

500	Asbestos Report
400	Mold Report
1,500	Structural Engineer
350	Shoring
12,000	1 Month General Conditions
2,500	Asbestos / Mold Removal Allowance
10,000	Rough Carpentry Allowance
25,620	HVAC Do Not Exceed
52,870	Subtotal
10,500	GC Fee
10,000	Contingency
73,370	Total

Thrift Store Signage
Sign Update Options:

Replace face on LOGO = \$1,765
Retrofit LOGO & “NEIGHBORHOOD STORE” from neon to LED = \$2,610
Recover & Reinstall Awning = \$3,403
Total : \$7778
Standard terms apply.

Project Preparedness*

If your letter of intent is approved, you will have 30 days to submit a full proposal. This will require multiple estimates/bids for your project that detail the costs you've sketched out above from potential contractors that would do the actual work.

Where are you in the planning process for the implementation of this project? Please describe your organization’s readiness for this project including your ability to collect bids and select contractors and/or vendors. **If you have already selected a contractor for the project, you will need to describe how that contractor was chosen.**

Example

Better Tomorrow has spoken with contractors about their counseling center expansion project, but has only sought one proposal from a contractor. Better Tomorrow would describe so below, having sketched out the costs in the previous question. Better Tomorrow would indicate its plan to obtain more quotes/bids upon submitting this LOI.

Community Arts 'R Us has begun construction on its new arts center, as it had secured 75% of the funding for it before the pandemic. Therefore, a contractor has already been selected, and is looking to obtain the funding necessary to complete the project. Below, Community Arts 'R Us would explain it has a cost proposal ready to

upload from their selected contractor, and is ready to carry out the rest of the project if funding is awarded.

We have one bid for the store awning and lighted signage and we are currently working on getting a second bid. We will be ready to move on the repairs when funding is available. The Celia Hall ceiling/air conditioning project is complicated and our general contractor has assessed the project to the best of his ability. We have requested that he bid this as "worse case scenario" because the extent of the repairs may not be apparent until we get under the dropped ceiling and see what the situation is. Due to the complicated issues surrounding the project and the inability to predict the complexity of the project it is our preference to work with Bades Construction as a sole source. We have a long history of completing projects with Bades and they have become a valued member of our development team for our construction projects. We are ready to start on this project if funded, as soon as funding is available. This is an issue that affects the health & safety of staff and clients and Boley is committed to completing the project through alternative funding (loan) if necessary, to get the issue corrected.

Other Funding Sources*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this project. This includes but is not limited to Community Development Block Grants (CDBG), local government grants (including Tourist Development Council funding), foundation grants, and donors (you do not need to disclose donor identities, simply amount raised that is allocated to this project). This includes any matching grants or in-kind contributions you may have obtained.

If none, please write N/A.

NA

Changes in Operating Costs*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this project **decreases** ongoing operating costs, how will it do so?
- If this project **does not affect** operating costs, please note so below.

This project is not expected to affect operating costs. It may decrease operating costs by cutting utility costs with a newly insulated ducts.

Fund Management Capacity*

Please describe your organization's capacity to manage these potential ARPA funds in terms of fiscal management and financial infrastructure.

This includes, but is not limited to, the use of accounting software that can track a general ledger and multiple accounts and the ability to work on a reimbursement-basis.

The inability to handle a reimbursement-basis grant does not disqualify your organization from applying.

Boley Centers uses an electronic health record to keep track of patient and billing records. This system includes billing reports and produces HIPAA compliant standard transactions for billing purposes. The accounting department manages the financials via Microsoft Dynamics (Great Plains). Financial Statements

are prepared in accordance with accounting principles generally accepted in the US; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement. As a Non-Profit receiving federal funds and expending more than \$750,000 in federal funds in a year, Boley undergoes a Single Audit each year by their external CPA firm. There are financial policies and procedures in place designed to influence and determine all major decisions and actions within the boundaries set by them.

Additional Information

Additional Upload

If you have something else to share, you can upload it here in PDF format.

Please note: Due to limitation of this grants system, the upload field will not carry over to the full application if you are moved forward to the full application phase. You will need to upload this file again if you are moved forward in the process.

Anything else to share?

If you have any details to share regarding this grant request, you may do so below.

File Attachment Summary

Applicant File Uploads

No files were uploaded