

# Application Form

---

## *Organization Information*

---

### Compiled Committee Comments

Below is a compilation of committee member comments from your Letter of Intent. This feedback may be positive, neutral, or negative. It is provided in aim to be transparent and offer guidance on where you may be able to strengthen your full proposal.

- Changes in Operating Costs stated does not relate to this project. Would like this address.
- Did not address the changes in operating costs and how they would be addressed.
- Suffered budget impacts, per patient cost has increased by 42%. Increased need due to healthcare cost. Project is proportional to the economic loss and the size of the organization. Additional funding is in place to bridge the gap in the funding need. Prepared for the bid process. Contingencies are included. Reaches those who are disproportionately impacted during the pandemic. specific percentages were provided. Project allows expansion of behavioral and mental health services. How will Evara address the increased operational cost? Applicant was specific that financial demands have increased operational cost but it is not clear how the increased operational cost of this expansion will be addressed except through reimbursements for primary care services.

**An informational webinar about this proposal is available here.**

**The rubric that will be used to score this proposal can be downloaded here.**

**If you would like to complete this application first in Microsoft Word, you may download a Word version here.**

### Brief Project Descriptor

Please briefly describe this organization's request.

building renovation, new 2nd floor, and parking lot

### Organization Name

Community Health Centers of Pinellas, Inc. DBA Evara Health

### Project Name\*

Please choose a short name to identify this project within the grant portal:

Highpoint Medical Complex

### EIN\*

59-2097521

### Incorporation Year\*

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

1980

### Organizational Mission Statement

What is your organization's mission statement?

**This has been copied from your Letter of Intent and cannot be changed.**

Evara Health's mission is to innovate beyond the barriers that limit access to quality healthcare, ensuring everyone can receive industry-leading services from professional teams that care as much as family.

### 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

ZKNGJHKTNNQ2

### Annual Operating Budget Size

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

**This has been copied from your Letter of Intent.**

\$64,410,526.00

## Amount Requested\*

The maximum grant amount is \$5 million.

**This has been copied from your Letter of Intent and should not be changed. If your project cost has changed since submitting your Letter of Intent, please contact Rose Cervantes at rcervantes@pinellascf.org.**

\$3,197,200.00

## 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 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

## 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?

**This has been copied from your LOI.**

Community Health Centers of Pinellas, Inc. DBA Evara Health (Evara), is a not-for-profit Federally Qualified Health Center (FQHC) which has been providing affordable, primary health care services to the residents of Pinellas County, Florida for over 40 years.

The Patient-Centered Medical and Dental Home model offered by Evara Health is comprehensive and ensures continuity of care coordinated by the primary care provider. Services include family and pediatric medicine, obstetrics/gynecology, dental, chiropractic, osteopathic manipulative medicine, mental and behavioral health, psychiatry, pharmacy, nutrition, podiatry, substance use disorder prevention, case management, food pharmacy, MedNet© prescription assistance, Medication Therapy Management (MTM), Marketplace navigation, and other enabling services. Evara hires board-certified, culturally diverse providers that promote healthier families and healthier communities.

Evara Health is the primary safety-net healthcare provider of the County, providing care to the underserved, uninsured, and underinsured, regardless of their ability to pay. Evara's network is comprised of 16 health centers (including two mobile health centers) strategically placed throughout the County to increase access for those in need. In 2021, Evara served 61,539 individual patients with over 212,000 visits. 94% of Evara patients are low-income (at or below 200% of the federal poverty level), 80% are living in poverty (income at or below 100% of the federal poverty level), 61% are racial/ethnic minorities, 25% Hispanic/Latino, 46% underinsured (on Medicaid or CHIP), 25% are uninsured, 13% best served in a language other than English, 5% lack stable housing, and 3% LGBTQIA+. Additionally, Evara provided mental health services for over 3,021 patients.

## 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.

### **This has been copied from your LOI.**

There is a great need in Pinellas County to maximize equitable access to healthcare services, yet many barriers persist. The Pinellas County Community Health Improvement Plan 2018-2022 lists 3 priority areas of need: access to care, behavioral health, and social determinants of health. As stated in the CHIP: "It is essential to measure and improve access to care because health disparities in access are often directly linked to disparities in health outcomes. Also, when it is challenging to get routine medical care because of cost, transportation, language barriers or other reasons, problems not caught early can result in life-threatening situations that require immediate attention, endangering lives, and putting a strain on emergency services."

Workforce shortages are a barrier. A Health Professional Shortage Area (HPSA) is a designation made by HRSA to pinpoint geographic areas and populations with greater needs and that lack sufficient health care providers to meet health care needs. Evara holds the highest designated HPSA scores among other Federally Qualified Health Centers in the County, demonstrating the current workforce needs in serving the vulnerable populations.

Income disparities faced by racial/ethnic minorities in the County are not only disturbing but directly affect the ability to obtain equitable access to healthcare. Blacks, Asians, and Hispanics all suffer from higher rates of poverty than Whites. Black residents are over 2 times as likely to live in poverty than Whites. The median household income in the County is 15% lower than that of the nation.

Being uninsured or underinsured negatively affects the ability to obtain quality healthcare services. It is estimated that 11% of the County's population is uninsured compared to 9% in the nation. Evara has a history of serving a disproportionately high number of patients who are uninsured or underinsured (Medicaid/CHIP) compared to rates in the County and nation.

## 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.**

**The more quantifiable your negative economic impact is, whether it be fiscal losses/pressures or increased service demand, the stronger your answer will be. The more specific your evidence, the better.**

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.**

**This has been copied from your LOI.**

The COVID-19 pandemic continues to have a severe impact on Evara Health operations and its ability to provide care to the most vulnerable patients. The combined effect of limitations necessary to protect patients and staff led to a 49% reduction in the number of visits at Evara's health centers during the pandemic's peak. Some lines of business sustained an even more devastating impact: dental services all but ceased with a loss of 67% of volume, and a reduction in pediatric services reached nearly 60%. Consequently, Evara Health sustained major losses to operational revenues. The one-time Coronavirus Supplemental Funding has been essential in supporting Evara Health's ability to maintain operational capacity and serve the most vulnerable County residents. However, the loss of operational revenues relegated Evara's ability to set aside any funds for capital development and diminished existing reserves. As a dedicated safety net provider, Evara Health is under mounting pressure to meet the healthcare demands of the low-income residents of Pinellas County. These demands for services are growing in an environment of extraordinary financial pressures:

Never before seen increases in costs for medical supplies and equipment. The costs of personal protective equipment and many other basic medical supplies surpassed the level of 2019.

The new "post-pandemic" reality dictates significant and costly changes in the operation of medical facilities necessary to accommodate CDC guidelines: higher levels of disinfection procedures including new technological devices, dental equipment necessary to reduce exposure during procedures, expanded need for telehealth equipment, and more. The increase in operational costs drastically reduces the organization's ability to address healthcare needs.

Unprecedented growth of labor costs in medical industry.

While financial demands dramatically increase operational costs, reimbursements for primary care services remain at pre-pandemic levels. The per patient costs for Evara Health in 2021 surpassed the 2019 level by 42%; meanwhile, the previous decade's average was nearly ten times lower (4.6%).

Evara Health is experiencing an urgent need for additional capital assets. The Needs Assessment demonstrates a pressing need for expansion of healthcare services in the community that Evara is unable to meet relying on its existing infrastructure. However, due to the enormous inflationary impact on operations, Evara cannot produce the capital reserves necessary for such an expansion. From Fiscal Year ending May 31, 2020 to Fiscal Year ending May 31, 2022, Evara's cash reserves were depleted by \$4.4 million.

## Negative Economic Impact - Uploads

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages. Word, Excel, JPG and PDF files are accepted.

ARPA Capital-Negative Impact Statement.pdf

## Pandemic Relief Funding\*

Please describe all government pandemic relief funding your organization has received since the onset of the pandemic. This includes but is not limited to the Pinellas CARES Nonprofit Partnership Fund, other ARPA funding, PPP (Paycheck Protection Program), and Community Block Development Grants specifically targeting COVID-19 relief.

**Explain why or how this pandemic-relief funding has not alleviated the negative economic impact you have described above.** Potential reasons include expiration dates on certain funding, inflationary pressures, restrictions prohibiting capital expenditures, or the funding simply not being enough to remedy the harm you've indicated above. **The more concrete your numbers, the better.**

**If you have not received government relief funding for your organization since the onset of the pandemic, write "No pandemic relief funding received" below.**

Evara Health received a significant amount of government pandemic relief funding. However, the majority of the funds were aligned with Evara Health's activities as a safety net healthcare provider responding to the COVID-19 epidemic. These funds allowed us to expand Evara Health operations to address challenges brought on by COVID-19. The second set of funds associated with COVID-19 was aimed at supporting the organization's payroll needs during the operational slowdown. These funds were a highly important tool in staff retention and maintaining operational capacity. The last type of COVID-19 governmental funding was aimed not just to mitigate the coronavirus-related problems but enhance Evara's services to be better prepared to respond in the future.

None of the government pandemic relief funding was addressing the capital needs of the organization with exception the of the ability to utilize up to \$500K for alterations of the current health service sites. All of the funding sources listed below were provided on a one-time basis. The pandemic relief funding allowed Evara Health to effectively respond to the challenges of COVID-19 but was not able to fully alleviate the negative economic impact of the pandemic. The significantly increased cost of operations are remaining beyond the use of one-time relief funding. The per patient costs for Evara Health in 2021 surpassed 2019's level by 42%; while the previous decade's average was nearly ten times lower (4.6%). The higher cost of medical operations, loss of revenues, need to incorporate additional precautions to accommodate CDC guidelines within operational flows, need for the disinfecting and dental equipment that was not necessary prior to the pandemic, and other factors were not alleviated by the pandemic-relief funding.

HRSA H8CCS35060 funding provides flexibility for preventing and responding to COVID-19; HRSA H8DCS35987 funding to support the detection of coronavirus and/or the prevention, diagnosis, and treatment of COVID-19; HRSA H8ECS38960 funding to support testing and testing related activities as COVID-19 needs evolve; PPP – Paycheck Protection Program staff retention salary loan; PRF Provider Relief Funding to address excessive costs associated with the COVID-19; ARPA CARES County Funds for COVID Testing; and HRSA H8FCS40918 funding to prevent and respond to coronavirus and to enhance health care services and infrastructure.

## 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?

**This has been copied from your LOI. While you are able to update this field, YOU SHOULD NOT CHANGE THE NATURE OF YOUR REQUEST. That is, this field should only be updated for clarity, not changing what you are requested funding for.**

Evara Health proposes a capital project that will allow for an expansion of healthcare services to the vulnerable populations of Pinellas County for years to come. An architectural review revealed the original proposed modernization/renovation of the existing structure will not support the planned additional second floor. The revised plan includes construction of a new two-story 20,000 SF building adjacent to the existing building. The proposed project changes will increase the size of the Evara Health Highpoint medical/education complex from 39,118 to 59,118 SF. With appropriate maintenance, the estimated lifespan of the project/property improvement is 40 to 50 years.

The project will result in the employment of 18 FTE quality jobs (create 15 new FTEs and retain 3 FTEs), including medical, mental/behavioral health providers, medical assistants, patient support specialists, and optometrist, physical therapy, training, and education personnel. It is estimated that a minimum of 5,280 patients will be provided 11,488 visits in the newly constructed space at full operational capacity, nearly doubling the number of patients and visits at this center compared to 2021.

Currently, over 220,000 low-income residents in the County are not being served by FQHCs or other community health clinics. There is a rapidly growing demand, exacerbated by the COVID-19 pandemic, for increased access to affordable, high-quality integrated and comprehensive primary care. The demand exceeds the capacity of the existing community healthcare infrastructure of the County.

The 2022 Pinellas County Prioritization Meeting for the All4HealthFL Collaborative highlighted the Highpoint community as one of the highest Health Equity Index (HEI) zip codes (33760) of the County. HEI is a measurement of social and economic determinants correlated with preventable hospitalizations and premature death. This project is critically needed in Pinellas County, particularly for the low-income population who may not have access to affordable services without this expansion.

## Number Served

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

**This has been copied from your LOI. It cannot be changed.**

5280

## 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**.

**This has been copied from your LOI and cannot be changed.**

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.

**This has been copied from your LOI and cannot be changed.**

## Rent vs. Own

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

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?**

**This has been copied from your LOI.**

Evara Health has a history of serving a disproportionately high number of vulnerable patients compared to the County's population. In 2021, Evara served 61,539 patients of which 94% were low-income, 80% at or below the federal poverty level, 61% racial/ethnic minorities, 46% underinsured (Medicaid/CHIP), 25% Hispanic, 25% uninsured, 13% best served in a language other than English, 5% lacked stable housing, and 3% LGBTQIA+.



The COVID-19 Pandemic further widened the gap between community needs and Evara's capacity to serve these priority populations. Supporting this infrastructure expansion project will create a lasting impact through increasing access to essential mental health, substance use disorder, physical therapy, and other vital services. The project will result in dedicated space for the training and development of clinical staff desperately needed to sustain and build the healthcare workforce, as well as the hiring of 15 FTE of staff to support operations.

Patients of Evara will be provided with equitable access to all healthcare services and be aided to overcome barriers to care. This is done by offering income based sliding fee discounts, transportation assistance, Marketplace navigation, assistance applying for insurance, public benefits, housing, and free medications, referrals for shelters and specialty care, financial counseling, affordable pharmaceuticals, and access to the food pharmacy, telehealth and home visit programs. Evara will ensure that all patients have equal access to tackle some of the most difficult health challenges one can experience.

Evara understands the affects that social determinants of health have on one's ability to access vital care. Funding for this project is specifically sought to strengthen Evara's capacity to mitigate existing barriers to care for the neediest members of the community and provide equitable access to services needed to improve the quality of life for those with some of the greatest healthcare needs.

## Organizational Sustainability\*

How does this purchase contribute to the long-term sustainability of your organization and the work it does? That is, what impact will this project have on your organization and/or its clients over the long-term?

Examples include increased service capacity, reduced cost of delivering services over time, higher-quality or more equitable service delivery, and increased lifespan/quality of property.

Quantifiable numbers will strengthen your answer.

The proposed project aims to achieve impact in two major areas:

- Healthcare: Address ongoing needs of the Pinellas County community in the expansion of medical, mental/behavioral health, physical therapy, and optometry services.
- Workforce development: Evara Health Institute, a major part of the project, will provide the opportunity for members of the community to obtain a well-paid profession that is in high demand in the healthcare field and for healthcare institutions throughout Pinellas County to gain a new reliable source of qualified personnel.

The above-mentioned improvements will have a significant impact on the long-term sustainability of Evara. The increase in the volume of services rendered will positively impact financial performance. The addition of new services will allow expanded access to these services for clients; thus, increasing patient compliance. The expansion of specialty services like mental health and physical therapy will lead to an inflow of new patients who may elect to receive their primary medical and dental care at Evara. Additionally, the COVID-19 pandemic had a severe impact on the workforce in healthcare leaving a tremendous shortage of qualified personnel. Evara Health experienced significant staff shortages that lead to both operational and financial deficits. The proposed project will add a new building serving as a medical education facility outfitted for the training of future doctors, and ancillary dental and medical staff. A training area will support the Evara Health Institute which will upskill Evara staff as well as community residents and become an important long-term reliable element in the organization's recruitment and retention strategy.

## Permits\*

Please describe any permits necessary for the successful completion of this proposed project. Be sure to include any permits already obtained or in progress, and/or what the timeline is to acquire permits.

The required permits necessary for successful completion of the proposed project are listed below with the timelines:

January 2023 - Pre-submittals

March 2023 – April 2023 – Submit drawings to city for permitting

March 2023 – Place ad for contractors to bid on permitted drawings

## Plan Set\*

Do you have a plan set for this project?

A plan set refers to the "batch" of plans, drawings, prints, files, etc., that you receive from an architect that explains what needs to be built, how, and where. **Not all qualifying projects in this process require a plan set.**

**If you answer Yes, you will be required to upload the Plan Set later in the application.**

Yes

## Plan Set Upload\*

If you answered "Yes" above, please upload the Plan Set here. If you have trouble with file size limitations, please reach out to Rose Cervantes at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org). If you have any narrative to accompany the plan set, you may write it below.

**PDF files are permitted.**

ARPA Capital-Plan Set Statement & Floor Plans.pdf

## Timeline\*

Given a spending deadline of December 31, 2026, give a detailed **and realistic** timeline as to how this large capital project will be executed and completed. If there are phases to this project, indicate so in the narrative below. If you specified that permits were needed for this project above, ensure you include the acquisition time in the timeline.

**Please include the following:**

1. **How the timeline was developed**
2. **Timeline of planning and execution. Please include start and end dates by month and year. For example, April 2023 - June 2023.**

### Example

Better Tomorrow is proposing the expansion of their counseling center. This requires a 2-month planning phase, one month to obtain all necessary permits, and four months to build. Better Tomorrow would list each phase, a brief description of what takes place in each phase, and an estimated start and completion date for each phase.

The timeline was developed through organizational planning process. This included discussion on execution and completion of the capital project.

- August 2022 - Award Architectural/Engineering Design contract
- January 2023 - Pre-submittals
- March 2023 – Drawing Package completed
- April 2023 – May 2023- Contractor bid submittals due
- June 2023 – Review/Approve contractor contract award
- September 2023 – June 2024 Construction of 18,000 sf building
- January 2024 – September 2024 – Renovation of existing 5,000 sf space
- September 2024 – October 2024 - Scheduled completion of construction/renovation
- October 2024 – Building scheduled to be operational

### Team Leadership\*

Please describe the following:

1. The team and leaders that will be overseeing this proposed project.
2. Their relationship to your organization
3. Their role in this project
4. Whether or not they have overseen similar projects

Glenn Harwood, Facilities Director, will serve as the Project Manager for this proposed project. Mr. Harwood has been a member of Evara's team for over 7 years and has over 32 years' experience in facility and building operations and construction administration. He has overseen numerous building construction, renovation, and program expansion projects. Mr. Harwood holds a track record of completing projects ahead of schedule and under budget. As Project Manager, Mr. Harwood will coordinate the work of all contractors including the architect, engineer, and builders, and provide oversight for the renovations. He will ensure each phase of A/R activities and provide oversight for filing of necessary permits and legal documents. He will work with Evara's Project Implementation team to ensure all questions and matters are addressed in a timely manner.

Evara is led by an executive team with over 100 years of combined healthcare management experience. These dedicated professionals have been working together for several years and have developed Evara into a countywide multi-service healthcare system. Under direction of the management team, Evara has a project implementation team that consists of over 30 staff members who collaborate to provide oversight for organizational projects. Team members represent all departments of the organization including facilities, finance, grant management, and clinical. This team meets at set intervals to support the completion of project implementation activities and ensure critical deadlines on the project timeline are met.

### Cost Difference

#### Estimated Total Project Cost\*

Please specify the total cost of this capital project/purchase.

**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.

**This has been copied from your LOI.**

\$6,575,500.00

### Cost Difference\*

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

**This has been copied from your LOI.**

Evara Health is seeking funding to support construction and modernization activities at its Highpoint health center. The result of this project will be expanded access to vital medical, mental and behavioral health, substance use disorder, physical therapy, optometry, and other comprehensive primary, preventive, and supplemental care for the communities of Pinellas County. The project will also support training and development of new clinical staff – a critical need that will help to address workforce shortages exacerbated by the COVID-19 pandemic. The estimated total project cost is \$6,575,500 of which Evara has secured \$1,000,000 in federal Congressionally Directed Spending (CDS) funding through the Health Resources and Services Administration’s (HRSA's) Office of Federal Assistance Management (OFAM). Evara is asking PCF to fund \$3,197,200 for the of project activities and will finance the remaining portion of \$2,378,300 through the New Markets Tax Credits loan arrangement with the Florida Community Loan Fund.

Evara Health’s Board of Directors have approved the Highpoint expansion project and use of cash reserves to support implementation of project activities. Outside of the CDS funding that has been secured, Evara Health is continuing to seek other sources of funding and is proactively working on securing New Markets Tax Credits structure to further support the project.

## Written Justification - \$1m or Greater

---

You have requested more than \$1 million in capital expenditures. In order to comply with regulations and reporting requirements of the U.S. Treasury, the below questions are required as part of a Written Justification for the costs. The character limits in this section are set high, but do not feel you need to reach the character limit.

### Capital Expenditure Need\*

Please explain the following:

- Why are existing capital equipment, property, or facilities not sufficient to address the harm you explained above under “Negative Economic Impact?”
- Why would additional funding to relevant programs or services be insufficient without the corresponding capital expenditures being proposed by your organization?

In 2021, Evara became the 88th largest of the nation’s 1,357 FQHCs, according to the 2021 UDS Summary Data report. With its steady growth, existing capital equipment, property and facilities are insufficient to address the need for additional space to serve patients as well as accommodate new staff members providing

medical services. The existing facility will not allow for expansion of behavioral and mental health services, physical and occupational therapies, and optometry services.

Furthermore, the pandemic led to the unprecedented growth of labor costs in medical industry. Evara Health experienced significant staff shortages that lead to both operational and financial deficits. The proposed project will give Evara Health ability to open the medical education facility outfitted for the training of future doctors, and ancillary dental and medical staff. Evara Health's current facilities do not have any capacity to host such programs.

Due to the enormous inflationary impact on operations, the per patient costs for Evara Health in 2021 surpassed the 2019 level by 42%, Evara cannot produce the capital reserves necessary for such an expansion. Evara has secured \$1,000,000 in federal Congressionally Directed Spending (CDS) funding through the Health Resources and Services Administration's (HRSA's) Office of Federal Assistance Management (OFAM). Evara Health will finance the \$2,378,300 through the New Markets Tax Credits loan arrangement with the Florida Community Loan Fund and asking PCF to fund remaining \$3,197,200.

## Comparison of Alternatives\*

According to U.S. Treasury guidance, ARPA-funded capital projects must be the most cost-effective and reasonable option to repair COVID-19's negative economic impact on your organization.

In order to do so, please provide a comparison of the proposed large capital project against two alternative capital projects, and explain why the one you are proposing is superior. When evaluating the superior option, please consider the following:

1. The effectiveness in addressing the harm identified in this application under "Negative Economic Impact" and in the previous question.
2. The total cost of the proposed project vs. the two alternatives

**Alternatives are NOT multiple vendors or bids for this project. Rather, they would be entirely different capital project proposals. For example, rather than expanding a currently owned-property, an alternative could be purchasing a bigger property. This would potentially not be more cost-effective or reasonable due to high property costs and the need for additional construction.**

The original project plan called for modernization/renovation of 5,000 SF on the first floor of the existing Highpoint Health Center, and construction of a new 10,000 SF second floor addition, and expansion of the existing parking lot. However, recent architectural review, conducted as a project preliminary evaluation, indicated that the existing structure will not support the addition of the second floor. The other alternative was to purchase an existing property with required space. However, there was no such property available on the market. Based upon the architectural review and analysis, Evara elected to modify the original plan with the construction of the new two-story 20,000 SF building adjacent to the existing building in addition to the renovation of the existing 5,000 sq. feet.

## 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](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.

The screenshot shows the HUD SADDA QCT map interface. At the top, there is an address input field with a "Go" button, both circled in red. To the right, dropdown menus for "Florida" and "Pinellas" are also circled in red. Below the address field, there are "Map Options" including "Clear", "Reset", and "Full Screen". A "QCT Legend" and "SADDA Legend" are visible, with a red arrow pointing to the "Color QCT Qualified Tracts (Zoom 7+)" checkbox in the "Map Options" panel. The map itself shows purple shaded areas representing QCTs in the Tampa Bay area, with labels for Clearwater, St. Petersburg, and Tampa. The Google logo is visible in the bottom left corner of the map area.

## 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/>

**This has been copied from your LOI and cannot be changed.**

14100 58th St N, Clearwater, FL 33760

## QCT Determination - Headquarters

Is this organization headquartered in a QCT?

Yes

## Project Location

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

**This has been copied from your LOI and cannot be changed.**

14100 58th St N, Clearwater, FL 33760

## QCT Determination - Project

Is this organization's project in a QCT?

Yes

## 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.

**This has been copied from your LOI.**

The services offered at the Highpoint health center will be available to patients living in any QCT of the County. A patient who lives in another QCT will be able to use telehealth to access a provider from the newly expanded Mental/Behavioral Health department at the Highpoint health center. Patient will be provided with transportation, at no cost to them, to access physical therapy services. Supporting this project will benefit the most vulnerable populations throughout the whole County.



## QCT Determination - Clients

Does this organization's project benefit residents of QCTs?

Yes

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.

**This has been copied from your LOI.**

Evara Health is representative of the communities served. 56% of Evara staff are racial/ethnic minorities, 20% Hispanic/Latino, and 23% speak languages other than English. In comparison, 61% of Evara's patients are racial/ethnic minorities, 25% are Hispanic/Latino, and 13% are best served in a language other than English.

An essential component of Evara's success is the coordination of patient care with multiple collaborating community organizations. Evara patients have access to the full spectrum of care offered at 16 locations across the County in addition to services provided by Evara's network of community connections.

Evara works closely with the critical access hospitals including BayCare, Johns Hopkins All Children's, Bayfront, and AdventHealth. Evara has two health centers located on hospital grounds and embedded case managers at the AdventHealth and St. Anthony's Hospital to provide patient navigation and reduce ER recidivism.

Substance use disorder services are offered through community partner Operation PAR. Through funding from BayCare, Evara's Mobile Health Center provides healthcare services to the clients of WestCare Turning Point and St. Vincent de Paul.

Evara has a strong relationship with the Florida Department of Health in Pinellas County (DOH). Evara's Largo health center is co-located in a DOH building. Evara works with the DOH's volunteer specialty referral program. Recent collaborations include the Community Health Needs Assessment, the Pinellas County Community Health Improvement Plan, Pinellas County Opioid Task Force, and the Breast and Cervical Cancer Early Detection Program.

Evara, the DOH, Pinellas County School Board (PCSB), and hospitals are part of the COVID-19 Response Group that plays a major role in the County's successful response to the public health emergency. Through its community connections with the PCSB and the United Way, Evara opened its newest Campbell Park health center on the grounds of the John Hopkins Middle School.

A collaboration with Feeding Tampa Bay and USF supports Evara's food Rx program and food pharmacy located in the Highpoint health center. Qualifying patients with co-morbidities are offered enrollment in the program which provides free healthy meals and food staples to support healthy eating, address food



insecurity, and assist in controlling chronic conditions. To accommodate patients with transportation barriers, the food and meals are delivered to their homes.

### 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

### 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 - 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+

## *Financial Overview*

---

**IF A CONTRACTOR HAS NOT BEEN SELECTED, BIDS MUST BE DATED AFTER 8/8/22. If you need assistance compressing files, please email Rose Cervantes at rcervantes@pinellascf.org.**

The file attached below should contain current, verifiable bids, estimates, or price lists [from your potential vendor(s)]. ***Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.***

- If your project costs **LESS** than \$75,000, you must upload TWO verifiable bids or estimates for the proposed project.
- If your project is **EQUAL TO** or **MORE THAN** \$75,000, you must upload THREE verifiable bids or estimates for your proposed project.

**If you have already selected a contractor for this process and do not have multiple bids to upload, please ensure you answer the narrative question below thoroughly.**

### **Bid/Estimate #1\***

PDF files are accepted.

Evara\_Bid Documentation\_Narrative.pdf

### **Bid/Estimate #2**

PDF files are accepted.

### **Bid/Estimate #3**

PDF files are accepted.

### **Selected Contractor\***

**If you have not yet selected a contractor and have uploaded multiple bids above, please write N/A below or you will not be able to submit your application.**

If your organization has already selected a contractor for this proposed capital project, please describe the process through which this contractor was chosen, and be sure to answer:

1. Was there a competitive bid process? That is, were multiple bids collected in order to evaluate multiple contractors? Describe this process (names of contractors, number of bids collected, prices, and why the contractor was chosen).
2. What personnel members at your organization selected the contractor?
3. Has a contract been executed with this contractor? **If yes, upload the contract here. If no, please describe the status of contract.**

***If a contractor has already been selected AND a competitive bidding process was not used, the project will lose points.***

A contractor has not been selected. The bid process will be used.

## Minority/Woman-Owned Business

Is your selected contractor, or the bid you are going to choose if funded, one of the following:

- Small-business enterprise (SBE)
- Disadvantaged business enterprise (DBE)
- Minority and/or woman-owned business (MWBE)

Unknown

## Related Parties\*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

### Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

**If yes**, identify the vendor and describe the relationship.

**If no**, write "No related parties below."

No Related Parties

## Budget Detail\*

Please upload a clear, easily readable budget that breaks out costs for this proposed project. Ensure that it is clear what portion would be paid for through this grant funding and what would be paid for from other sources. **Be sure that the budget includes 10-20% for contingencies and any costs related to performance and payment bonds for construction projects.**

If you are going to request the permitted indirect cost of up to 5%, please be sure this is represented in your budget.

An example budget is available here.

If you have additional notes to add to your budget summary, you may do so in the text box below.

**PDF and Excel files are allowed.**

Budget Justification - Evara Health - ARPA Large Projects - Highpoint Construction-Renovation-.pdf

## Other Funding Sources\*

Please describe any other funding 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 explain why no additional funding sources have been pursued.

**If this answer has changed since submitting your LOI, you may update it below. Please be sure all funding sources below are represented in the budget you have uploaded above.**

Evara Health has secured \$1,000,000 in federal Congressionally Directed Spending (CDS) funding through the Health Resources and Services Administration's (HRSA's) Office of Federal Assistance Management (OFAM) to support this construction and modernization project.

Evara is currently working with the Florida Community Loan Fund to establish the New Markets Tax Credits funding structure to further support project. No other grants or in-kind contributions have been obtained to date.

## 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.

**If this answer has changed since submitting your LOI, you may update it below.**

Workforce shortages are a barrier. Recent studies encourage reducing operational costs in healthcare by linking labor costs and productivity. In today's environment, labor costs can account for as much as 60% of an organization's total costs — a critical concern amid current labor shortages. (Syntellis, 2022.) Organization needs "more" space for "more" staff to serve "more" patients. Evara will decrease operating costs by linking it to productivity through the development of well-qualified staff trained in a community health center environment. The project will provide space for:

- Evara Health Institute which will provide training for up to 56 staff and local residents a year to upskill to the professions of Medical and Dental Assistant, Pharmacy Technician and other healthcare related professions.
- Evara was awarded funding to establish a Family Practice Residency Program. The Program was accredited in October 2022 and first class of residents starting in July 2023.

## 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-based grant does not disqualify your organization from applying.

**This has been copied from your LOI.**

Evara Health has the capacity, fiscal management experience, and financial infrastructure needed to effectively manage ARPA funding. Evara has 29 years' experience as a federal grant award recipient and effective use of federal grant funds. Evara has completed multiple construction and alteration/renovation projects with assistance of federal funding. In all cases, including completion of two construction projects during the COVID-19 Pandemic, projects were completed on time and on budget.

Evara utilizes well developed and regulatory sound processes for monitoring use and documentation of grant funds. The financial procedures implemented and followed at Evara encompass vouching of all invoices with attribution of expenses by funding source, verification of distributions by corporate controller, and monthly review of expense tracking for every funding source by members of the Executive team. All drawdowns of federal funds are authorized by the CEO following a monthly review.

### **Corrective and Investigative Action/Grant Recall\***

In the past three (3) years, has your organization had any of the following occur:

1. Been under legal investigation by a local, state, or federal institution?
2. Been placed on a corrective action plan by a funder?
3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. If no, write "N/A"

N/A

## ***Organization Documentation***

---

### **Organization Budget\***

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

Budget 2023.xlsx

### **Board of Directors List\***

Please upload a current list of members of your organization's Board of Directors. Excel, Word, and PDF formats are acceptable.

Evara Health Executive Leadership and Board of Directors - rev Jan 2023.pdf

## IRS Form 990\*

Please upload a PDF copy of your most recently submitted IRS Form 990.

**If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type.** You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

Community Health Centers of Pinellas, Inc. 2020 Form 990 Cover.pdf

## Most Recent Financial Statements

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

Community Health Centers of Pinellas 2022 Audited Financial Statement - Secured.pdf

## Insurance

---

### Evidence of Insurance Coverage\*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this project. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

**If your organization does not have evidence of insurance coverage, please provide an explanation as to why.**

COI Information Only.pdf

### Insurance Requirement\*

**If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:**

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 if you are awarded a contract.**

**PCF will not ask for a certificate naming us as additional insured until the contracting stage.**

Yes, I understand and will comply with this requirement if awarded a contract.

## *Post-Grant Requirements*

---

### **Reporting Requirements Acknowledgment\***

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit monthly expenditure reports until their project is completed and their contract is closed out.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).

Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

## *Additional Information*

---

### **Additional Upload**

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

### **Anything else to share?**

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

## File Attachment Summary

---

### *Applicant File Uploads*

- ARPA Capital-Negative Impact Statement.pdf
- ARPA Capital-Plan Set Statement & Floor Plans.pdf
- Evara\_Bid Documentation\_Narrative.pdf
- Budget Justification - Evara Health - ARPA Large Projects - Highpoint Construction-Renovation-.pdf
- Budget 2023.xlsx
- Evara Health Executive Leadership and Board of Directors - rev Jan 2023.pdf
- Community Health Centers of Pinellas, Inc. 2020 Form 990 Cover.pdf
- Community Health Centers of Pinellas 2022 Audited Financial Statement - Secured.pdf
- COI Information Only.pdf



## Negative Impact Statement

The COVID-19 pandemic continues to have a severe impact on Evara Health operations and its ability to provide care to the most vulnerable patients. The combined effect of limitations necessary to protect patients and staff led to a 49% reduction in the number of visits at Evara's health centers during the pandemic's peak. Some lines of business sustained an even more devastating impact: dental services all but ceased with a loss of 67% of volume, and a reduction in pediatric services reached nearly 60%. Consequently, Evara Health sustained major losses to operational revenues. The one-time Coronavirus Supplemental Funding has been essential in supporting Evara Health's ability to maintain operational capacity and serve the most vulnerable County residents. However, the loss of operational revenues relegated Evara's ability to set aside any funds for capital development and diminished existing reserves. As a dedicated safety net provider, Evara Health is under mounting pressure to meet the healthcare demands of the low-income residents of Pinellas County. These demands for services are growing in an environment of extraordinary financial pressures:

Never before seen increases in costs for medical supplies and equipment. The costs of personal protective equipment and many other basic medical supplies surpassed the level of 2019.

The new "post-pandemic" reality dictates significant and costly changes in the operation of medical facilities necessary to accommodate CDC guidelines: higher levels of disinfection procedures including new technological devices, dental equipment necessary to reduce exposure during procedures, expanded need for telehealth equipment, and more. The increase in operational costs drastically reduces the organization's ability to address healthcare needs.

Unprecedented growth of labor costs in medical industry.

While financial demands dramatically increase operational costs, reimbursements for primary care services remain at pre-pandemic levels. The per patient costs for Evara Health in 2021 surpassed the 2019 level by 42%; meanwhile, the previous decade's average was nearly ten times lower (4.6%).

Evara Health is experiencing an urgent need for additional capital assets. The Needs Assessment demonstrates a pressing need for expansion of healthcare services in the community that Evara is unable to meet relying on its existing infrastructure. However, due to the enormous inflationary impact on operations, Evara cannot produce the capital reserves necessary for such an expansion. From Fiscal Year ending May 31, 2020 to Fiscal Year ending May 31, 2022, Evara's cash reserves were depleted by \$4.4 million.

The original project plan called for modernization/renovation of 5,000 SF on the first floor of the existing Highpoint Health Center, and construction of a new 10,000 SF second floor addition, and expansion of the existing parking lot. However, recent architectural review, conducted as a project preliminary evaluation, indicated that the existing structure will not support the addition of the second floor. This discovery forces Evara Health to modify proposed project. Based upon the architectural review and analysis, Evara elected to modify the original plan with the construction of the new two-story 20,000 SF building adjacent to the existing building in addition to the renovation of the existing 5,000 sq feet.

Due to the described above modification, Evara does not have the full set of constructional plans ready at this time. However, following is a set of architectural floor plans.



REV.	DATE	DESCRIPTION

JAMES O. WILLIAMS, P.E.  
 FL REG. MAR 01390  
 DATE

**CHC HIGHPOINT**  
 14100 98TH ST. N  
 CLEARWATER, FLORIDA 33760

**evora HEALTH**

CONTRACT DATE:

**34 YEARS**  
 DESIGN NATIONAL AWARD  
 DESIGN NO. AA-C001747

**Spring Engineering**  
 Architecture • Engineering • Land Planning  
 3014 U.S. HWY 19, HOLIDAY, FL • (727) 958-1516 • FL CO. NO. 00005158 & LICENSE NO. AA-C001747

PRELIMINARY SITE PLAN

DESIGNED BY: DJR  
 DRAWN BY: DJR  
 CHECKED BY: DJR  
 JOB NO. 2020- 32

SHEET NO. A100

**BUILDING LEGEND**

- = BEHAVIORAL/ THERAPY (5,600 SF)
- = CAREER/ RESIDENCY (9,000 SF)
- = OUTDOOR COVERED SEATING (1,200 SF)
- = PROPOSED SIDEWALK

**PROJECT INFORMATION (CITY OF LARGO):**

**PROJECT ADDRESS:**  
 14100 98TH ST. N CLEARWATER, FL 33760

**EXISTING BUILDING:**  
 GROUP B/ TYPE IIB CONSTRUCTION  
 EXISTING 1ST FLOOR = 23,344 S.F.  
 EXISTING 2ND FLOOR = 14,415 S.F.  
 TOTAL = 37,759 S.F.

**PROPOSED BUILDING:**  
 GROUP B/ TYPE IIB CONSTRUCTION  
 PROPOSED 1ST FLOOR = 9,000 S.F.  
 PROPOSED 2ND FLOOR = 9,000 S.F.  
 TOTAL = 18,000 S.F.

**ZONING (PER FLUM. CDC, SECTION 5.1.3):**  
 IL - INDUSTRIAL LIMITED  
 (SAME FOR SURROUNDING PROPERTIES TO THE NORTH, WEST, AND SOUTH.)

**FAR (CDC, TABLE 8.1):**  
 ALLOWED - .65  
 PROVIDED - .30

**ISR (CDC, TABLE 8.1):**  
 ALLOWED - .85  
 PROVIDED - .60 (PER ROUGH CALCULATION - SEE BELOW)

**SITE AREA = +/- 187,309 S.F. (4.3 ACRES)**  
 ASPHALT (EXCLUSIVE OF SIDEWALKS) = +/- 79,641 S.F.  
 EXISTING BLDG = 23,344 S.F.  
 NEW BLDG (1ST FLOOR) = 9,000 S.F.  
 ISR = 111,989 / 187,309 = .60

**BUILDING HEIGHT (CDC, SECTION 8.5):**  
 NONE FOR NON-RESIDENTIAL

**SETBACKS (CDC, SECTION 8.4):**  
 5' FOR ONE AND TWO STORY BUILDINGS

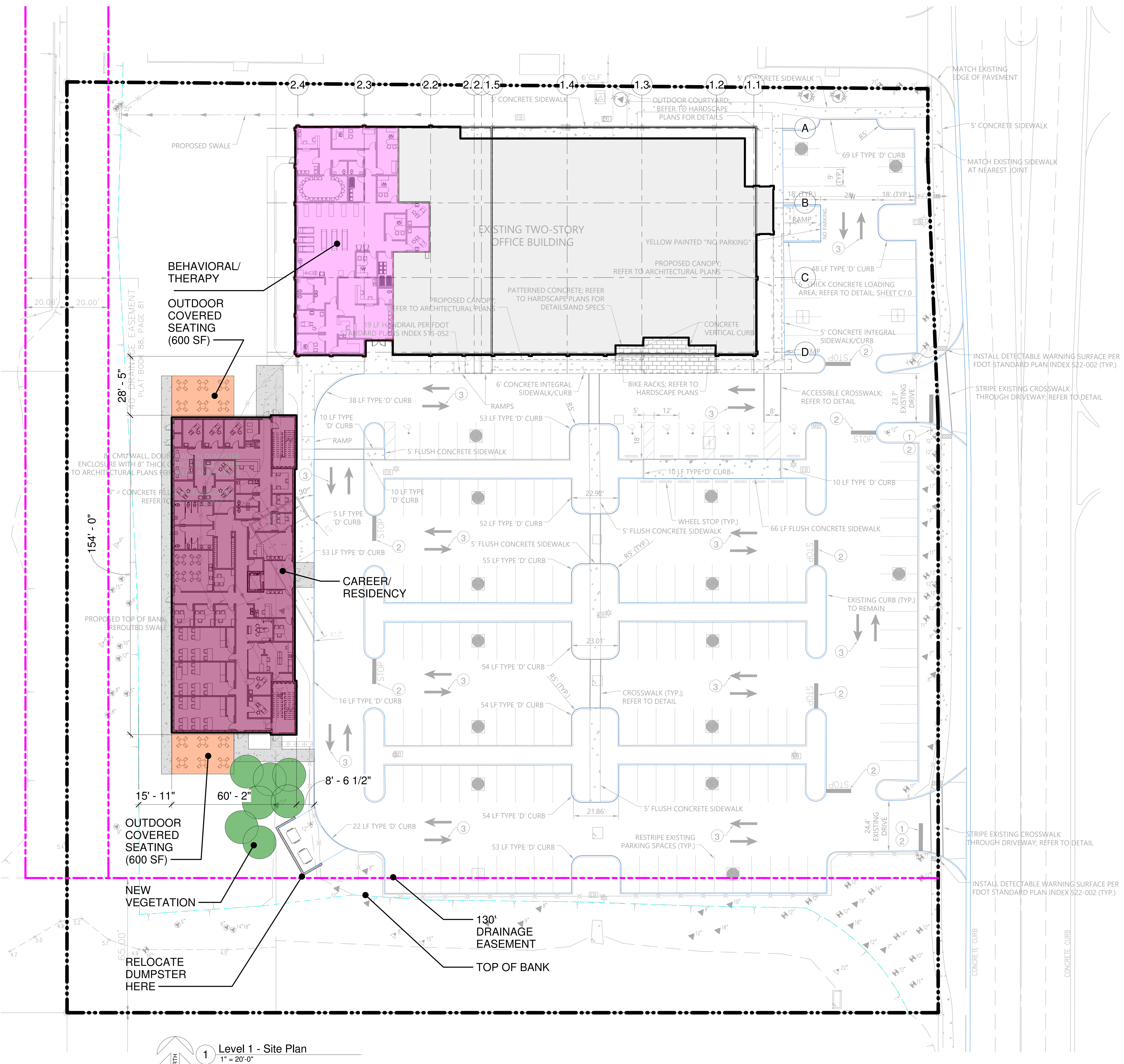
**BUFFER (CDC, TABLE 10.4):**  
 NONE FOR IL TO IL

**PARKING (CDC, TABLE 9.2):**  
 PROVIDED - 174 SPACES  
 REQUIRED - 1/350 GFA

**EXISTING BLDG. = 109 SPACES**  
**NEW BLDG. = 52 SPACES**  
**TOTAL PARKING REQUIRED = 161 SPACES**

**COMPACT - 25%**  
**STANDARD STALL SIZE - 8'-6" X 18'-0"**  
**ADA STALLS REQUIRED (CDC, TABLE 9.3) - 5 SPACES**  
**EV STALLS REQUIRED (CDC, TABLE 9.4) - 20% EV CAPABLE**

**TOTAL BUILDABLE AREA:**  
 NEW 2-STORY BUILDING - 18,000 S.F.  
 RENOVATION - 5,600 S.F.  
 TOTAL = 23,600 S.F.



**1 Level 1 - Site Plan**  
 1" = 20'-0"

THIS DRAWING AND THE DESIGN SHOWN ARE THE PROPERTY OF SPRING ENGINEERING, INC. AND ARE NOT TO BE REPRODUCED, COPIED, PUBLISHED, OR USED IN WHOLE OR PART WITHOUT WRITTEN CONSENT. THEY ARE TO BE USED ONLY FOR THE SITE AND PROJECT IDENTIFIED AND SHALL BE RETURNED UPON REQUEST.



REV.	DATE	DESCRIPTION

JAMES D. WILLIAMS, P.E.  
 FL. REG. # 04801390  
 DATE

**CHC HIGHPOINT**  
 (CAREER - RESIDENCY)  
 14100 58TH ST. N  
 CLEARWATER, FLORIDA 33760

**evora**  
 HEALTH

CONTRACT DATE:

**34** YEARS  
 DESIGN NATIONWIDE  
 LICENSE NO. AA-C00747

**Spring Engineering**  
 Architecture • Engineering • Land Planning  
 3074 U.S. HWY. 19, HOLIDAY, FL • (727) 958-5116 • FL COA NO. 00005158 & LICENSE NO. AA-C00747

FIRST FLOOR PLAN

DESIGNED BY: DJR  
 DRAWN BY: DJR  
 CHECKED BY: DJR  
 JOB NO. 2020-32

SHEET NO. A101

**PRACTICE AREA LEGEND**

- = COMMON AREA (927 SF)
- = FAMILY MED. RESIDENCY (2,626 SF)
- = CAREER ACDMY. TRAINING (5,122 SF)



**Level 1**  
 3/16" = 1'-0"

THIS DRAWING AND THE DESIGN SHOWN ARE THE PROPERTY OF SPRING ENGINEERING, INC. AND ARE NOT TO BE REPRODUCED, COPIED, PUBLISHED, OR USED IN WHOLE OR PART WITHOUT WRITTEN CONSENT. THEY ARE TO BE USED ONLY FOR THE SITE AND PROJECT IDENTIFIED AND SHALL BE RETURNED UPON REQUEST.





February 2, 2023

Rose Cervantes, Program Officer, ARPA  
Pinellas Community Foundation  
17755 US Highway 19 N, Suite 150  
Clearwater, FL 33764

Dear Ms. Cervantes:

Evara Health has proposed a capital project that will modernize/renovate 5,000 sf on the first floor of the existing Highpoint Health Center and construction of a new two story 20,000 sf building adjacent to the existing building. The proposed changes will increase the size of the Evara Health Highpoint medical/educational complex from 39,118 sf to 59,118 sf. Once complete, the first floor of the existing building will allow for expansion of behavioral and mental health services, physical therapy, sports medicine, and optometry. The new building will be used as a medical education facility outfitted for training of future doctors, ancillary dental and medical staff, coupled with more clinical space and room for future growth.

The total Highpoint project cost is \$6,575,500. The grant application for this project is for \$3,197,200 to support construction and equipment costs. Additional funding has been secured through federal Congressionally Directed Spending (CDS) funding through the Health Resources and Services Administration (HRSA) Office of Federal Assistance Management (OFAM) and the New Markets Tax Credits loan arrangement with Florida Community Loan Fund.

An initial design concept was approved, and architectural drawings are in the process of being completed. Once the drawings are completed, they will be submitted for a formal bid by several qualified contractors. The estimated cost of this project is \$6,575,500. This cost was established based on per square foot costs of the most recent similar project (Milton Park renovation) that Evara Health has completed within the last year.

The Milton Park project consists of renovating 9,941 sf of a 13,368 sf building located at 1260 Dr. Martin Luther King Drive, Clearwater, FL 33756. The space is an existing structure that will be gutted and re-constructed to incorporate 15 medical exam rooms, 2 behavioral health visit rooms, 1 behavioral health group room, 2 chiropractic exam rooms, provider offices, a pharmacy and a food pharmacy. The second floor space will be used as a mechanical mezzanine that serves the first floor.

Spring Engineering was contracted to design and assist in selection of the contractor for this project. The timeline for the RFP process and bid summary/recommendations for construction contractors is attached for informational purposes.

The budget for the Milton Park project is shown below.

**Tampa Bay:**

3014 US Highway 19  
Holiday, FL 34691  
Tel: 727-938-1516  
Fax: 727-942-4174

[sei@springengineeringinc.com](mailto:sei@springengineeringinc.com)  
[www.springengineeringinc.com](http://www.springengineeringinc.com)

**Atlanta:**

1320 Ellsworth Industrial Blvd.  
Suite A-1800  
Atlanta, GA 30318  
Tel: (404) 881-8370

<b>Milton Park</b>	<b>Total Budget</b>	<b>Construction (A/R) Costs</b>	<b>Cost/Sq. Ft.</b>
9,941 sf renovated	\$4,325,040.08	\$1,989,000	\$200.08

Spring Engineering has also been retained to develop design drawings for the new Highpoint project and to assist in the selection of the contractor. A complete set of drawings is anticipated to be ready for permitting in March 2023. The RFP for a construction contract will be released in April 2023. We anticipate following the same selection process as was used for the Milton Park project. Sealed proposals will be received from qualified contractors and then reviewed by Spring Engineering. The review process focuses mainly on cost, ability to perform work, experience in medical construction, and financial capabilities. Once the review is completed, Spring Engineering will make a recommendation as to who is most qualified to perform the work.

In preparation for this project, we were asked to assist in developing a preliminary budget. Based on the information presented above and in line with current conditions within the construction industry for this area, in our opinion, the Highpoint project is similar in costs to the Milton Park project for the following reasons:

- 1- Timeframe. The Milton Park proposals are less than 3 months old.
- 2- Jurisdiction. Both projects are in Pinellas County, Florida and are within 10 miles of each other.
- 3- The projects are very similar in scope.


Spring Engineering is recommending the following budget be used for the Highpoint project:

<b>Highpoint Project</b>	<b>Total Budget</b>	<b>Construction (A/R) Costs</b>	<b>Cost/Sq. Ft.</b>
25,000 sf	\$6,475,500	\$5,766,000	\$230.64

It should be noted that the slightly higher per sq. ft. costs for the Highpoint construction are based on the following:

- 1- Additional costs related to structural costs for the roof and the 2<sup>nd</sup> floor.
- 2- Additional Site Work related to connecting utilities to the new structure.
- 3- Additional cost of the elevator and elevator shaft.
- 4- Construction material costs are still increasing.

Respectfully,  
**SPRING ENGINEERING, INC.**



Richard M. Bekesh, AIA  
President

RMB/ch

**Timeline to award:**

**Project Name:** Evara Health Milton Park

**Project Type:** Alteration/Renovation (A/R) of an Existing Facility

**Project Area:** 9,941 SF

**Project Description:** Evara Health's proposed Milton Park A/R project will renovate and equip 9,941 square feet of an existing 13,368 square foot multi-space medical facility located at 1260 S. Martin Luther King Jr. Ave, Clearwater, FL 33756.

<b>Date</b>	<b>Event</b>	<b>Completed</b>
September 15 , 2022	<b>Invitation to bids sent</b>	September 15 , 2022
September 21 , 2022	<b>Pre bid meeting onsite – 8 contractors present</b>	September 21 , 2022
September 28 , 2022	<b>All inquiries due - Building walk throughs for sub-contractors</b>	October 3, 2022
October 5,2023	<b>All bids due end of business</b>	October 5,2022
October 6,2022	<b>Spring Review all bids</b>	October 14,2022
October 18,2022	<b>Construction Committee meeting</b>	

*After a review of the bids listed on the Bid Summary Bandes Construction has been recommended as the best eligible contractor. The lowest bid from Eclipse Construction has some low prices in divisions that do not meet expected price ranges. Also they have no medical experience at this time.*



## Bid Summary

PROJECT NAME:	Evara Health Pinellas Medical
PROJECT NUMBER:	2021-42
PROJECT ADDRESS:	1260 S. MLK Ave, Clearwater, FL 33756
OWNER/CONTACT NAME:	Evara Health
OWNER ADDRESS:	14100 58th St. N., Clearwater, FL 33760
ARCHITECT NAME:	Spring Engineering, Inc.
ARCHITECT ADDRESS:	3014 US Highway 19, Holiday, FL
RELEASE OF DOCUMENTS:	September 7, 2022
BIDS DUE ON (DATE & TIME):	September 28, 2022
AT (ADDRESS):	3014 US Highway 19, Holiday, FL

BIDDER	Addenda Received	Bid Bond	SOV	BASE BID	Percentage of Difference
Eclipse Building Corp. 36362 US Highway 19 Palm Harbor, FL 34688	Yes	No	Yes	\$1,906,298.14	0.00%
Bandes Construction 1368 Spalding Road, Suite C Dunedin, FL 34698	Yes	Yes	Yes	\$1,989,000.00	4.34%
Evolution Contracting 28059 US Highway 19N Clearwater, FL 33761	Yes	Yes	Yes	\$2,172,002.00	13.94%
Park & Eleazer Construction 2363 Gulf to Bay Blvd. Suite 200 Clearwater, FL 33765	Yes	Yes	Yes	\$2,175,193.00	14.11%
Vera Contractors 2402 E. 3rd Ave Tampa, FL 33605	Yes	Yes	Yes	\$2,644,756.00	38.74%



## Schedule of Values Bid Summary

PROJECT NAME:	<b>Evava Health Pinellas Medical</b>
PROJECT NUMBER:	<b>2021-42</b>

	<b>Eclipse Building</b>	<b>Bandes</b>	<b>Evolution</b>	<b>Park &amp; Eleazer</b>	<b>Vera Contractors</b>
Division 1 General Requirements	\$ 243,756.31	\$ 145,000.00	\$ 228,200.00	\$ 170,132.00	\$ 232,243.00
Division 2 Site Work	\$ 161,600.00	\$ 98,000.00	\$ 64,000.00	\$ 85,400.00	\$ 76,972.00
Division 3 Concrete	\$ 22,468.00	\$ 46,000.00	\$ 46,100.00	\$ 37,020.00	\$ 84,920.00
Division 4 Masonry	\$ 13,000.00	\$ 7,000.00	\$ 15,000.00	In Concrete	\$ 17,099.00
Division 5 Metals	\$ 16,500.00	\$ 12,000.00	\$ 20,500.00	\$ 11,028.00	\$ 16,888.00
Division 6 Wood & Plastics	\$ 257,730.00	\$ 143,000.00	\$ 179,375.00	\$ 336,967.00	\$ 347,357.00
Division 7 Thermal & Moisture	\$ 92,150.00	\$ 101,000.00	\$ 108,500.00	\$ 77,750.00	\$ 78,654.00
Division 8 Doors & Windows	\$ 89,725.00	\$ 87,000.00	\$ 96,550.00	\$ 84,327.00	\$ 113,237.00
Division 9 Finishes (ACM)	\$ 278,256.25	\$ 384,000.00	\$ 419,934.00	\$ 319,623.00	\$ 459,868.00
Division 10 Specialties	\$ 10,400.00	\$ 21,000.00	\$ 22,461.00	\$ 26,200.00	\$ 25,449.00
Division 11 Equipment	By Others	\$ -	\$ -	\$ -	\$ -
Division 12 Furnishings	By Others	\$ -	\$ -	\$ -	\$ -
Division 13 Special Construction	By Others	\$ -	\$ -	\$ -	\$ -
Division 14 Conveying Systems	By Others	\$ -	\$ -	\$ -	\$ -
Division 15 Mechanical	\$ 315,100.00	\$ 515,000.00	\$ 513,195.00	\$ 513,195.00	\$ 712,110.00
Division 16 Electrical	\$ 147,965.00	\$ 280,000.00	\$ 268,170.00	\$ 322,278.00	\$ 298,149.00
<b>SUBTOTAL</b>	<b>\$ 1,648,650.56</b>	<b>\$1,839,000.00</b>	<b>\$1,981,985.00</b>	<b>\$1,983,920.00</b>	<b>\$2,462,946.00</b>
<b>General Liability Insurance</b>	\$ 4,500.00	Included	\$ 13,874.00	\$ 13,894.00	Included
<b>Builders Risk</b>	\$ 4,500.00	\$ 11,000.00	\$ 10,806.00	\$ 9,207.00	\$ 26,200.00
<b>P&amp;P Bond</b>	-	\$ 18,000.00	\$ 23,950.00	\$ 22,346.00	\$ 30,000.00
<b>OH&amp;P</b>	\$ 248,647.58	\$ 121,000.00	\$ 141,387.00	\$ 145,826.00	\$ 125,610.00
<b>Preliminary Estimate Total</b>	<b>\$ 1,906,298.14</b>	<b>\$1,989,000.00</b>	<b>\$2,172,002.00</b>	<b>\$2,175,193.00</b>	<b>\$2,644,756.00</b>

**Organization Name:** Community Centers of Pinellas, Inc. DBA Evara Health (Evara Health)

**Project Type:** Alteration/Renovation of an Existing Facility

**Project Name:** Highpoint Medical Complex Construction/Renovation

**Pinellas Community Foundation ARPA Nonprofit Capital Project Funding Request:** \$3,197,200

**Total Project Cost:** \$6,575,500

Evara Health proposes a capital project that will allow for an expansion of healthcare services to the vulnerable populations of Pinellas County for years to come. The project plan calls for the modernization/renovation of 5,000 SF on the first floor of the existing Highpoint Health Center, and construction of a new two-story 20,000 SF building adjacent to the existing building. The proposed changes will increase the size of the Evara Health Highpoint medical/education complex from 39,118 to 59,118 SF. With appropriate maintenance, the estimated lifespan of the project/property improvement is 40 to 50 years.

Once complete, the first floor of the existing building will allow for expansion of behavioral and mental health services, physical therapy, sports medicine, optometry, and podiatry services. The new building will become a medical education facility outfitted for training of future doctors, ancillary dental and medical staff. In addition, the new building will have 10,000 SF of “shell space” that will be utilized to address future medical needs of the community.

The total Highpoint project cost is \$6,575,500. This application requests \$3,197,200 to support the total construction and equipment cost. Evara has secured \$1,000,000 in federal Congressionally Directed Spending (CDS) funding through the Health Resources and Services Administration’s (HRSA's) Office of Federal Assistance Management (OFAM) and will finance the remaining portion of \$2,378,300 through the New Markets Tax Credits loan arrangement with the Florida Community Loan Fund.

<b>LINE NUMBER</b>	<b>ARPA Nonprofit Capital Project - Highpoint Medical Complex Construction/Renovation</b>
<b>Line 1— Administrative and legal expenses</b>	\$16,500: Administrative & legal expenses - Evara’s project manager for work related to the project; costs of environmental analysis and evaluation of environmental effects of project activities, Environmental Statement to local authorities  <b>Total: \$16,500</b>

<b>LINE NUMBER</b>	<b>ARPA Nonprofit Capital Project - Highpoint Medical Complex Construction/Renovation</b>
<b>Line 2—Land, structures, right-of-way, appraisals, etc.</b>	The current facility is Evara Health property. No additional land is required for this project.
<b>Line 3—Relocation expenses and payments</b>	No relocation expenses are anticipated for this project.
<b>Line 4—Architectural and engineering fees</b>	<p>\$259,000: Architectural &amp; engineering fees - structural, civil engineering, mechanical &amp; electrical design; bid construction documents; permits; and assistance during the construction bidding process.</p> <p><b>Total: \$259,000</b></p>
<b>Line 5—Other architectural and engineering fees</b>	No other architectural or engineering fees are anticipated for this project.
<b>Line 6—Project inspection fees</b>	<p>\$48,000: Project inspection fees - inspections by local dept. of building construction, shop drawing and submittal review; contractor payment certification; final construction inspection; project close out; topographic survey; and soil/foundation investigation</p> <p><b>Total = \$48,000</b></p>
<b>Line 7—Site work</b>	No site work expenses are anticipated for this project.
<b>Line 8—Demolition and removal</b>	<p>\$16,000: Demolition and removal - removal of portion of exterior wall &amp; window, roof removal and removal of portions of existing partitions, removal of existing ceilings, lights, flooring and finish materials</p> <p><b>Total: \$16,000</b></p>
<b>Line 9—Alteration/</b>	\$5,750,000: Construction - Structural – elevating the new two-story building, including elevator and accompanying equipment, and modifying existing building,

<b>LINE NUMBER</b>	<b>ARPA Nonprofit Capital Project - Highpoint Medical Complex Construction/Renovation</b>
<b>Renovation (Construction)</b>	<p>Architectural - cabinets, casework, shelving, table counter tops; roofing, building insulation, flashing, sheet metal, sealants; metal windows, wood doors, door hardware, exterior hurricane windows; ceiling suspension, gypsum board, wall tiles, acoustical ceiling, resilient vinyl flooring, resilient wall base &amp; accessories, painting; toilet compartments, bulletin boards, signage and graphics, toilet accessories</p> <p>Mechanical - A/C &amp; ventilation system diffusers, roof ventilators &amp; exhaust fans, refrigerant piping &amp; support, ductwork, insulation, testing and balancing; plumbing fixtures &amp; equipment, lavatory, water closet, sinks, electric water heater, funnel drain, soil &amp; waste vent; piping insulation; fire sprinkler system-steel piping, sprinkler heads, monitoring system, inspector test valve, use of utilities</p> <p>Electrical - PVC conduits, aluminum EMT conduit, AWG wires, receptacles, circuit breakers, panel boards; lighting fixtures, light switches &amp; controls, wall outlets, wiring; communication system; EMT; computer data networking outlet, conduit, CAT 5E cabling data box; telephone outlet; CA TV outlet; security alarm system; fire sprinkler alarm cable, alarm heat detector, alarm control panel, use of utilities</p> <p><b>Total = \$5,750,000</b></p>
<b>Line 10— Equipment</b>	<p>\$282,000: exam tables with wheel height adjustment, ophthalmoscope &amp; otoscope wall units, blood pressure temperature &amp; pulse OX units, treadmills, stationary bikes, physical therapy tables &amp; equipment, optometry equipment, podiatry chair, desks, computers &amp; monitors, medical chairs for lobby and offices, task chairs, meeting tables, couch &amp; chair sets for the behavioral health rooms, switches racks &amp; patch panels, wireless access points, phones, optometry equipment, etc.</p> <p><b>Total = \$282,000</b></p>
<b>Line 11— Miscellaneous</b>	No Miscellaneous costs are anticipated for this project.
<b>Line 12— SUBTOTAL</b>	<b>\$6,475,500</b> costs (Sum of Lines 1 through 11)



<b>LINE NUMBER</b>	<b>ARPA Nonprofit Capital Project - Highpoint Medical Complex Construction/Renovation</b>
<b>Line 13— Contingencies</b>	<b>\$100,000:</b> included for contingency.
<b>Line 14— SUBTOTAL</b>	<b>\$6,575,500</b> total costs (Sum of Lines 12 and 13)
<b>Line 15—Project (program) income</b>	Not Applicable
<b>Line 16— TOTAL PROJECT COSTS</b>	<b>\$6,575,500</b>
<b>Line 17— GRANT funding requested</b>	<b>\$3,197,200</b>

**For the Twelve Months Ending May 31, 2023**

Encounters	6/30/2022	7/31/2022	8/31/2022	Q1	9/30/2022	10/31/2022	11/30/2022	Q2
CHIP	132	131	139	402	138	138	132	409
MCAID	542	545	579	1666	574	575	548	1697
MCARE	607	616	657	1880	656	657	627	1940
MCMCD	9066	9184	9793	28043	9791	9796	9352	28939
MCMCR	497	501	533	1531	531	531	507	1569
PVTIN	4259	4315	4583	13157	4548	4553	4348	13449
SELF	6572	6601	7011	20184	6960	6967	6651	20578
	<u>21,674</u>	<u>21,894</u>	<u>23,295</u>	<u>66,863</u>	<u>23,198</u>	<u>23,216</u>	<u>22,167</u>	<u>68,581</u>
Headcount				496.58				496.58
<b>STATEMENT OF OPERATIONS</b>								
<b>CONTRACTS, GRANT, OTHER REVENUES</b>								
330 GRANT REVENUE	589,524	589,524	589,524	1,768,572	589,524	589,524	589,524	1,768,572
340B PHARMACY REVENUES	320,869	278,295	317,396	916,560	528,479	383,106	431,498	1,343,083
American Rescue Act	618,597	618,597	618,597	1,855,791	618,597	618,597	618,597	1,855,791
TELEHEALTH	300,000	300,000	-	600,000	-	-	-	-
LOW INCOME POOL	102,835	100,000	100,000	302,835	100,000	100,000	100,000	300,000
TITLE X	35,416	35,416	35,416	106,248	35,416	35,416	35,416	106,248
OTHER GRANTS	120,835	120,835	120,835	362,505	120,835	120,835	120,835	362,505
NET CONTRACT/GRANT REVENUE	<u>2,088,076</u>	<u>2,042,667</u>	<u>1,781,768</u>	<u>5,912,511</u>	<u>1,992,851</u>	<u>1,847,478</u>	<u>1,895,870</u>	<u>5,736,199</u>
<b>NET PATIENT REVENUES</b>								
MEDICAID FFS	58,085	58,430	62,043	178,557	61,545	61,584	58,778	181,907
MEDICAID MANAGED CARE	1,088,031	1,102,167	1,175,295	3,365,492	1,175,018	1,175,616	1,122,411	3,473,045
MEDICAID CHIP REVENUES	14,193	13,997	14,891	43,081	14,821	14,821	14,140	43,782
INCENTIVE FEES	21,531	9,770	243,739	275,040	416,200	33,623	422,256	872,079
MEDICAID PPS	815,941	826,542	881,382	2,523,865	881,175	881,623	841,724	2,604,522
MEDICARE	145,903	147,748	157,295	450,945	156,914	157,070	150,008	463,991
PRIVATE INSURANCE	489,640	496,167	526,971	1,512,778	522,894	523,500	499,917	1,546,310
SPECIAL CONTRACTS	-	-	-	-	-	-	-	-
SELF PAY	707,077	561,536	597,068	1,865,681	593,885	594,394	567,515	1,755,794
NET PATIENT REVENUES	<u>3,340,400</u>	<u>3,216,356</u>	<u>3,658,684</u>	<u>10,215,440</u>	<u>3,822,451</u>	<u>3,442,231</u>	<u>3,676,748</u>	<u>10,941,430</u>
<b>TOTAL REVENUES</b>	<b><u>5,428,476</u></b>	<b><u>5,259,023</u></b>	<b><u>5,440,452</u></b>	<b><u>16,127,952</u></b>	<b><u>5,815,302</u></b>	<b><u>5,289,709</u></b>	<b><u>5,572,617</u></b>	<b><u>16,677,628</u></b>
Total Salaries	2,894,213	2,904,650	2,940,881	8,739,744	2,940,881	3,058,516	3,058,516	9,057,913
Total Fringe Benefits	548,283	549,895	554,835	1,653,014	554,835	548,009	548,009	1,650,854
Total Salaries & Fringe	<u>3,442,496</u>	<u>3,454,545</u>	<u>3,495,716</u>	<u>10,392,757</u>	<u>3,495,716</u>	<u>3,606,525</u>	<u>3,606,525</u>	<u>10,708,767</u>
MEDICAL SUPPLIES	141,966	143,403	152,582	437,951	151,947	152,068	145,193	449,207
LABS & RADIOLOGY	40,747	41,160	43,794	125,702	43,612	43,647	41,674	128,933
MEDICATION/VACCINES	53,336	33,823	62,946	150,106	79,472	129,316	111,817	320,604
PHARMACY DRUG COSTS	102,888	96,894	137,452	337,234	116,648	126,898	112,790	356,336
NON MEDICAL SUPPLIES	65,022	65,681	69,885	200,588	69,594	69,649	66,501	205,744
BAD DEBT	496,786	350,298	372,719	1,219,804	521,167	371,463	354,670	1,247,301
LEASED EQUIPMENT	15,056	15,439	15,185	45,680	11,273	14,603	11,637	37,513
INSURANCE	36,727	36,598	37,706	111,031	37,535	37,535	37,535	112,605
RENT	59,864	59,864	58,648	178,376	60,226	67,990	60,853	189,069
UTILITIES	32,960	32,509	36,150	101,620	35,861	33,142	35,464	104,468
FACILITY GENERAL MAINTENANCE	77,802	95,383	100,274	273,459	82,452	77,139	111,430	271,021
TELECOMMUNICATIONS	51,861	62,010	62,072	175,943	90,401	62,880	73,300	226,581
TRAINING	6,034	6,711	6,283	19,028	4,503	5,250	32,641	42,394
MEMBERSHIP DUES & SUBSCRIPTI	2,526	1,265	6,410	10,201	3,583	7,137	6,324	17,044
LICENSES, PERMITS, CREDENTIALIN	1,651	2,382	3,203	7,236	1,042	491	3,847	5,380
ADVERTISING	83,500	83,500	83,500	250,500	83,500	83,500	83,500	250,500
PRINTING AND PUBLICATIONS	5,434	2,171	1,511	9,116	1,212	4,742	4,358	10,312
POSTAGE	2,745	501	3,227	6,473	2,312	2,043	721	5,076
RECRUITMENT	16,419	18,936	9,225	44,580	10,032	2,509	4,211	16,752
CNTRCT SVCS- see Contrat servies	253,757	345,651	351,520	950,928	342,900	313,814	374,887	1,031,601
CBO BILLING/COLLECTION EXP	144,783	146,250	155,610	446,643	154,962	155,086	148,075	458,123
LEGAL FEES	6,316	1,677	-	7,993	7,886	6,837	1,997	16,720
AUDITING FEES	-	4,475	-	4,475	7,525	1,300	995	9,820
TRAVEL	16,163	10,761	11,678	38,602	12,990	11,554	11,120	35,664
BOD AND EVENT CATERING	341	1,628	381	2,350	-	475	684	1,159
<b>TTL OPERATING EXPENSES</b>	<b><u>5,157,181</u></b>	<b><u>5,113,515</u></b>	<b><u>5,277,680</u></b>	<b><u>15,548,375</u></b>	<b><u>5,428,352</u></b>	<b><u>5,387,593</u></b>	<b><u>5,442,748</u></b>	<b><u>16,258,693</u></b>
<b>EBITDA</b>	<b><u>271,296</u></b>	<b><u>145,508</u></b>	<b><u>162,773</u></b>	<b><u>579,576</u></b>	<b><u>386,949</u></b>	<b><u>(97,883)</u></b>	<b><u>129,869</u></b>	<b><u>418,935</u></b>
BANK AND CCARD CHARGES	6,847	7,447	6,873	21,167	5,752	6,365	3,649	15,765
INTEREST EXPENSE	38,713	39,967	40,287	118,967	35,812	36,219	35,351	107,382
DEPRECIATION/AMORTIZATION	83,471	83,254	85,472	252,197	85,736	85,489	84,239	255,464
TOTAL COSTS	<u>5,286,212</u>	<u>5,244,183</u>	<u>5,410,311</u>	<u>15,940,706</u>	<u>5,555,652</u>	<u>5,515,666</u>	<u>5,565,987</u>	<u>16,637,305</u>
NET OPERATING INCOME	<u>142,265</u>	<u>14,840</u>	<u>30,141</u>	<u>187,245</u>	<u>259,650</u>	<u>(225,956)</u>	<u>6,630</u>	<u>40,324</u>
<b>NON-OPERATING INCOME &amp; EXPENSE:</b>								
IN-KIND INCOME ITEMS	-	-	-	-	-	-	-	-
IN-KIND EXPENSES	-	-	-	-	-	-	-	-
INTEREST REVENUE	-	-	-	-	-	-	-	-
INTEREST REVENUE (INVESTMENT	-	-	2,000	2,000	-	-	2,000	2,000
INT REVENUE USBCDC	9,585	9,585	9,585	28,755	9,585	9,585	9,585	28,755
RENTAL INCOME (HP TENANT)	5,605	5,605	5,605	16,815	5,605	5,605	5,605	16,815
RENTAL INCOME	-	-	-	-	-	-	-	-
CAPITAL IMPROVEMENT STATE C/	25,000	25,000	25,000	75,000	25,000	50,000	50,000	125,000
CAPITAL IMPROVEMENT ARP - CA	45,337	50,000	50,000	145,337	75,000	75,000	75,000	225,000
CONGSSIONAL BEHAVIORIAL HE/	0	0	0	0	50,000	50,000	50,000	150,000
INVESTMENT EARNINGS - CHANG	-	-	-	-	-	-	-	-
TOTAL OTHER INCOME & EXPENSE	<u>85,527</u>	<u>90,190</u>	<u>92,190</u>	<u>267,907</u>	<u>165,190</u>	<u>190,190</u>	<u>192,190</u>	<u>547,570</u>
GAIN/(LOSS) INCLUDING NON-OPERATING								
INCOME & EXPENSE	<u>227,792</u>	<u>105,030</u>	<u>122,331</u>	<u>455,152</u>	<u>424,840</u>	<u>(35,766)</u>	<u>198,820</u>	<u>587,894</u>

12/31/2022	1/31/2023	2/28/2023	Q3	3/31/2023	4/30/2023	5/31/2023	Q4	YTD TOTAL
139	132	125	396	164	137	144	445	1651
576	548	521	1645	685	576	604	1865	6874
659	627	596	1882	783	658	691	2132	7834
9820	9352	8885	28057	11713	9838	10330	31881	116921
533	507	482	1522	636	534	561	1781	6353
4565	4348	4131	13044	5359	4488	4712	14559	54209
6984	6651	6319	19954	8371	7038	7390	22799	83515
23,275	22,167	21,059	66,501	27,712	23,269	24,432	75,413	277,357
			496.58				496.58	496.58
585,291	585,291	585,292	1,755,874	579,736	579,735	579,736	1,739,207	7,032,225
515,378	448,718	488,399	1,452,494	361,250	461,250	471,250	1,293,750	5,005,886
618,597	618,597	618,597	1,855,791	618,597	-	-	618,597	6,185,970
-	-	-	-	-	-	-	-	600,000
100,000	175,000	325,255	600,255	250,000	502,285	505,685	1,257,970	2,461,060
35,416	35,416	35,416	106,248	35,416	-	-	35,416	354,160
120,835	120,835	120,835	362,505	120,835	120,835	120,835	362,505	1,450,020
1,975,517	1,983,857	2,173,794	6,133,167	1,965,834	1,664,105	1,677,506	5,307,445	23,089,322
61,717	58,778	55,839	176,334	73,459	61,678	64,762	199,900	736,699
1,178,532	1,122,411	1,066,291	3,367,233	1,405,697	1,180,708	1,239,744	3,826,149	14,031,919
14,847	14,140	13,433	42,419	17,530	14,697	15,432	47,660	176,941
35,330	199,265	117,878	352,473	39,750	56,800	75,800	172,350	1,671,942
883,810	841,724	799,637	2,525,171	1,054,167	885,442	929,714	2,869,323	10,522,881
157,508	150,008	142,507	450,023	187,643	157,576	165,455	510,674	1,875,633
524,912	499,917	474,921	1,499,750	616,157	516,033	541,835	1,674,024	6,232,863
-	-	-	-	-	-	-	-	-
595,891	567,515	539,139	1,702,545	711,273	597,509	627,385	1,936,167	7,260,187
3,452,546	3,453,757	3,209,645	10,115,948	4,105,676	3,470,444	3,660,126	11,236,247	42,509,065
<b>5,428,063</b>	<b>5,437,613</b>	<b>5,383,439</b>	<b>16,249,115</b>	<b>6,071,510</b>	<b>5,134,549</b>	<b>5,337,632</b>	<b>16,543,692</b>	<b>65,598,386</b>
3,058,516	3,058,516	3,058,516	9,175,548	3,058,516	3,058,516	3,058,516	9,175,548	36,148,753
548,009	550,009	550,009	1,648,028	550,009	550,009	550,009	1,650,028	6,601,923
3,606,525	3,608,525	3,608,525	10,823,576	3,608,525	3,608,525	3,608,525	10,825,576	42,750,676
152,453	145,193	137,933	435,579	181,511	152,410	160,031	493,952	1,816,689
43,757	41,674	39,590	125,021	52,098	43,745	45,932	141,776	521,431
87,521	81,692	85,685	254,898	77,196	84,465	88,689	250,350	975,958
161,297	196,604	117,085	474,987	192,042	148,757	169,315	510,113	1,678,670
69,826	66,501	63,176	199,502	83,135	69,806	73,296	226,238	832,071
372,403	354,670	336,936	1,064,010	443,387	372,299	390,914	1,206,600	4,737,714
15,752	19,417	14,075	49,244	14,715	14,715	14,715	44,145	176,582
37,535	37,535	37,535	112,605	37,535	37,535	37,537	112,607	448,848
63,520	63,520	63,520	190,560	63,520	63,520	63,520	190,560	748,565
26,834	31,139	29,166	87,138	29,166	29,166	29,166	87,498	380,724
99,633	97,137	109,826	306,596	80,421	80,421	80,421	241,263	1,092,340
68,742	55,292	56,032	180,066	52,834	48,671	48,671	150,176	732,766
2,500	4,258	5,394	12,152	5,394	5,394	5,394	16,181	89,755
3,651	9,913	7,850	21,414	5,400	5,400	5,400	16,200	64,859
813	315	3,127	4,255	1,875	1,875	1,875	5,625	22,496
83,500	83,500	83,500	250,500	83,500	83,500	83,500	250,500	1,002,000
11,753	2,874	886	15,513	3,882	3,882	3,882	11,646	46,587
3,380	1,521	2,291	7,192	2,082	2,082	2,082	6,246	24,987
5,281	1,488	1,045	7,814	1,045	2,255	4,781	8,081	77,226
337,510	319,059	370,241	1,026,810	385,654	320,767	343,640	1,050,060	4,059,399
155,478	148,075	140,671	444,224	185,114	155,435	163,207	503,756	1,852,746
-	239	3,921	4,160	18,754	510	-	19,264	48,136
2,230	25,065	-	27,295	22,410	-	-	22,410	64,000
10,972	15,703	17,076	43,751	13,113	13,113	13,113	39,339	157,356
1,681	26	742	2,449	662	662	662	1,986	7,944
<b>5,424,548</b>	<b>5,410,934</b>	<b>5,335,828</b>	<b>16,171,310</b>	<b>5,644,969</b>	<b>5,348,910</b>	<b>5,438,268</b>	<b>16,432,147</b>	<b>64,410,526</b>
<b>3,515</b>	<b>26,679</b>	<b>47,611</b>	<b>77,805</b>	<b>426,541</b>	<b>(214,361)</b>	<b>(100,635)</b>	<b>111,545</b>	<b>1,187,861</b>
4,567	4,014	4,076	12,656	5,510	5,510	3,628	14,648	64,236
36,523	36,586	33,124	106,233	36,954	36,954	36,954	110,862	443,444
84,348	90,230	83,868	258,446	85,123	85,123	85,123	255,369	1,021,476
5,549,985	5,541,764	5,456,896	16,548,645	5,772,556	5,476,497	5,563,973	16,813,026	65,939,682
(121,923)	(104,150)	(73,457)	(299,530)	298,954	(341,948)	(226,340)	(269,334)	(341,296)
-	-	-	-	-	-	1,250,000	1,250,000	1,250,000
-	-	-	-	-	-	(1,250,000)	(1,250,000)	(1,250,000)
-	-	2,000	2,000	-	-	-	-	-
-	-	2,000	2,000	-	-	2,000	2,000	8,000
9,585	9,585	9,585	28,755	9,585	9,585	9,585	28,755	115,020
5,605	5,605	5,605	16,815	5,605	5,605	5,605	16,815	67,260
-	-	-	-	-	-	-	-	-
50,000	50,000	50,000	150,000	50,000	50,000	50,000	150,000	500,000
100,000	100,000	100,000	300,000	125,000	125,000	125,000	375,000	1,045,337
75,000	75,000	75,000	225,000	100,000	100,000	100,000	300,000	675,000
-	-	-	-	-	-	-	-	-
240,190	240,190	242,190	722,570	290,190	290,190	292,190	872,570	2,410,617
-	-	-	-	-	-	-	-	-
118,267	136,040	168,733	423,040	589,144	(51,758)	65,850	603,236	2,069,321





## EXECUTIVE LEADERSHIP

Name	Position
Elodie Dorso	Chief Executive Officer & President
Dr. Nichelle Threadgill	Chief Medical Officer
Kim Schuknecht	Chief Operating Officer & Compliance Officer
J. Ben Gilbert	Chief Financial Officer
Edward Kucher	Chief Regulatory Officer
Howard Rubin	Chief Information Officer

## BOARD OF DIRECTORS

Name	Current Position Held	Area of Expertise	Live or Work in Service Area	# Years on Board
Joseph Smith	Chair	Government	Live & Work	12
Cindy McNulty	Vice Chair	Social Services	Live & Work	15
Roger Sellow	Treasurer	Business	Live	11
Alberto Lense	Secretary	Legal	Live & Work	9
Dorothea Lee	Director	Legal	Live & Work	4
Priscilla McFadden	Director	Education/Community	Live & Work	2
Jeremy Meredith	Director	Business	Live & Work	3
Ronald Porter	Director	Education	Work	1
Ann Sherman-White	Director	Education	Live & Work	9
Clarence Williams	Director	Religion	Work	11
Luke Williams	Director	Government	Live & Work	12

*Updated January 2023*

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2020

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUN 1, 2020** and ending **MAY 31, 2021**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY HEALTH CENTERS OF PINELLAS INC</b> <b>D/B/A EVARA HEALTH</b>		<b>D</b> Employer identification number <b>59-2097521</b>
	Doing business as		<b>E</b> Telephone number <b>(727) 824-8100</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>14100 58TH STREET NORTH</b>	<b>G</b> Gross receipts \$ <b>50,728,955.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>CLEARWATER, FL 33760</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	<b>F</b> Name and address of principal officer: <b>ELODIE DORSO</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527  
**J** Website: ▶ **HTTP://WWW.CHCPINELLAS.ORG**  
**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1980** **M** State of legal domicile: **FL**

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE QUALITY HEALTH CARE SERVICES TO ALL.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>12</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>496</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>12</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	12,624,377.	18,051,464.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,733,525.	32,162,221.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	401,468.	443,025.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	82,779.	72,245.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,842,149.	50,728,955.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	25,052,829.	30,772,728.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,462,713.	19,303,600.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	40,515,542.	50,076,328.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	326,607.	652,627.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	37,479,222.	44,410,464.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	17,639,802.	24,407,493.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date
	<b>ELODIE DORSO, CEO</b> Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	<b>SAM A. LAZZARA</b>		
Paid Preparer Use Only	Firm's name ▶ <b>RIVERO, GORDIMER &amp; COMPANY, P.A.</b>	Firm's EIN ▶ <b>59-3040705</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01342929</b>
	Firm's address ▶ <b>P. O. BOX 172359 TAMPA, FL 33672</b>	Phone no. (813) <b>875-7774</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF CHCP IS TO PROVIDE QUALITY HEALTHCARE SERVICES TO ALL. THE VISION OF THE BOARD AND STAFF IS TO ENSURE THAT OUR SERVICES ARE PROVIDED WITH DIGNITY, AT THE LOWEST POSSIBLE COST TO OUR PATIENTS, IN LOCATIONS, AND AT TIMES MOST CONVENIENT TO THE POPULATION WE SERVE. WE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 38,910,290. including grants of \$ ) (Revenue \$ 32,234,466. ) PROVIDE QUALITY HEALTH CARE SERVICES TO THE MEDICALLY UNDER-SERVED POPULATION OF PINELLAS COUNTY, FLORIDA. PROVIDES PRENATAL CARE, PEDIATRICS, FAMILY AND INTERNAL MEDICINE, AND FAMILY PLANNING SERVICES THROUGH CLINICS. SERVICES EMPHASIZE HEALTH MAINTENANCE, PREVENTION, PROMOTION AND EDUCATION IN SELF-CARE. SERVICES ARE PROVIDED WITH DIGNITY, AT THE LOWEST POSSIBLE COST TO PATIENTS, AT TIMES AND LOCATIONS MOST CONVENIENT TO THE POPULATION SERVED.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 38,910,290.

CONSOLIDATED FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORTS

COMMUNITY HEALTH CENTERS OF PINELLAS, INC. AND SUBSIDIARIES

May 31, 2022

## TABLE OF CONTENTS

Independent Auditors' Report	3 - 5
Financial Statements	
Consolidated Statement of Financial Position	6
Consolidated Statement of Operations and Changes in Net Assets	7
Consolidated Statement of Cash Flows	8
Consolidated Statement of Functional Expenses	9
Notes to Consolidated Financial Statements	10 - 22
Supplementary Information	23
Consolidating Statement of Financial Position	24
Consolidating Statement of Operations and Changes in Net Assets	25
Schedule of Expenditures of Federal Awards	26 - 27
Notes to Schedule of Expenditures of Federal Awards	28 - 29
Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	30 - 32
Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance	33 - 36
Schedule of Findings and Questioned Costs	37 - 38



**INDEPENDENT AUDITORS' REPORT**

Board of Directors  
Community Health Centers of Pinellas, Inc. and Subsidiaries

**Report on the Financial Statements**

We have audited the accompanying financial statements of Community Health Centers of Pinellas, Inc. (a nonprofit organization) and Subsidiaries (collectively, the "Center"), which comprise the consolidated statement of financial position as of May 31, 2022, and the related consolidated statements of operations and changes in net assets, cash flows and functional expenses for the year then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the Center as of May 31, 2022 and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Center and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Center's ability to continue as a going concern within one year after the date that the consolidated financial statements are available to be issued.



## ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Center's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### ***Supplementary Information***

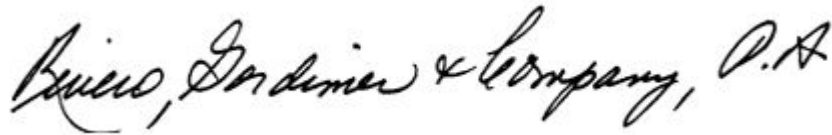
Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements.

The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

**Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated September 20, 2022, on our consideration of the Center’s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Center’s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Center’s internal control over financial reporting and compliance.

Tampa, Florida  
September 20, 2022

A handwritten signature in cursive script that reads "Buco, Gardner & Company, P.A." The signature is written in black ink and is positioned to the right of the date and location text.



Community Health Centers of Pinellas, Inc. and Subsidiaries

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

May 31, 2022

	Without Donor Restrictions	With Donor Restrictions	Total
<b>ASSETS</b>			
Cash and cash equivalents	\$ 6,863,374	\$ -	\$ 6,863,374
Patient accounts receivable, net	3,011,004	-	3,011,004
Grants receivable	2,767,128	-	2,767,128
Accounts receivable	502,561	-	502,561
Inventory	33,366	-	33,366
Prepaid expenses	444,576	-	444,576
Ground leases receivable, current	-	5,646	5,646
Total current assets	<u>13,622,009</u>	<u>5,646</u>	<u>13,627,655</u>
Cash restricted for long-term purposes	559,810	-	559,810
Property and equipment, net of accumulated depreciation	31,294,940	-	31,294,940
Other assets			
Deposits	38,744	-	38,744
Investments	2,973,966	-	2,973,966
Ground leases receivable, long term	-	343,779	343,779
Note receivable	11,502,500	-	11,502,500
Total long-term assets	<u>46,369,960</u>	<u>343,779</u>	<u>46,713,739</u>
TOTAL ASSETS	<u>\$ 59,991,969</u>	<u>\$ 349,425</u>	<u>\$ 60,341,394</u>
<b>LIABILITIES AND NET ASSETS</b>			
Accounts payable	\$ 2,035,032	\$ -	\$ 2,035,032
Accrued expenses	5,618,442	-	5,618,442
Refundable advance	18,333	-	18,333
Current portion long-term debt	33,076	-	33,076
Total current liabilities	<u>7,704,883</u>	<u>-</u>	<u>7,704,883</u>
Line of credit	10,944,638	-	10,944,638
Notes payable	17,061,503	-	17,061,503
Total long-term liabilities	<u>28,006,141</u>	<u>-</u>	<u>28,006,141</u>
Total liabilities	<u>35,711,024</u>	<u>-</u>	<u>35,711,024</u>
Net assets			
Without donor restrictions	24,280,945	-	24,280,945
With donor restrictions	-	349,425	349,425
Total net assets	<u>24,280,945</u>	<u>349,425</u>	<u>24,630,370</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 59,991,969</u>	<u>\$ 349,425</u>	<u>\$ 60,341,394</u>

The accompanying notes are an integral part of this statement.

Community Health Centers of Pinellas, Inc. and Subsidiaries

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

For the year ended May 31, 2022

	Without Donor Restrictions	With Donor Restrictions	Total
<b>PUBLIC SUPPORT AND OPERATING REVENUE</b>			
Net patient service revenue	\$ 35,308,406	\$ -	\$ 35,308,406
Public support			
Federal grants	13,924,676	-	13,924,676
State grants	3,064,088	-	3,064,088
Local grants	2,553,098	-	2,553,098
Contributions	18,954	-	18,954
In-kind support	1,450,074	-	1,450,074
Other revenue	4,040,096	-	4,040,096
Total public support	<u>25,050,986</u>	<u>-</u>	<u>25,050,986</u>
Net assets released from restrictions	<u>5,647</u>	<u>(5,647)</u>	<u>-</u>
Total public support and operating revenue	<u>60,365,039</u>	<u>(5,647)</u>	<u>60,359,392</u>
<b>EXPENSES</b>			
Program services			
Medical	40,055,160	-	40,055,160
Dental	4,383,227	-	4,383,227
Pharmacy	3,129,022	-	3,129,022
Total program services	<u>47,567,409</u>	<u>-</u>	<u>47,567,409</u>
Supporting services	<u>13,018,870</u>	<u>-</u>	<u>13,018,870</u>
Total expenses	<u>60,586,279</u>	<u>-</u>	<u>60,586,279</u>
CHANGE IN NET ASSETS	<u>(221,240)</u>	<u>(5,647)</u>	<u>(226,887)</u>
Net assets at beginning of year	<u>24,502,185</u>	<u>355,072</u>	<u>24,857,257</u>
Net assets at end of year	<u>\$ 24,280,945</u>	<u>\$ 349,425</u>	<u>\$ 24,630,370</u>

The accompanying notes are an integral part of this statement.

Community Health Centers of Pinellas, Inc. and Subsidiaries

CONSOLIDATED STATEMENT OF CASH FLOWS

For the year ended May 31, 2022

Cash flows from operating activities	
Change in net assets	\$ (226,887)
Adjustments to reconcile net cash provided by operating activities	
Depreciation and amortization	1,745,416
Loss on sale of property and equipment	5,722
Gain on forgiveness of debt	(3,933,000)
Unrealized loss on investments	217,149
Decrease in patient accounts receivable	88,943
Increase in grant receivables	(1,926,355)
Increase in accounts receivable	(369,516)
Decrease in ground leases receivable	5,647
Increase in inventory	(19,298)
Increase in prepaid expenses	(132,456)
Decrease in deposits	10,000
Increase in accounts payable	838,301
Increase in accrued expenses	2,296,009
Decrease in refundable advance	(209,197)
Total adjustments	<u>(1,382,635)</u>
Net cash used by operating activities	<u>(1,609,522)</u>
Cash flows from investing activities	
Purchase of investments	(1,000,000)
Purchase of property and equipment	<u>(5,332,848)</u>
Net cash used by investing activities	<u>(6,332,848)</u>
Cash flows from financing activities	
Payments on line of credit	(276,600)
Proceeds from notes payable	<u>217,537</u>
Net cash used by financing activities	<u>(59,063)</u>
Net decrease in cash	(8,001,433)
Cash, cash equivalents, and restricted cash at beginning of year	<u>15,424,617</u>
Cash, cash equivalents and restricted cash at end of year	<u>\$ 7,423,184</u>
<u>Supplemental disclosures of cash flow information</u>	
Cash paid during the year - interest	<u>\$ 640,281</u>
Cash paid during the year - income taxes	<u>\$ -</u>
<u>Consolidated Statement of Financial Position Presentation</u>	
Cash and cash equivalents	\$ 6,863,374
Cash restricted for long-term purposes	<u>559,810</u>
Cash, cash equivalents, and restricted cash at end of year	<u>\$ 7,423,184</u>

The accompanying notes are an integral part of this statement.

Community Health Centers of Pinellas, Inc. and Subsidiaries  
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

For the year ended May 31, 2022

	Medical	Dental	Pharmacy	Total Program Services	Supporting Services	Total
Salaries	\$ 19,543,090	\$ 2,846,483	\$ 522,939	\$ 22,912,512	\$ 7,922,369	\$ 30,834,881
Payroll taxes and benefits	4,823,478	453,410	83,560	5,360,448	1,340,112	6,700,560
Total salaries and related expenses	24,366,568	3,299,893	606,499	28,272,960	9,262,481	37,535,441
Advertising and recruiting	621,582	-	-	621,582	155,395	776,977
Bad debt expense	2,596,966	422,177	570	3,019,713	-	3,019,713
Contracted services	4,978,171	-	171,099	5,149,270	-	5,149,270
Donated goods and services	242,903	-	1,057,171	1,300,074	-	1,300,074
Dues and subscriptions	75,099	-	637	75,736	-	75,736
Insurance	358,849	-	-	358,849	89,712	448,561
Interest expense	640,281	-	-	640,281	-	640,281
Leased equipment expense	150,697	-	-	150,697	37,680	188,377
Licenses, permit, and taxes	16,299	75	-	16,374	4,094	20,468
Other expenses and contingencies	-	-	-	-	1,267,589	1,267,589
Postage and freight	19,045	-	-	19,045	4,761	23,806
Printing	45,117	-	-	45,117	11,279	56,396
Professional fees	-	-	-	-	164,130	164,130
Rent	306,253	-	-	306,253	8,599	314,852
Repairs and maintenance	1,032,489	-	1,850	1,034,339	258,585	1,292,924
Supplies	2,112,625	490,711	1,258,683	3,862,019	988,254	4,850,273
Telephone	844,123	5,824	2,912	852,859	213,215	1,066,074
Training	79,178	-	-	79,178	-	79,178
Travel	149,304	2,677	-	151,981	26,119	178,100
Utilities	313,370	744	-	314,114	78,529	392,643
Total expenses before depreciation and amortization	38,948,919	4,222,101	3,099,421	46,270,441	12,570,422	58,840,863
Depreciation and amortization	1,106,241	161,126	29,601	1,296,968	448,448	1,745,416
Total expenses	<u>\$ 40,055,160</u>	<u>\$ 4,383,227</u>	<u>\$ 3,129,022</u>	<u>\$ 47,567,409</u>	<u>\$ 13,018,870</u>	<u>\$ 60,586,279</u>

The accompanying notes are an integral part of this statement.

Community Health Centers of Pinellas, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

May 31, 2022

NOTE A - NATURE OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A description of the organization and a summary of its significant accounting policies consistently applied in the preparation of the accompanying consolidated financial statements follow:

1. Nature of the Organization

Community Health Centers of Pinellas, Inc. (the "Health Center") is a not-for-profit corporation with the express purpose of improving the access of quality primary health care and preventive health education to the medically underserved communities of Pinellas County, irrespective of the ability to pay, and operates under the name Evara Health.

The Health Center provides a comprehensive range of outpatient services, both directly, and through formal referral arrangements with other public and private sources of health care, including prevention, health education, screening, diagnosis, treatment and follow-up care. Agreements have been established with other providers for the provision of related services, including maternity care, radiology, laboratory and pharmacy. The Health Center currently has thirteen operating facilities located in Pinellas County, Florida.

Community Health Centers of Pinellas Foundation, Inc. (the "Foundation") was created on August 23, 2019, for purposes of raising, receiving, and maintaining funds exclusively for the benefit of the Center.

CHCP Real Estate Holding Company, Inc ("CHCPRE") was created on February 7, 2020, to accept the funds from the New Markets Tax Credit (NMTC) transaction described in Note O.

The financial activities of the Health Center, Foundation, and CHCPRE have been consolidated in these financial statements and are collectively referred to as, the Center.

2. Significant Accounting Policies

The accounting and reporting policies of the Center conform to accounting principles generally accepted in the United States of America and are in accordance with the auditing and accounting guides issued by the American Institute of Certified Public Accountants, *Audits of Not-For-Profit Organizations and Audits of Health Care Entities*.

The consolidated financial statements of the Center are the representation of management and include estimates of amounts and judgments it believes are reasonable under the circumstances. Actual results could differ from those estimates.

Community Health Centers of Pinellas, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

May 31, 2022

NOTE A - NATURE OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

3. Patient Service Revenue

Patient service revenue is recorded at the net realizable amounts from patients, third-party payors and others for services provided at established rates with sliding fee adjustments and contractual allowances deducted to determine net patient service revenue. Sliding fee adjustments are determined based on the patients' income and ability to pay.

Contractual adjustments arising under reimbursement agreements with third-party payors are accrued on an estimated basis in the period the related services are rendered. Final settlements are adjusted in future periods, if necessary. The Center believes an adequate provision has been made for all open periods (see Note D).

4. FASB ASC 958-605 and 958-205

The Center adheres to the provisions of Statement of Financial Accounting Standards Board, *Accounting Standards Codification* ("FASB ASC").

FASB ASC 958-605 requires the Center to distinguish between contributions that increase net assets with donor restrictions, and net assets without donor restrictions. It also requires recognition of contributed services meeting certain criteria at fair value.

FASB ASC 958-205 establishes standards for general purpose external financial statements of not-for-profit organizations and requires a statement of financial position, a statement of operations and changes in net assets, a statement of cash flows, and a statement of functional expenses.

5. Cash and Cash Equivalents

Cash and cash equivalents consist of monies in banks and highly liquid short-term money market instruments with maturity of three months or less. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments. Cash equivalents were approximately \$1,013,000 at May 31, 2022.

6. Cash Restricted for Long-Term Purposes

Cash designated and restricted for the payment of interest on notes payable is classified as a non-current asset.

7. Grants Receivable

The Center receives support from various federal, state and local grants. None of the grants receivable at May 31, 2022 were deemed to be uncollectible; accordingly, no provision has been made in the accompanying financial statements.

Community Health Centers of Pinellas, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

May 31, 2022

NOTE A - NATURE OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

8. Inventory

Inventory consists of drugs and is stated at the lower of cost (first-in, first-out method) or market.

9. Property and Equipment

Property and equipment are recorded at cost, or if donated, at fair value at the date of donation. Depreciation is computed on the straight-line method over the estimated useful lives of the related assets, ranging generally from 3 to 40 years.

Maintenance, repairs and minor renewals are expensed in the year in which the expense is incurred. Additions, improvements and major renewals are capitalized. The Center capitalizes property and equipment additions in excess of \$5,000 with a useful life greater than one year.

The cost of assets retired or sold, together with the related accumulated depreciation, is removed from the accounts, and any gain or loss is included in operations in the year of disposal.

10. Refundable Advance

The Center received monies from grants that have not met the criteria for revenue recognition. Accordingly, these funds are presented as current liabilities and the balance approximated \$18,000 at May 31, 2022.

11. Donated Materials

Non-cash contributions include donated vaccines, drugs, medical supplies and other tangible items at an estimated fair value of approximately \$1,450,000 for the year ended May 31, 2022. Donated materials are valued at their estimated fair value at the time of donation.

12. Income Taxes

The Health Center is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code, except for unrelated business activities. The Center is a not-for-profit Florida corporation and therefore is not subject to state income taxes, except for unrelated business activities.

The Foundation was formed in August 2019 and is a tax-exempt organization to benefit the Center.

CHCPRE was formed in February 2020 and is a tax-exempt organization for the purpose of facilitating New Markets Tax Credit transactions.

Community Health Centers of Pinellas, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

May 31, 2022

NOTE A - NATURE OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Management is not aware of any activities that would jeopardize the Center's tax-exempt status. The Center is not aware of any tax positions it has taken that are subject to a significant degree of uncertainty. Tax years after May 31, 2018 remain subject to examination by taxing authorities.

13. Functional Allocation of Expenses

The costs of providing the Center's various programs and other activities have been summarized on a functional basis in the accompanying Consolidated Statement of Operations and Changes in Net Assets and in the Consolidated Statement of Functional Expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. The allocation methodologies are primarily based on employee time and effort, and the types of program service costs incurred.

NOTE B - PROPERTY AND EQUIPMENT

Property and equipment consisted of the following for the year ended May 31, 2022:

Land	\$ 1,530,647
Buildings	27,235,039
Leasehold improvements	890,287
Furniture and equipment	8,026,081
Vehicles	<u>719,533</u>
	38,401,587
Less accumulated depreciation	<u>(9,950,986)</u>
	28,450,601
Construction in process	<u>2,844,339</u>
	<u><u>\$ 31,294,940</u></u>

NOTE C - GROUND LEASES RECEIVABLE

The Center is party to ground leases with the City of St. Petersburg, Florida and the City of Tarpon Springs, Florida, whereby the Center leases land at \$1 per year or at below-market rates in exchange for the Center providing healthcare services to those local communities. The ground leases receivable at May 31, 2022 total \$349,425.



Community Health Centers of Pinellas, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

May 31, 2022

NOTE C - GROUND LEASES RECEIVABLE - Continued

The ground leases receivable are expected to be realized as follows:

In one year or less	\$ 5,646
Between one and five years	25,553
Greater than five years	<u>318,226</u>
	<u>\$ 349,425</u>

NOTE D - NET PATIENT SERVICE REVENUE

The Center has agreements with third-party payors that provide for payments to the Center at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

- Medicare - Outpatient services rendered to Medicare beneficiaries are paid based on a cost reimbursement methodology. The Center is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Center and audits thereof by the Medicare fiscal intermediary. The Center's Medicare cost reports have been reviewed by the Medicare fiscal intermediary through May 31, 2021.
- Medicaid - Outpatient services rendered to Medicaid program beneficiaries are paid on a prospective payment basis. Payment rates are determined by governmental agencies and are adjusted annually.

The Center's net patient service revenue consisted of the following for the year ended May 31, 2022:

Medicaid	\$ 39,952,591
Medicare	2,666,030
Private insurance	11,283,943
Special contracts	505,189
Patient self-pay	<u>10,488,957</u>
	64,896,710
Less third-party payor and other contractual adjustments	<u>(29,588,304)</u>
Net patient service revenue	<u>\$ 35,308,406</u>

Patient accounts receivable include an allowance for uncollectible amounts of approximately \$4,449,000 at May 31, 2022.

Community Health Centers of Pinellas, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

May 31, 2022

NOTE E - CHARITY CARE

As a part of the Center's mission, it provides income-based discounts to patients who are financially unable to pay for the health care services they receive. The Center's policy is to utilize a sliding fee scale, where based on the patient's income in relation to federal poverty guidelines, the Center provides discounts to the Center's usual and customary charges from 0% to 75%. Accordingly, the Center immediately discounts services at the time of revenue recognition. The costs of serving charity care patients for the year ended May 31, 2022 approximated \$7.7 million.

NOTE F - INVESTMENTS

Investments consist of the following at May 31, 2022:

Money market funds	\$	241,799
Equity securities		1,470,026
Certificates of deposit		907,741
Investment in ACO		<u>354,400</u>
	\$	<u><u>2,973,966</u></u>

The CD investments have a variety of maturity dates with some being less than one year, while others are longer. As the Center's intent is to hold the investments for long-term purposes, these investments have been classified as a long-term asset.

The Center has a non-controlling interest in an Accountable Care Organization (ACO) with a cost basis of \$479,400. Management estimated and recorded an impairment loss associated with this investment of \$143,000 during the year ended May 31, 2016. The Center has estimated the fair value of the investment to be \$354,400 at May 31, 2022.

NOTE G - OPERATING LEASES

The Center leases office space and equipment under several non-cancelable operating leases. Future minimum lease payments approximate the following:

<u>Year ending May 31,</u>	
2023	\$ 473,000
2024	470,000
2025	173,000
2026	45,000
2027	6,000
Thereafter	<u>44,000</u>
	<u><u>\$ 1,211,000</u></u>

Community Health Centers of Pinellas, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

May 31, 2022

NOTE G - OPERATING LEASES - Continued

Total rent expense under cancelable and noncancelable operating leases for the year ended May 31, 2022 approximated \$500,000.

NOTE H - NOTE RECEIVABLE

Notes receivable consist of the following at May 31, 2022:

Note receivable from a private investment group in the amount of \$11,502,500 dated April 30, 2020, with fixed interest rate of 1.0%, annual payments, interest only through April 30, 2027, principal and interest of \$700,587 thereafter, maturing December 31, 2045.

	\$ 11,502,500
Less current portion	<u>-</u>
	<u>\$ 11,502,500</u>

Maturities on notes receivable are as follows:

<u>Year ending May 31,</u>	
2023	\$ -
2024	-
2025	-
2026	-
2027	-
Thereafter	<u>11,502,500</u>
	<u>\$ 11,502,500</u>

NOTE I - LINE OF CREDIT

The Center has a \$11,267,100 non-revolving line of credit, collateralized by certain owned and leased properties, interest at 3.05% maturing October 1, 2027. The line of credit had a balance of \$10,944,638 at May 31, 2022.

The Center has a \$2,000,000 revolving line of credit, collateralized by all accounts receivable, inventory, equipment, and general intangibles, interest at LIBOR (0.10% at May 31, 2022) plus 2.75%, maturing December 20, 2022. The line of credit was not drawn on at May 31, 2022.

Community Health Centers of Pinellas, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

May 31, 2022

NOTE J - LONG-TERM DEBT

Long-term debt consisted of the following at May 31, 2022:

Note payable to a private investment group in the amount of \$5,686,320 dated April 30, 2020, with fixed interest rate of 1.268%, annual payments, interest only through December 1, 2026, principal and interest of \$297,819 thereafter, maturing December 31, 2049.	\$ 5,686,320
Note payable to a private investment group in the amount of \$2,335,680 dated April 30, 2020, with fixed interest rate of 1.268%, annual payments, interest only through December 1, 2026, principal and interest of \$122,330 thereafter, maturing December 31, 2049.	2,335,680
Note payable to a private investment group in the amount of \$5,816,180 dated July 16, 2020, with fixed interest rate of 1.268%, annual payments, interest only through December 1, 2026, principal and interest of \$304,620 thereafter, maturing December 31, 2049.	5,816,180
Note payable to a private investment group in the amount of \$2,396,820 dated July 16, 2020, with fixed interest rate of 1.268%, annual payments, interest only through December 1, 2026, principal and interest of \$125,533 thereafter, maturing December 31, 2049.	2,396,820
Note payable to the Florida Community Loan Fund in the amount of \$200,000, dated April 29, 2020, with fixed interest rate of 5%, deferred payments until November 30, 2021, maturing April 29, 2027.	200,000
Note payable to the Florida Community Loan Fund in the amount of \$200,000, dated April 29, 2020, with fixed interest rate of 1%, payments of principal and interest deferred and to be forgiven in April 2027, contingent upon compliance with terms outlined in the loan agreement.	200,000
Mortgage note payable in the amount of \$459,579, secured by a mortgage from the City of St. Petersburg, Florida under a Community Development Block Grant to renovate the historic Mercy Hospital, payments of principal and interest deferred and to be forgiven in January 2028, contingent upon the Center's compliance with certain terms and conditions, as defined in the Agency Agreement with the City of St. Petersburg.	459,579
	<u>17,094,579</u>
Less current portion	<u>(33,076)</u>
	<u>\$ 17,061,503</u>

Community Health Centers of Pinellas, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

May 31, 2022

NOTE J - LONG-TERM DEBT - Continued

Maturities on notes payable are as follows:

<u>Year ending May 31,</u>	
2023	\$ 33,076
2024	33,945
2025	35,660
2026	37,485
2027	59,834
Thereafter	<u>16,894,579</u>
	<u>\$ 17,094,579</u>

The Center was granted full forgiveness on its Paycheck Protection Program (PPP) loan by the U.S. Small Business Administration (SBA) in October 2021. A corresponding gain on forgiveness of debt was recognized as other revenue on the Statement of Operations and Changes in Net Assets of \$3,933,000 for the year ended May 31, 2022.

NOTE K - PENSION PLAN

The Center maintains a Tax Deferred Annuity Plan under Section 403(b) of the Internal Revenue Code for all employees who have completed one year of service. The employer contribution is at the sole discretion of the Center. Contributions made by the Center approximated \$946,000 for the year ended May 31, 2022.

NOTE L - CONCENTRATIONS OF CREDIT RISK

The Center derives a significant portion of its patient service revenue from government grants and Medicaid. A significant reduction in the level of this support, if this were to occur, may have an effect on the Center's activities. The Center's total unrestricted public support and revenue consisted of the following approximate percentages for the year ended May 31, 2022:

Federal grants	23%
State and local grants	9%
Medicaid	34%
Medicare	2%
Private insurance	13%
Patient self-pay	10%
Special contracts	1%
In-kind support	2%
Other	<u>6%</u>
	<u>100%</u>

Community Health Centers of Pinellas, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

May 31, 2022

NOTE L - CONCENTRATIONS OF CREDIT RISK - Continued

The Center had cash and cash equivalents in excess of federally insured limits approximating \$5,208,000 at May 31, 2022.

NOTE M - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions net consist of a ground leases receivable which restricts the use of the leased facilities as a primary care health center. See Note C for more information.

NOTE N - FAIR VALUE OF FINANCIAL INSTRUMENTS

Financial Accounting Standards Board ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

- Level 1 valuations, where the valuation is based on quoted market prices for identical assets or liabilities traded in active markets (which include exchanges and over-the-counter markets with sufficient volume),
- Level 2 valuations, where the valuation is based on quoted market prices for similar instruments traded in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market, and
- Level 3 valuations, where the valuation is generated from model-based techniques that use significant assumptions not observable in the market, but observable based on company-specific data. These unobservable assumptions reflect the Center's own estimates for assumptions that market participants would use in pricing the asset or liability. Valuation techniques typically include option pricing models, discounted cash flow models and similar techniques, but may also include the use of market prices of assets or liabilities that are not directly comparable to the subject asset or liability.

*Money market funds:* Consist of short term, highly liquid investments with a net asset value of \$1. The Center has classified these investments as a Level 1 measurement.

*Investments (Equity Securities and Fixed Income):* Primarily consist of domestic equity and bond funds. The Center has classified these investments as a Level 1 measurement.

*Investment in Accountable Care Organization ("ACO"):* The ACO does not trade on an active market nor do any similar organizations. The Center considers this to be a Level 3 measurement and values this investment at the cost basis with any adjustments for impairment.

Community Health Centers of Pinellas, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

May 31, 2022

NOTE N - FAIR VALUE OF FINANCIAL INSTRUMENTS - Continued

The following table presents financial assets measured at fair value on a recurring basis as of May 31, 2022:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Money market funds	\$ 241,799	\$ -	\$ -	\$ 241,799
Equity securities	1,470,026	-	-	1,470,026
Investment in ACO	-	-	354,400	354,400
	<u>\$ 1,711,825</u>	<u>\$ -</u>	<u>\$ 354,400</u>	<u>\$ 2,066,225</u>

The Center has investments in certificates of deposits (CD's) that approximate \$908,000 and are included in the investment balance on the statement of financial position. Generally, CD's do not meet the definition of a security and therefore are not subject to fair value measurements and the related disclosures such as the leveling hierarchy and have not been presented in the table above.

NOTE O - NEW MARKETS TAX CREDIT TRANSACTION

The Center entered into several debt and receivable transactions during fiscal years 2020 and 2021 in order to make additional funds available to it through the New Markets Tax Credit ("NMTC") Program. As part of these transactions, the Center created CHCP Real Estate Holding Company, Inc. (as described in Note A1). The NMTC Program permits taxpayers to claim a credit against federal income taxes for Qualified Equity Investments ("QEI") in designated Community Development entities ("CDE"). These designated CDE's must use substantially all (85%) of the proceeds to make Qualified Low-Income Community Investments ("QLICI"). The investor is provided with a tax credit, which is typically claimed over a seven year period.

U.S. Bancorp Community Development Corporation ("USBCDC") made a capital contribution to the USBCDC Investment Fund 312, LLC ("the Fund") pursuant to the operating agreement of the investment fund. The contribution totaled \$11,319,080, of which \$8,600,000 constitutes prefunded equity and \$2,719,080 constitutes USBCDC's net capital contribution.

The Fund made a capital contribution to FCNMF 30, LLC ("Sub-CDE") in the amount of \$8,400,000 pursuant to the operating agreement of the Sub-CDE. Additional capital contributions by the Fund were made to the Sub-CDE in the amount of \$4,000,000 and \$4,600,000 were made pursuant to the operating agreement of the Sub-CDE. These capital contributions are intended to constitute a qualified equity investment under Section 45D of the Internal Revenue Code of 1986, as amended.

Community Health Centers of Pinellas, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

May 31, 2022

NOTE O - NEW MARKETS TAX CREDIT TRANSACTION - Continued

The Fund made an initial advance to CHCP Real Estate Holding Company, Inc (“QALICB”) pursuant to the loan agreement between the Sub-CDE and the QALICB (“QLICI Loan Agreement”). The initial advance was made in the form of two notes. Promissory Note A-1 totaling \$5,686,320 and Promissory Note B-1 totaling \$2,335,680 (“QLICI loans”). The Fund made a second advance to CHCP Real Estate Holding Company, Inc. in the form of two additional notes. Promissory Note A-2 totaling \$5,816,180 and Promissory note B-2 totaling \$2,396,820. See Note J for terms of these notes payable. The CHCP Real Estate Holding Company, Inc. plans to use the proceeds from the QLICI loans to purchase buildings and improvements, certain furniture and fixtures and medical equipment.

Community Health Centers of Pinellas, Inc. made a leverage loan to USBCDC Investment Fund 312, LLC (the “Fund”) totaling \$11,502,500 pursuant to the terms of the Fund Loan Agreement. See Note H for terms of the note receivable to the Center.

In connection with making the loan to the Fund, the Center entered into a put/call agreement with the Investor Member to allow the Center to call the Investor Member’s interest in the investment fund on the first day following the end of the Tax Credit Investment Period. The purchase price of the interest is \$1,000 plus any transfer taxes and closing costs attributable to the exercise of the investment fund put/call. No amounts have been recorded on the accompanying consolidated financial statements related to this put/call option.

NOTE P - COMMITMENTS AND CONTINGENCIES

From time to time the Center becomes involved in various matters of litigation. The Center is a defendant in a lawsuit along with other Pinellas County, Florida healthcare providers. The Center is represented by legal counsel, and along with certain co-defendants, has filed a motion to dismiss the lawsuit. As of the report date, the District Court has not ruled on the joint motion to dismiss. The potential legal exposure could be two times the alleged damages, or approximately \$4 million. The Center’s legal counsel has not provided a likelihood of an unfavorable outcome due to the early stages of the litigation. Notwithstanding, the Center has accrued a legal liability of \$1.2 million towards this contingency as of May 31, 2022.

During the year ended May 31, 2022, the Center entered into a construction contract relating to future commitments to renovate an existing center approximating \$699,000.

NOTE Q - LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

The Center maintains a policy of structuring its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, the Center invests cash in excess of weekly requirements in short term Money Market accounts with a financial institution. The following reflects the Center’s financial assets as of May 31, 2022, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of the statement of financial position date. Amounts not available include amounts designated by the board to meet future liabilities that could be drawn upon if the board approves that action.



Community Health Centers of Pinellas, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

May 31, 2022

NOTE Q - LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS - Continued

Cash and cash equivalents	\$ 6,863,374
Patient account receivables	3,011,004
Grants and other receivables	<u>3,269,689</u>
	13,144,067
Less: Amounts reserved for and committed to future capital projects	<u>(4,571,065)</u>
Total financial assets available to management for expenditure within one year	<u>\$ 8,573,002</u>

NOTE R - RISKS AND UNCERTANTIES

In March 2020, The United States and global financial markets experienced significant volatility resulting from uncertainty caused by the world-wide coronavirus pandemic (COVID-19). General economic uncertainties have arisen that may impact future cash flows and changes in net assets as a result of the pandemic. The related financial impact cannot be reasonably estimated at this time.

NOTE S - SUBSEQUENT EVENTS

The Center has evaluated events and transactions occurring subsequent to May 31, 2022 as of September 20, 2022 which is the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

Community Health Centers of Pinellas, Inc. and Subsidiaries

CONSOLIDATING STATEMENT OF FINANCIAL POSITION

For the year ended May 31, 2022

	Community Health Centers of Pinellas, Inc.	CHCP Real Estate Holdings Company, Inc.	Community Health Centers of Pinellas Foundation, Inc.	Eliminations	Totals
<b>ASSETS</b>					
Cash and cash equivalents	\$ 5,452,782	\$ 1,203,147	\$ 207,445	\$ -	\$ 6,863,374
Patient accounts receivable, net	3,011,004	-	-	-	3,011,004
Grants receivable	2,767,128	-	-	-	2,767,128
Accounts receivable	610,543	4,456,905	-	(4,564,887)	502,561
Inventory	33,366	-	-	-	33,366
Prepaid expenses	444,576	-	-	-	444,576
Ground leases receivable, current	1,491	4,155	-	-	5,646
<b>Total current assets</b>	<b>12,320,890</b>	<b>5,664,207</b>	<b>207,445</b>	<b>(4,564,887)</b>	<b>13,627,655</b>
Cash restricted for long-term purposes	-	559,810	-	-	559,810
Property and equipment, net of accumulated depreciation	16,634,338	14,660,602	-	-	31,294,940
Other assets					
Deposits	38,744	-	-	-	38,744
Investments	2,973,966	-	-	-	2,973,966
Ground leases receivable, long term	167,187	176,592	-	-	343,779
Note receivable	11,502,500	-	-	-	11,502,500
<b>Total long-term assets</b>	<b>31,316,735</b>	<b>15,397,004</b>	<b>-</b>	<b>-</b>	<b>46,713,739</b>
<b>TOTAL ASSETS</b>	<b>\$ 43,637,625</b>	<b>\$ 21,061,211</b>	<b>\$ 207,445</b>	<b>\$ (4,564,887)</b>	<b>\$ 60,341,394</b>
<b>LIABILITIES AND NET ASSETS</b>					
Accounts payable	\$ 5,527,248	\$ 395,383	\$ 214,419	\$ (4,102,018)	\$ 2,035,032
Accrued expenses	5,995,536	85,775	-	(462,869)	5,618,442
Refundable advance	8,333	-	10,000	-	18,333
Current portion long-term debt	33,076	-	-	-	33,076
<b>Total current liabilities</b>	<b>11,564,193</b>	<b>481,158</b>	<b>224,419</b>	<b>(4,564,887)</b>	<b>7,704,883</b>
Line of Credit	10,944,638	-	-	-	10,944,638
Notes payable	826,503	16,235,000	-	-	17,061,503
<b>Total long-term liabilities</b>	<b>11,771,141</b>	<b>16,235,000</b>	<b>-</b>	<b>-</b>	<b>28,006,141</b>
<b>Total liabilities</b>	<b>23,335,334</b>	<b>16,716,158</b>	<b>224,419</b>	<b>(4,564,887)</b>	<b>35,711,024</b>
Net assets					
Without donor restrictions	20,133,613	4,164,306	(16,974)	-	24,280,945
With donor restrictions	168,678	180,747	-	-	349,425
<b>Total net assets</b>	<b>20,302,291</b>	<b>4,345,053</b>	<b>(16,974)</b>	<b>-</b>	<b>24,630,370</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 43,637,625</b>	<b>\$ 21,061,211</b>	<b>\$ 207,445</b>	<b>\$ (4,564,887)</b>	<b>\$ 60,341,394</b>

Community Health Centers of Pinellas, Inc. and Subsidiaries

CONSOLIDATING STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

For the year ended May 31, 2022

	Community Health Centers of Pinellas, Inc.	CHCP Real Estate Holdings Company, Inc.	Community Health Centers of Pinellas Foundation, Inc.	Eliminations	Totals
<b>PUBLIC SUPPORT AND OPERATING REVENUE</b>					
Net patient service revenue	\$ 35,308,406	\$ -	\$ -	\$ -	\$ 35,308,406
Public support					
Federal grants	13,924,676	-	-	-	13,924,676
State grants	3,064,088	-	-	-	3,064,088
Local grants	2,553,098	-	-	-	2,553,098
Contributions	-	-	18,954	-	18,954
In-kind support	1,450,074	-	-	-	1,450,074
Other revenue	4,040,080	447,525	15	(447,524)	4,040,096
Total public support	25,032,016	447,525	18,969	(447,524)	25,050,986
Total public support and operating revenue	60,340,422	447,525	18,969	(447,524)	60,359,392
<b>EXPENSES</b>					
Program services					
Medical	39,872,321	630,363	-	(447,524)	40,055,160
Dental	4,320,375	62,852	-	-	4,383,227
Pharmacy	3,117,475	11,547	-	-	3,129,022
Total program services	47,310,171	704,762	-	(447,524)	47,567,409
Supporting services	12,687,061	202,005	129,804	-	13,018,870
Total expenses	59,997,232	906,767	129,804	(447,524)	60,586,279
CHANGE IN NET ASSETS	343,190	(459,242)	(110,835)	-	(226,887)
Net assets at beginning of year	20,002,971	4,760,425	93,861	-	24,857,257
Net asset transfers	(43,870)	43,870	-	-	-
Net assets at end of year	\$ 20,302,291	\$ 4,345,053	\$ (16,974)	\$ -	\$ 24,630,370

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
COMMUNITY HEALTH CENTERS OF PINELLAS, INC. AND SUBSIDIARIES  
For the year ended May 31, 2022

Community Health Centers of Pinellas, Inc. and Subsidiaries

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

For the year ended May 31, 2022

Federal Grantor/Pass-Through Grantor/Program Title or Cluster Title	Assistance Listing Number	Pass-Through Entity Identifying Number	Pass-Through to Subrecipients	Total Federal Expenditures
<b>U.S. Department of Health and Human Services -</b>				
<b><i>Direct programs</i></b>				
<b><i>Health Centers Cluster</i></b>				
Bureau of Primary Health Care				
Community Health Centers				
Grants for New and Expanded Services Under the Health Center Program				
	93.527			
H80CS00463-20-00		-	-	\$ 3,731,853
H80CS00463-20-04		-	-	136,596
Q8VCS45435-01-00		-	-	125,250
Health Centers Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)				
	93.224			
H80CS00463-20-00		-	-	1,409,715
COVID-19 - H8FCS40918-01-00		-	-	4,963,405
H80CS00463-20-00		-	-	423,709
C14CS39907-01-00		-	-	687,195
Total Health Centers Cluster				11,477,723
Bureau of Primary Health Care				
Family Planning Services	93.217	-	-	705,337
Provider Relief Fund	93.498			540,232
Teaching Health Center Graduate Medical Education	93.530			67,245
Subtotal direct programs U.S. Department of Health and Human Services				12,790,537
Total U.S. Department of Health and Human Services				12,790,537
<b>U.S. Department of Housing and Urban Development -</b>				
<b><i>Indirect program</i></b>				
Pass-through the City of St. Petersburg, Florida				
Community Development Block Grant/ Entitlement Grants (loan guarantee)				
	14.218	-	-	* 459,579
Total U.S. Department of Housing and Urban Development				459,579
Total expenditures of federal awards				\$ 13,250,116

\*This amount represents loans from a previous year for which the federal agency imposes continuing compliance requirements.

The accompanying notes are an integral part of this schedule.

Community Health Centers of Pinellas, Inc. and Subsidiaries

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

May 31, 2022

NOTE A - BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accompanying Schedule of Expenditures of Federal Awards includes the federal grant activity of Community Health Centers of Pinellas, Inc. and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because this schedule presents only a selected portion of the operations of the Center, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Center.

Expenditures reported on the Schedule of Expenditures of Federal Awards are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types are not allowable or are limited as to reimbursement. Negative amounts shown in the schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years.

NOTE B - INDIRECT COST RATE

The Center did not use the 10-percent de minimis indirect cost rate under the Uniform Guidance.

NOTE C - CONTINGENCIES

These federal programs are subject to financial and compliance audits by grantor agencies which, if instances of material noncompliance are found, may result in disallowed expenditures and affect the Center's continued participation in specific programs. The amount, if any, of expenditures which may be disallowed by the grantor agencies cannot be determined at this time, although the Center expects such amounts, if any, to be immaterial.

NOTE D - FEDERAL LOAN PROGRAM

The federal loan program listed below was provided by the U.S. Department of Housing and Urban Development in 2004, passed through the City of St. Petersburg. This loan was issued to make renovations at the Historic Mercy Hospital located at the Johnnie Ruth Clark Health Center. The loan balance outstanding at the beginning of the year is included in the federal expenditures presented in the Schedule. No new federal loans were entered into during the year ended May 31, 2022.

Community Health Centers of Pinellas, Inc. and Subsidiaries

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS - CONTINUED

May 31, 2022

NOTE D - FEDERAL LOAN PROGRAM - Continued

The balance of loans outstanding at May 31, 2022 consists of:

<u>Assistance Listing Number</u>	<u>Program Name</u>	<u>Outstanding Balance at May 31, 2022</u>
14.218	Community Development Block Grant (loan guarantee)	<u>\$ 459,579</u>

NOTE E - SUBRECIPIENTS

The Center did not provide any federal awards to subrecipients.



INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER  
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON  
AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE  
WITH *GOVERNMENT AUDITING STANDARDS*

COMMUNITY HEALTH CENTERS OF PINELLAS, INC. AND SUBSIDIARIES

May 31, 2022



INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL  
OVER FINANCIAL REPORTING AND ON COMPLIANCE AND  
OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL  
STATEMENTS PERFORMED IN ACCORDANCE WITH  
GOVERNMENT AUDITING STANDARDS

Board of Directors  
Community Health Centers of Pinellas, Inc. and Subsidiaries

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Community Health Centers of Pinellas, Inc. and Subsidiaries (the "Center"), which comprise the consolidated statement of financial position as of May 31, 2022, and the related consolidated statements of operations and changes in net assets, cash flows, and functional expenses for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated September 20, 2022.

**Report on Internal Control Over Financial Reporting**

In planning and performing our audit of the consolidated financial statements, we considered the Center's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control. Accordingly, we do not express an opinion on the effectiveness of the Center's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.



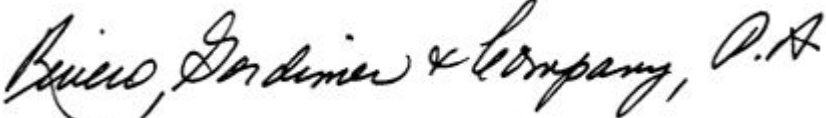
## Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Center's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Center's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Tampa, Florida  
September 20, 2022



Benicio, Gordinier & Company, P.A.

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR  
EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER  
COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

COMMUNITY HEALTH CENTERS OF PINELLAS, INC. AND SUBSIDIARIES

May 31, 2022



**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR  
EACH MAJOR PROGRAM AND ON INTERNAL CONTROL  
OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

Board of Directors  
Community Health Centers of Pinellas, Inc. and Subsidiaries

**Report on Compliance for Each Major Federal Program**

***Opinion on Each Major Federal Program***

We have audited Community Health Centers of Pinellas, Inc. and Subsidiaries' (the "Center's") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Center's major federal programs for the year ended May 31, 2022. The Center's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, Community Health Centers of Pinellas, Inc. and Subsidiaries complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended May 31, 2022.

***Basis for Opinion on Each Major Federal Program***

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Community Health Centers of Pinellas, Inc. and Subsidiaries and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Community Health Centers of Pinellas, Inc. and Subsidiaries' compliance with the compliance requirements referred to above.



## ***Responsibilities of Management for Compliance***

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Community Health Centers of Pinellas, Inc. and Subsidiaries' federal programs.

## ***Auditor's Responsibilities for the Audit of Compliance***

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Community Health Centers of Pinellas, Inc. and Subsidiaries' compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Community Health Centers of Pinellas, Inc. and Subsidiaries' compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Community Health Centers of Pinellas, Inc. and Subsidiaries' compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Community Health Centers of Pinellas, Inc. and Subsidiaries' internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Community Health Centers of Pinellas, Inc. and Subsidiaries' internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

## **Report on Internal Control over Compliance**

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis.

*A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

A handwritten signature in black ink that reads "Benicio, Gordinier & Company, P.A." The signature is written in a cursive, flowing style.

Tampa, Florida  
September 20, 2022

SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
COMMUNITY HEALTH CENTERS OF PINELLAS, INC. AND SUBSIDIARIES  
May 31, 2022



Community Health Centers of Pinellas, Inc. And Subsidiaries

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

For the year ended May 31, 2022

**Section I - Summary of Auditors' Results**

**Financial Statements**

Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP:

Unmodified

Internal control over financial reporting:

Material weakness(es) identified?

     yes   X   no

Significant deficiency(ies) identified?

     yes   X   none reported

Noncompliance material to financial statements noted?

     yes   X   no

**Federal Awards**

Internal control over major programs:

Material weakness(es) identified?

     yes   X   no

Significant deficiency(ies) identified?

     yes   X   none reported

Type of auditors' report issued on compliance for major federal programs:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)

     yes   X   no

Identification of major federal programs:

Assistance Listing Number

Name of Federal Program or Cluster

93.527/93.224 - Cluster

U.S. Department of Health and Human Services  
Health Center Program Cluster

Dollar threshold used to distinguish between type A and type B programs:

\$ 750,000

Auditee qualified as low-risk auditee:

  X   yes      no

**Section II - Financial Statement Findings**

No matters were reported for the year ended May 31, 2022

**Section III - Federal Award Findings and Questioned Costs**

No matters were reported for the year ended May 31, 2022

A summary of prior year audit findings is not presented because there were no prior year audit findings.

