

# Application Form

---

## *Introduction*

---

**NOTE: If your organization is awarded a grant, it is likely to be issued on a cost-reimbursement basis. Please consider this when developing your request and project start date.**

Submission of an application is not a guarantee or commitment of funding. This application will be made public, in its entirety, including any attachments or uploads.

To see the rubric by which your organization's application will be scored, [click here](#).

**Please answer these questions FIRST**, as the application will show you the required sections and fields to complete based on your answers.

### Priority Funding Areas\*

Please select the priority area(s) most relevant to your request (see the PCF website for examples).

Behavioral Health

### Reimbursement\*

The Pinellas CARES Nonprofit Partnership Fund allows requests to ask for reimbursement of expenditures related to COVID-19 programming within the Priority Funding Areas that took place between March 1, 2020 and the time of application.

Will your organization be applying for this cost reimbursement?

No

### Future Programming\*

Will your organization be applying for funding for services to be delivered between the grant award decision and December 30, 2020?

Yes

### Project Name\*

Parasol of Hope

### EIN\*

45-2780019

### DUNS Number\*

Please provide your organization's DUNS number. This is the Data Universal Numbering System.

You can search for your DUNS number here: <https://www.dnb.com/duns-number/lookup.html>

If you do not have a DUNS number, you can apply for one here (it is free and may take 3-4 days for approval): <https://www.dnb.com/duns-number/get-a-duns.html>

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

867688272

### Mission Statement\*

To equip, empower, and encourage women to live an independent and fulfilling life.

### Total Operating Expenditure\*

What are your total annual operating expenses?

\$26,714.00

### Amount Requested\*

Please review the entire application and its fiscal requirements before determining the total amount your organization will be requesting. This amount should include any reimbursements your organization is seeking for past COVID-19 programming.

Typical funding requests will range between \$25,000 and \$250,000. Amounts above and below are accepted, provided the request can be justified by community need.

**Requests at the higher end, or above this range must have a significant and sustained impact on the vulnerable community being served. Your organization's capacity for spending a large amount of funds must also be justified.**

\$21,752.95

If you are requesting more than \$250,000 or a large capital expenditure, please speak with PCF program staff to discuss the feasibility of your request **PRIOR TO submission**.

### Priority Populations\*

Please select the priority populations your programming will serve:

Note: Examples of "high-risk pandemic response jobs" include front-line workers, nurses, medical housekeeping staff, nonprofit employees, law-enforcement and medical first responders.

- Communities of color
- People experiencing homelessness
- Persons employed in high-risk pandemic response jobs
- Persons with disabilities

### Guiding Principles\*

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.

**From the priority populations you have indicated above, please explain to what extent one or more these populations are involved in the creation, design, and impact of your organization (or this specific project).**

Caring for Girls Academy (C4G) was formulated in 2011, focusing only on female adolescent's issues. Adolescents attend enrichment workshops to express their feelings on tough topics in a safe space and volunteer to participate in community projects. C4G also participates in RAINN (Rape, Abuse & Incest National Network) activities to educate the community about the prevalence of sexual abuse and provide victims an opportunity to share their experiences. We serve adolescents but it became important to expand our services to include adults. Parasol of Hope (POH) is a transitional home, our program services include counseling and case management component. POH provides safe housing for 10 women that are at risk of or have been subjected to violence on the streets. POH provides protection, services, and resources which enable women who have experienced abuse to recover from the violence, to rebuild self-esteem, and to take steps to regain a self-determined and independent life.

### Length of time operating program/project\*

Please briefly explain how long you have been operating the program or project for which you are requesting funds. **This funding is for expansion of existing programming or sustaining an existing expansion to meet community needs.**

Parasol of Hope (POH) was created in 2018, a program expansion of C4G. POH is a transitional home that provides a safe and sober environment for homeless single females 18 years and older in Pinellas County.

### Service Area\*

In which areas of the county do you physically provide services?

South County (locations such as St. Petersburg, Lealman, Kenneth City)

### Impact on Organization\*

What has been the impact of the coronavirus/COVID-19 on the services of your organization? (Example: inability to provide enough food, unable to provide behavioral health sessions, lack of volunteerism, etc.)

Coronavirus/COVID-19 impacted our ability to provide stable housing due to a lack of behavioral health services. Before COVID 19 in April, Caring For Girls served 9 participants in the home. We receive referrals from various agencies such as Westcare, Safe Harbor Shelter, Women's Residence, Suncoast Mental Health Center, and The Well. However, due to, the COVID19, Stay at Home Order, and CDC guideline, the referrals stopped coming. At the end of April, 2 participants moved out successfully, 1 was Arrested and 1 participant was asked to leave the home due to, physically fighting another participant, decreasing our number to 5 participants. Due to, increased arguing, defiant behaviors, and poor communication it was evident that Caring For Girls needed to provide in-house therapy to participants to improve negative behavior. The COVID-19 pandemic and the resulting economic recession has negatively affected many people's mental health and created new barriers for people already suffering from mental illness and substance use disorders. Caring For Girls participants reported COVID 19 negatively impacted their mental health and wellbeing by having difficulty sleeping, poor concentration, increased alcohol consumption, and worsening chronic conditions, over the coronavirus. Two of the participants were waitresses and lost their jobs, which increased anxiety levels in the home. We were able to connect with a therapist and secure 3 hours a week for face-to-face counseling. A therapist donated three hours per week of her time to meet with the 5 participants in the home. With assistance from the therapist; participants were able to develop realistic short term goals and addressed irrational thought that influenced poor behaviors. Because of the therapist providing behavioral health services, we stabilized participants' behaviors and add 3 more participants.

## *Fiscal Accountability*

### **Federal Fund Disclosure\***

**If your organization is awarded this grant, you may be considered a subrecipient of federal funding. THEREFORE, if you are deemed a subrecipient and your organization reaches a threshold of having spent more than \$750,000 in federal funding this fiscal year (this INCLUDES other federally funded programs), it will be subject to requirements of the Federal Single Audit Act. This will require your organization to comply with Federal Compliance Requirements and may necessitate additional expenses for your organization and you should prepare for this.**

**It is advisable that you contact a certified public accountant (CPA) or other professional for guidance.**

Yes, my organization understands and assumes all liabilities/costs in regards to federal funding.

### **Audited Financial Statements\***

Does your organization routinely contract to have an audit conducted of its financial statements?

No

### **Most Recently Filed IRS Form 990\***

Please upload a copy of the organization's most recently filed IRS Form 990. **This is absolutely required.**

990n POSTCARDFOR2019.pdf

## Board-Approved Budget\*

Please upload your most recently board-approved budget for this fiscal year in PDF format.

Board Approved Budget 2.pdf

## *No Audited Financial Statements*

---

### Explanation for Lack of Audit\*

Please briefly explain why your organization does not annually have an independent audit conducted. If you have any documentation, such as financials statements, or a letter from a CPA explaining the lack of an audit, you may upload it here in PDF format.

Caring For Girls is a small non-profit and the cost of an audit is cost-prohibitive.

## *Expansion or Sustaining of Exact Programming Funded by Another Source*

---

### Existing Contract

If you are applying for funding to expand and/or sustain COVID-19 response programming that has already been funded by another source, please upload that contract here and provide a brief description of the funding source and relationship with the funder. Please note that any costs funded by another source are not allowed to be included in this application. Only the costs that are required to expand or sustain programs in excess of that funding will be considered for the purposes of this application.

Caring For Girls does not receive funds from another source, and there is no current contract.

## *Funding and Usage*

---

### Client Service Delivery\*

Briefly describe the services to be delivered under the programming for which you are requesting funding. Please include when and where the services will occur, how the target population will access the services, and the length of time the services will be provided. **Please specify the zip codes of participants. If not available, specify the zip codes of service delivery points.**

This funding will enable Caring for Girls to continue providing behavioral health services, to 8 economically challenged homeless single females, age 18 and older. Caring For Girls provides housing up until one-year and behavioral health services to single females. Caring For Girls is located within 33711 zip code and service all of Pinellas County. A licensed or non-licensed therapist will provide weekly face-to-face therapy to 8 participants living in the home to address goals and irrational thoughts. The therapist will take her temperature upon entering the home, maintain 6ft between the two, and wear masks during each session.

Each participant will complete an Outcome Measurement Assessment in the initial session and every 30 days of service. Additionally, Telehealth services will be provided to 50 individuals until the COVID positivity rate in Pinellas County reaches 5% or less (CDC guidelines) for 14 days. Once it's safe for therapists and clients we will provide both telehealth and in-home sessions. Telehealth services will be provided from a private room at the house

## Communication/Outreach and Community Engagement Efforts\*

In what ways is your organization marketing and communicating its available programming to the community it serves? How will you ensure that your target population is aware of your services and utilizes them?

Caring For Girls created flyers/bouchers which provides a vision and briefly describes program and services. We personally delivered flyers to homeless individuals in the parks, bus stops, and to selective conventant stores. Staff, Interns, and volunteers make phone calls to related agencies to share information during the church meetings, AA and NA meetings, Baypines Veterans Hospital, Mental Health and Substance Facilities, St. Vincent DePaul, and at West Care. We advertised our program at community meetings and local churches.such as the Wrap Around Meeting and Black Health Alliance Meetings.

## Hurricane Preparedness\*

If a hurricane-related emergency were to strike Pinellas County this year and cause an interruption in your organization's normal programming, how would you return to offering the programming, and continue to spend awarded funds from this grant?

**There is an expectation that your programming will be able to continue in the event of a hurricane-related emergency.**

*If your organization has a COOP (Continuity of Operations Plan), you may upload it here instead of providing a text answer. You may redact sensitive information from your organization's COOP.*

We provide in-home or/and telehealth counseling. We are connected to community partners and could network with churches, service organizations for a location in an emergency. We are flexible with location as long as it is a confidential area.

## Evidence of Insurance Coverage\*

Grantees of the Pinellas CARES Nonprofit Partnership Fund will be required to maintain appropriate insurance to cover the services proposed in this application. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance policies that cover the programming for which your organization is requesting funds.

**If there is no insurance coverage for this programming, please provide an explanation as to why.**

Caring For Girls is a small non-profit and the cost of an audit is cost-prohibitive. However, if the grant is awarded we will purchase insurance for this program.

### Insurance Requirement\*

If you are awarded a contract for the Pinellas CARES Nonprofit Partnership Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance. If you would like to begin this process now, please contact your general liability insurance carrier.

Here is the information for your carrier:

Pinellas Community Foundation  
17755 US Highway 19 N  
Suite 150  
Clearwater, FL 33764  
727-531-0058

Please check the box below to indicate that you understand and will be able to comply with this requirement.

Yes, I understand this requirement.

The Budget Summary and Budget Narrative sections are absolutely critical to a successful application. Improperly completed forms will be returned to you to fix, and will delay a funding decision being made on your application. Please see the examples in each section. To avoid rejection of your organization's application, PCF HIGHLY recommends you watch this short, instructional video as well: [Budget Narrative/Summary Instructions](#)

**Update as of 9/25/2020:** Due to new U.S. Department of the Treasury guidance, the CARES Act does not cover *any* administrative or indirect costs. The Budget Narrative and Summary have been updated. CFO, CEO, and other types of "administrative" time must be documented as a **direct cost on an hourly basis** under Personnel or Contracted Services. The above webinar will be updated shortly.

If your organization is awarded a grant, it is likely to be issued on a cost-reimbursement basis. Please consider this when developing your budget narrative and summary.

**Note about Hazard Pay:** Hazard pay will not automatically be approved as a budget item. Hazard pay is only for hazardous duty or work involving physical hardship, in each case that is related to COVID-19. Much of the immediate hazards of COVID-19 can be mitigated by appropriate use of PPE and/or regular sanitizing of spaces.

**The threshold for approval of hazard pay is high. It is best that you inquire in advance of adding this to a budget in your grant application.**

If you would like to use a unit of service cost as a basis for your budget, you **MUST** contact Pinellas Community Foundation program staff **FIRST** to discuss this possibility.

## Budget Summary\*

Please download the budget summary template **HERE** and complete it. **If you have selected multiple Priority Fund Areas, you should include ALL costs in this summary.**

**Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.**

**CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET SUMMARY.**

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Summary-Grant b.pdf

## Budget Narrative\*

Please download the budget narrative template **HERE** and complete it.

**The budget narrative needs to do more than define the expenses. It should clearly state what is going to be paid using CARES funds and then justify the expenses as a program expansion (or sustaining an already expanded program) as a result of COVID-19. Do not bold, underline, or italicize. Use dollar amounts that match your Budget Summary.**

**If you have selected multiple Priority Fund Areas, you should include ALL costs in this narrative.**

**CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET NARRATIVE.**

**Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.**

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Narrative-Grant b.pdf

## Capital Requests

If you are requesting funding for capital expenses, please upload bids/estimates/rental agreements to match the expenses described in your budget summary and narrative.

Please upload in PDF format.

*[Unanswered]*

Logistical partner organizations (LPOs) are considered to be a critical part of service delivery strategy for this grant program, and using them is highly encouraged. Typical LPOs are:

- Grassroots organizations with small annual operating budgets (under \$50,000)
- Churches and other faith-based organizations
- Neighborhood associations
- Social organizations/collaboratives
- Resident councils in low-income house communities
- Neighborhood family centers
- Senior centers

Their essential role is to serve as outreach, information, referral and service delivery sites for food distribution, legal aid counseling to prevent evictions and behavioral health services, consistent with the three priority need areas in the grant specifications.

### Are you going to use LPOs in this programming?\*

Yes

## *Logistical Partner Organizations (LPOs)*

---

### LPO List\*

Please upload a list with entity names and primary contact information for each LPO. If there is additional information to provide, do so in the text box below.

LPO List.docx2.pdf  
See attachment

### Role in Programming\*

Please describe the role(s) of specified LPOs in the programming proposed in this application.

Westcare Foundation Is a participant referral source  
Well for Living will provide contract therapists  
Safe Harbor Shelter Is a participant referral source  
St. Vincent de Paul Cares Is a participant referral source  
Pinellas County Homeless Leadership Alliance Is a participant referral source

## *Behavioral Health*

---

This grant will require weekly reporting on the following measures:

- Number of individuals receiving **COVID-19-related behavioral health services** by in person, telehealth, or telephone by zip code of participant or service delivery point (participant zip code is preferred)

This grant will require monthly reporting on the following measures:

- **Percentage of target met** of the projected number of people receiving **COVID-19-related behavioral health services** by in person, telehealth, or telephone.
- **Monthly Progress Rate** as defined by your measurement and methodology specified below

### **Affirmation of Reporting\***

I affirm that my organization is capable of providing weekly and monthly reports on the above measures.

Yes

### **Measurement - Behavioral Health\***

The Pinellas CARES Nonprofit Partnership Fund understands that behavioral health involves several dimensions of clinical need and organizational infrastructure.

For the purpose of this grant, applicants are asked to select **ONE** robust measure of progress that can be validly measured on a monthly basis. Please describe the instrument that you are going to use and how the results are interpreted to indicate progress.

Caring For Girls selected Outcome Questionnaire -45.2 (OQ) to measure participant's behavior and will be able to detect suicide, substance abuse, and workplace/school violence.

OQ Measures helps mental health professionals improve treatment effectiveness by providing valid, reliable patient-reported outcome measures. Total scores of 64 reflect increased distress related to experiencing a high number of symptoms, interpersonal difficulties, and decreased satisfaction and quality of life. Scores ( $\geq 37$ ) indicate subjective discomfort related to intrapsychic symptoms of depression, stress, and anxiety. IR Scores ( $\geq 16$ ) reflect problems in interpersonal relations scores ( $\geq 13$ ) that indicate dissatisfaction, conflict, distress, and inadequacy in the performance of tasks related to employment, school, family roles and leisure life.

### **Methodology\***

Please state how you will define and document a **monthly** Progress Rate for all clients in the program based on the selected behavior change measure(s) specified above.

**Monthly Projected Progress Rate (%):** Using the definition of progress described above, project the percentage of progress achieved on a monthly basis.

OQ@-45.2 measures functioning in 3 domains, enabling clinicians to assess the functional level and change over time Symptom Distress (heavily loaded for depression and anxiety), Interpersonal Functioning, and Social Role. 58 participants will complete OQ-45 at the beginning of the initial session and monthly. You can use the subscale scores to identify and target particularly problematic areas as a focus of treatment.

These three areas of functioning suggest a continuum covering how the person feels inside, how he or she is getting along with significant others, and how he or she is doing in important life tasks, such as work and school. Estimates of agreement between measures classification of patients as meeting criteria for clinically significant change averaged 65%. Reliable Change Index is the amount by which a client's total score must decrease by 14 points to be considered clinically significant. Caring for Girls would define progress as showing 90% of scores lowering, by 14 points.

### Number of Clients Served During Grant Period - Behavioral Health\*

This grant period ends on December 30, 2020. Please estimate the number of clients that will be served for **behavioral health** by the end of the grant period.

50

### Estimated Percentage of Progress - Grant Period\*

Please estimate % of progress on the proposed measure during the grant period.

90

### September Projections - Number Served - Behavioral Health\*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **September 2020**.

0

### September Projections - Progress Rate - Behavioral Health\*

Please project an estimated progress rate for your clients **for September 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

0

### October Projections - Number Served - Behavioral Health\*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **October 2020**.

0

### October Projections - Progress Rate - Behavioral Health\*

Please project an estimated progress rate for your clients based **for October 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

0

### November Projections - Number Served - Behavioral Health\*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **November 2020**.

25

### November Projections - Progress Rate - Behavioral Health\*

Please project an estimated progress rate for your clients based **for November 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

90

### December Projections - Number Served - Behavioral Health\*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **December 2020**.

25

### December Projections - Progress Rate - Behavioral Health\*

Please project an estimated progress rate for your clients based **for December 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

90

## *Funder Involvement*

---

### Which of the funders have provided a grant to your organization within the last three years?\*

None of the above

### Other Funding Sources

If your organization has submitted applications to other funders or has received funding in response to coronavirus/COVID-19 from another funder, please briefly describe below:

Small Business Administration loan application to cover rent. Total granted= 9,500. Loan has not yet been forgiven.

### **Corrective Action\***

Is your organization currently under a corrective action agreement with any funder (including but not limited to those listed above)? If yes, please explain in detail, including the status of the corrective action. If no, state **No**.

No

### ***Confirmation***

---

#### **Signature and Affirmation\***

By submitting this application, I hereby swear that executive leadership is aware of this request for funding, and if this funding is approved, my organization will be able to use these funds in the manner described in the application.

**Please type your name as an electronic signature and the date on which you are submitting this application.**

Shari D. Hooker

## File Attachment Summary

---

### *Applicant File Uploads*

- 990n POSTCARDFOR2019.pdf
- Board Approved Budget 2.pdf
- CARES-Partnership-Fund-Budget-Summary-Grant b.pdf
- CARES-Partnership-Fund-Budget-Narrative-Grant b.pdf
- LPO List.docx2.pdf

Department of the Treasury  
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2019

Open to Public Inspection

A For the 2019 Calendar year, or tax year beginning 2019-02-01 and ending 2020-01-31

## B Check if available

- Terminated for Business  
 Gross receipts are normally \$50,000 or less

C Name of Organization: CARING FOR GIRLS ACADEMY INC4558 CORTEZ WAY S, ST  
PETERSBURG, FL, US,  
33712

D Employee Identification

Number 45-0911928

## E Website:

F Name of Principal Officer: SHARI HOOKER4558 CORTEZ WAY S, ST  
PETERSBURG, FL, US,  
33712

**Privacy Act and Paperwork Reduction Act Notice:** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

**Note:** This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

# Parasol of Hope

## Board Approved Budget

Fiscal Year April 8, 2020

<b>Expenses</b>		
Accounting	0	
Advertising	0	
Assets Small	0	
Bank Charges	0	
Clothing	0	
Depreciation	0	
Electricity	2,294	
Hire of Equipment	0	
Insurance	0	
Interest		
Miscellaneous		
Office Supplies	131	
Postage and Printing	0	
Rent	15,000	
Repairs and Maintenance/Alarm	0	
Stationary	0	
Subscriptions	0	
Telephone	0	
Training/Seminars	0	
Wages/Stipend	0	
Lawn Care	0	
Water	203	
Cable	167	
Storage	0	
Refund	0	
<b>Total Expenses</b>	<b>17,795</b>	



Pinellas Community Foundation  
 Pinellas CARES Nonprofit Partnership Fund Application  
**BUDGET NARRATIVE FORM**

**BRIEF INSTRUCTIONAL VIDEO – CLICK LINK - <https://youtu.be/s5kkxsaQkCg>**

**If you are applying under multiple funding areas, please indicate which funding area (food, behavioral health, and/or eviction mitigation through legal aid) each cost belongs to.**

**This narrative is to explain the costs in the Pinellas CARES Grant Column of the Budget Summary**

Organization Name: Caring For Girls Academy  
 Project Name: Parasol of Hope  
 FROM (month/year): 11/20 TO (month/year): 12/20

**ALL DESCRIPTIONS BELOW SHOULD BE CLEAR AS TO HOW REQUESTED FUNDS BY AREA RELATE TO ADDITIONAL COSTS THAT WOULD NOT HAVE BEEN INCURRED OR PLANNED IF NOT FOR COVID-19**

Personnel (salaries, wages, benefits, payroll taxes, time allocation, and a brief description of the responsibilities on the project for all personnel involved in program)  
 Define each position and indicate how the costs you are requesting expands your COVID-19-related programming and/or how it was unbudgeted as of 3/1/2020 or later. Be sure to include as much detail as possible for each position, e.g. rate per hour and number of hours for new position due to COVID-19 or increased hours as a result of COVID-19 (see example if needed).

Therapists (\$20,500) – Three therapists will be providing telehealth and face to face therapy to 58 clients. Therapists will be assigned to see 8 to 25 clients a week. In the beginning of the year we discussed adding behavioral health services with participants in the home. We began seeking interns and volunteers. A mental health professional agreed to volunteer 3 hours a week in April and she maintains her volunteer status today. Before COVID-19, mental health conditions were prevalent within the homeless population, but throughout this pandemic, there has been a surge in mental health illnesses. Emotionally, as a community, we were not prepared to deal with the mental health stress to come. Within Caring for Girls’ participants it was clear that the CDC Guidelines Stay at Home Order and already stress were heightened. Due to the impact of COVID-19, it became necessary to expand clients for behavior health services. We are seeking funds to secure three mental health licensed or non-licensed therapists. Therapist #1 and #2 will be assigned 25 clients each. Therapist #3 will be assigned 8 Caring For Girls participants and will complete weekly groups for the duration of this grant. Therapists #1 and #2 will meet with their clients over Zoom for one hour a week for 10 weeks at \$40.00 per hr.

<b>Weeks #1 -10</b>	<b>Hourly Rate</b>	<b>Hours Per Week</b>	<b>Cost for 10 Wks</b>
Individual Therapy Sessions			
Therapist #1	\$40 per hr	25 X\$ 40 = 1,000	1,000 X 10= 10,000
Therapist #2	\$40 per hr	25 X\$ 40 = 960	1,000 X 10= 10,000
Therapist #3	\$40 per hr	8 X \$40 = \$320	
Therapist #3 Group Therapy Sessions	\$50.per hr	\$50 X 10 Wk	= \$500

**Total Cost for 12 weeks=\$20,500**

Equipment (computers, phone, furniture, etc., less than \$3,000 per item)

Define each individual piece of equipment, where it will be purchased from, how much it costs, and how the costs you are requesting expands your COVID-19-related programming. Including estimates, quotes, or print offs from a supplier website is helpful to defend these costs.

The expansion of this program does require 2 computers; one for each therapist to complete telehealth therapy with client and write weekly notes. The therapist will need a printer to print weekly notes and a Zoom subscription is required to complete telehealth therapy with clients. Due to the impact of COVID-19, there is an increased need for behavioral health services and it is believed these items will enable therapist to assist clients in stabilizes behaviors.

1. Epson Workforce Pro WF-4820, \$179
2. [Lenovo - IdeaPad 3 15" Touch Screen Laptop - Intel Core i3-1005G1 - 8GB Memory - 256GB SSD - Almond](#) for \$429.99 X 2=\$859.98

Total Cost for Laptop and Printer=\$**1,038**

Both of these items are ready for purchase from Best Buy.

Supplies (office materials, program related purchases, program necessities to deliver services, etc.)  
Define each supply requested, where it will be purchased from, how much it costs, and how the costs you are requesting expands your COVID-19-related programming.

1. Epson 4-pack High Yield Black Ink for \$158.00
2. Case of copy paper at 25.99 from Best Buy.

Total Cost for paper and Ink=\$183.99

Each therapist will need Copier paper and INK to write and print weekly notes. Due to the impact of COVID 19, the therapists need these items to assist clients in decreasing anxieties and irrational thoughts.

Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)  
Define each occupancy-related item, the supplier of the service, how much it costs, the % which is appropriately allocated to this grant, and how the costs you are requesting expands your COVID-19-related programming.

None

Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)  
Define each travel item, the person who will be incurring the cost (for staff travel), the supplier of the services (for rental/leasing), and how the costs you are requesting expands your COVID-19-related programming.

None

Design, Printing, Marketing & Postage (for direct program related services only)  
Define each item, the supplier of the services, the cost, and how the costs you are requesting expands your COVID-19-related programming.

Capital (buildings, vehicles, equipment \$5,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)

Define each item, the vendor who will supply the capital item, or construct the item, and provide a defense for how the purchase of this item costs less than the leasing of the item for the grant period. Also explain how this item is necessary for the expansion of your COVID-19-related programming.

None

Purchased Services (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)

Define each item, the vendor supplying the purchased services, the cost of the services per a specified period of time, and explain how this is necessary for the expansion of your COVID-19-related programming.

1. Zoom Service = \$29.98 for a 2-month subscription.

Due to the impact of COVID-19, Zoom has become the new normal in communication. Before COVID-19, Zoom was a service that enables video and audio conferencing to place, now Zoom is a necessity for Counseling. Zoom, is now known to be the only way to make counseling an option because allows mental health professionals to continue serving individuals struggling with mental health issues. Currently, we are still dealing with CDC Guidelines and social distancing and zoom has become the main vehicle for therapy.

## LPO List

Westcare Foundation: Yolanda and Janice (727) 502-0188 ext. 249 and 243

Well for Living: Ladonna Butler- (727)251-0743

Safe Harbor Shelter: Jewel Murphy- (727) 688-9204

St. Vincent de Paul Cares: Maria Ovechka- (727) 270-7550

Pinellas County Homeless Leadership Alliance: Sedionia Boone (727) 244-2016