

Application Form

Organization Information

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

The evaluation rubric that will be used to score your request is now available here: [Download Rubric](#)

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

Organization Name*

Community Health Centers of Pinellas, Inc. DBA Evara Health

Proposal Name*

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

Largo Dental Equipment

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 should be no longer than one or two sentences.

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.

\$64,410,526.00

Amount Requested*

The maximum grant amount is \$199,999.

\$69,873.00

Parent Non-Profit/Subsidiaries*

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

Example

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

No

Request Specifics

Organization Programmatic Background*

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

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+.

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.

Access to affordable dental services is essential to combat disease and improve overall health status. Dental disease affects your ability to eat well, sleep, talk, and smile. It affects children's self-esteem and ability to pay attention and learn at school. Dental pain and aesthetics can hinder your ability to obtain the kind of job you need to support your family. Poor oral health impacts work attendance and overall financial stability. Oral health can contribute to diseases and conditions such as cardiovascular disease, pneumonia, and pregnancy and birth complications (Mayo Clinic). In 2016, 37.3% of Pinellas County adults did not visit a dentist or dental clinic, and 49.1% had a permanent tooth removed because of tooth decay or gum disease (FL Health Charts.)

The 2022 Pinellas County Prioritization meeting for the All4HealthFL Collaborative noted the need for increased access to dental care. 22% of survey respondents had unmet dental needs with the top reasons being 1) unable to afford to pay for care 2) do not have insurance to cover dental care, and 3) unable to schedule an appointment when needed.

There are over 107,000 residents that live within 3 miles of the proposed Largo Dental center. Of this population, 34% are low-income, 12% live in poverty, 21% racial/ethnic minorities, 10% Hispanic, and 13% uninsured. 36% of this disadvantaged community have not had a dental visit in the past year (UDS Dashboards 4/25/22 for ZCTAs 33770, 33771, 33773, 33774, 33778).

Largo is a designated Health Professional Shortage Area (HPSA) for Dental Health, Mental Health and Primary Care, and is designated as a Low-Income, Medically Underserved Population (MUP) service area by HRSA. Proper dental care relieves pain, improves physical appearance, decreases stress, and positively contributes to educational and economic outcomes. Providing access to affordable dental services in this service area is necessary to improve the overall health of this community.

Negative Economic Impact on Organization*

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

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

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

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.

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. The Large Project Letter of Intent does not permit uploads to support the answer to this question.

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.

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.

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 purchase proposal and address the following:

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

Evara Health proposes to purchase dental equipment necessary to support newly expanded oral health services at its Largo health center. The dental equipment will include 4 dental chairs, a dental compressor, and a dental vacuum, all of which are essential for the operations of oral health services at this new location scheduled to open March 2023. The estimated lifespan of the dental chairs is 15 to 20 years and the estimated lifespan of the dental compressor and dental vacuum is 7 to 10 years. The Largo Dental program will have a positive impact on the vulnerable and underserved residents of Pinellas County for years to come.

The COVID-19 pandemic and resulting inflation have had far-reaching negative economic impacts on both Evara Health and the patients served. As the safety-net provider of the County, 94% of Evara patients are low-income and 80% are at or below the poverty level. Not only have medical needs increased since the beginning of the pandemic but the rising cost of living and the housing crisis have further burdened one's ability to obtain care. The need for equitable and affordable care has never been greater.

The number one barrier faced by disadvantaged residents in obtaining dental care is financial. For those with limited resources, dental procedures and appliances are often considered out of reach due to cost. Through Evara's Largo Dental program, all patients will have equitable access to dental services. Evara will provide equitable care by offering a sliding fee schedule that accommodates varying income levels to assure access to quality services for all members of the community regardless of their ability to pay. Low-income patients will be assisted to obtain insurance/benefits and be linked with community partners to address other needs.

In 2020, the rate of preventable hospitalizations from dental conditions (Under 65) in Pinellas County was 36% higher than the rate for the State of Florida (FL Health Charts.) Evara dental providers offer same day exams for patients who present with oral pain in addition to affordable medications through its 340B pharmacies. In 2021, Evara provided 5,311 emergency visits to 4,897 patients, possibly alleviating thousands of avoidable emergency room visits. 23% of Evara's dental encounters in 2021 were for emergency dental issues. This is especially imperative for the low-income population who may have no other source of care and often turn to the hospital emergency room as an alternative.

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

Funding to support additional dental capacity is critical for Evara to be able to reduce the number of unserved community members with dental needs. The target population that will benefit from the dental equipment at the Largo health center are the disadvantaged population of Pinellas County who have suffered disproportionate negative impacts from the COVID-19 pandemic, including racial/ethnic minorities, LGBTQIA+ persons, persons with disabilities, and those who are low income, uninsured, and underinsured.

The program will provide direct and equitable access to dental care in Largo, in addition to the full scope of medical, supportive, and outreach services that Evara offers. There will be no eligibility criteria to receive dental services from the proposed program as services are offered to all, regardless of insurance status or income level.

Evara Health is the primary safety-net healthcare provider in Pinellas County and provides comprehensive primary care directly in the most vulnerable communities. In 2021, Evara Health served over 61,000 patients. 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), 25% are uninsured, 46% underinsured (on Medicaid or CHIP), 61% are racial and/or ethnic minorities, 25% Hispanic, 13% best served in a language other than English, 5% lack stable housing, and 3% LGBTQIA+.

Evara offers state-of-the-art, comprehensive healthcare to all, including the most at-risk populations. Evara views Pinellas County as one human family and makes accommodations for all patients to receive equitable care by providing culturally sensitive communications, language translation services, and racially and ethnically diverse staff. Patients are offered a sliding fee discount schedule, based on household income, to accommodate their financial needs and no patient is denied care due to an inability to pay.

Number Served*

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

1706

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

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

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

Unduplicated

Other (Explanation Required)

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

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

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

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

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

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

Headquarters Location*

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

14100 58th St N, Clearwater, FL 33760

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

Yes

Purchase Location*

Where will the majority of the activities related to the purchase(s) take place?

Examples

- If you are proposing the purchase of a van that will deliver to multiple areas within Pinellas County, specifically mention what areas those are.
- If your purchase enables remote access to your services, such as telehealth, provide geographical data around where the majority of your clients reside (presuming they will access your services from their residence).

The Largo Dental center will be located within Evara Health's Largo Health Center, located at 12420 130th Ave N, Largo, FL 33774. This health center is co-located in the same building with the Largo Health Department. The geographic area for the site is a designated Health Professional Shortage Area (HPSA) for Dental Health, Mental Health and Primary Care, and is designated as a Low-Income, Medically Underserved Population (MUP) service area by the Health Resources and Services Administration (HRSA).

Program services will be available to all residents countywide. Patients of Evara Health are offered appointments for services at any center location in the County. Patients also have access to the full array of medical, enabling, and ancillary services offered throughout its network, including outreach and enabling assistance from Community Services Specialists. In addition, Evara Health works to remove barriers faced by the vulnerable population in receiving care. Evara provides HIPAA-compliant transportation and translation services to eligible patients, when needed, as well as assistance in obtaining health insurance.

QCT Determination - Purchase*

Does this organization's proposed purchase benefit residents of QCTs?

No

Community Connection

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.

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 the proposed dental expansion program is Evara Health's coordination of care within Evara's network and with partnering community organizations. Evara dental patients will be referred for other primary care services just as medical patients will be referred for dental care. This will include same day warm transfers, especially when the services are co-located as they will be at the Largo center. Community partners assist in identifying disadvantaged residents in need of dental care and in turn, supplement the care provided by Evara to achieve optimal and equitable health outcomes. Evara Health's Community Services Specialists provide free outreach to the community and healthcare navigation services, regardless of patient status.

Evara Health has a unique collaboration with AdventHealth North Pinellas Hospital, where an Evara case manager serves as a Patient Navigator. This navigator receives notification of patients discharging or who present to the emergency room and lack a Medical or Dental Home. They are assisted to connect to follow-up and preventive care. 2-1-1 Tampa Bay Cares, offers 24/7 access to connect people with needed resources. They are active collaborators with Evara and refer clients for services.

Operation PAR is a partnering substance use disorder provider for Evara that provides addiction services. Patients identified with substance use needs are referred to Operation PAR for support and services. Additional community partners include BayCare Health, Bayfront Health, Johns Hopkins All Children's Hospital, Suncoast Health Council MedNet© Prescription Assistance Program, and HMOs managing health care services for Medicaid recipients in the County.

The proposed Largo Dental program will be co-located in the same building as the Largo Health Department, a long-standing community partner. This will ease coordination of care for patients of the Largo Health Department with oral health needs.

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

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

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

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+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable."

None of the above

Proposal Costs

Purchase Estimates/Bids*

You must combine all bids/estimates into one file.

Attach current verifiable bids, estimates, or price lists [from your potential vendor(s)]. Please ensure there is a date listed or when you obtained these estimates/bids, as they must be from within the past sixty (60) days.

- If your purchase is **BELOW** \$75,000, you must upload **TWO** verifiable bids or estimates for the proposed purchases.
- If your purchase is **EQUAL TO** or **MORE THAN** \$75,000, you must upload **THREE** verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.

Evara Health - Combined Bids.pdf

Sole Source*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below. Otherwise, write "N/A" below.

N/A

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 Summary*

Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.

Please note that indirect costs are not permitted for small purchases.

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

Evara Small Purchase Budget.xlsx

Please note that the price per item for the dental chairs is \$14,140. The template will not allow for expansion of the column to accurately reflect the number in cell C7.

Other Funding Sources*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

Please be sure these other funding sources are represented in the "Applicant Match" column in the budget summary uploaded above.

Evara Health applied for FY 2023 Social Action Funding from Pinellas County Human Services to support operational costs of Largo Dental. The application was reviewed and recommended for funding to the Board

of County Commissioners who will make the final determination at the September 22 Board Meeting (tentatively.)

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 purchase **decreases** ongoing operating costs, how will it do so?
- If this purchase **does not affect** operating costs, please note so below.

The proposed project will increase ongoing operational costs. Evara Health applied for FY 2023 Social Action Funding from Pinellas County Human Services to support operational costs of Largo Dental. The application was reviewed and recommended for funding to the Board of County Commissioners who will make the final determination at the September 22 Board Meeting (tentatively.)

If approved, the Social Action Funding grant will support programmatic costs during the first year of the program. Evara has a successful history of program implementation. It is anticipated that Largo Dental will generate sufficient revenue from services to patients with Medicaid and Private Insurance coverages to become fully self-sustainable by 24 months of operations. Evara ensures the sustainability of health center program operations through the implementation of a comprehensive financial strategy that emphasizes cost controls, effective performance monitoring systems, and risk management.

Organization Documentation

Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.

Organization Budget*

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

Evara Health Budget 2022-2023.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Evara Health Board of Directors.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.

Only PDF files are permitted.

Community Health Centers of Pinellas, Inc. 2020 Form 990.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 2021 Audited Financial Statement.pdf

Insurance Requirements

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 purchase. 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.

Evara Health Certificate of Insurance.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 a report within 30 days after the purchase is completed.

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.

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

Additional Information

Budget Summary

NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED

Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases.

Please note that indirect costs are not permitted for small purchases.

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

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?

Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary

Applicant File Uploads

- Evara Health - Combined Bids.pdf
- Evara Small Purchase Budget.xlsx
- Evara Health Budget 2022-2023.pdf
- Evara Health Board of Directors.pdf
- Community Health Centers of Pinellas, Inc. 2020 Form 990.PDF
- Community Health Centers of Pinellas 2021 Audited Financial Statement.pdf
- Evara Health Certificate of Insurance.pdf

Dental equipment quote list – online sources
 9/01/2022

Community Health Centers of Pinellas, Inc. DBA Evara Health
 14100 58th St N, Clearwater FL

Steve Kelly
 sjkelly@hcnetwork.org

item	qty	Price	Total	Source
Olsen Infinity Premium Dental Chair CEVI MED#: CM33040 (Includes Standard Upholstery) All Accessories	4	\$14,574.00	\$58,296.00	https://store.cevimed.com/
Olsen Dental Stool Anti- Stress CEVI MED#: CM34314	4	\$1,200.00	\$4,800.00	https://store.cevimed.com/
BELMON144-2380091 Asst Stool CEVI MED#: CM34316	4	\$484.89	\$1,939.56	https://store.cevimed.com/
Mechanical Room				
MaxAir Model 140-8 OilLess Dental Air Compressor	1	\$1,493.00	\$1,493.00	http://lionsdentalsupply.com/
Vector Vortex Mega Dry Dental Vacuum 7 Users	1	\$6,499.00	\$6,499.00	http://lionsdentalsupply.com/
Online sourcing Total			\$73,027.56	



Search Products

Sell to Us Help Center My Account Cart




Text or Call: 833-238-4633

Medical Equipment Medical Supplies Custom Upholstery Replacement Parts Dental Equipment

Brands Sales

Home / Your Cart

YOUR CART (12 ITEMS)

ITEM	PRICE	QUANTITY	TOTAL
 <p>Olsen Olsen Infinity Premium Dental Chair CHOOSE COLOR (VINYL OR LEATHER): Royal Blue 3D Vinyl Change</p>	\$14,574.00	4	\$58,296.00
 <p>Olsen Olsen Dental Stool Anti-Stress CHOOSE COLOR (VINYL OR LEATHER): Black 3D Vinyl Change</p>	\$1,200.00	4	\$4,800.00
 <p>Olsen Olsen Dental Stool Quality CHOOSE COLOR (VINYL OR LEATHER): Black 3D Vinyl Change</p>	\$484.89	4	\$1,939.56
Subtotal			\$65,035.56
Shipping			Add Info
Coupon Code:			Add Coupon
Grand total:			\$65,035.56

[Chat now](#)

[Check out](#)

-- or use --

[PayPal Checkout](#)
[Pay Later](#)
[venmo Checkout](#)

Get Updates & Offers

Sign up and be the first to hear about exclusive offers, promotions and more!

[Help](#)
[Contact Us](#)
[Request Color Chart](#)
[FAQs](#)
[Shipping](#)

[Resources](#)
[Portfolio](#)
[Account](#)
[Blog](#)
[Purchase Orders](#)

[Shop & Learn](#)
[About Us](#)
[Brands](#)
[Special Offers](#)

[Chat now](#)

Browser tabs: Dental Operatory Packages Aut..., Dental Operatory Packages Aut..., Vector Vortex Mega Dry Dental, PayPal Checkout

Address bar: Not secure | lionsdentalsupply.com

LION'S DENTAL SUPPLY & EQUIPMENT

About 21 results (0.32 seconds) Sort by: Relevance

lionsdentalsupply.com > MaxAir-140-8-oilless-air-compressor
MaxAir Model 140-8 Oilless Dental Air Compressor. Our Max-Air Oil-less Compressors incorporate the best design features in the dental compressor industry ...

Browser tabs: Dental Operatory Packages Aut..., Dental Operatory Packages Aut..., Vector Vortex Mega Dry Dental, PayPal Checkout

Address bar: Not secure | lionsdentalsupply.com

LION'S DENTAL SUPPLY & EQUIPMENT

About 4 results (0.29 seconds) Sort by: Relevance

lionsdentalsupply.com > Vector-Vortex-Mega-Dry-Dental-Vacuum-Pump-...
Vector Vortex Mega Dry Dental Vacuum Pump VV-115
 Vector Vortex Mega Dry Dental Vacuum 7 Users Single Head, 1-7 Users Fully Adjustable 220V - 20 AMP 2.3 HP No Maintenance - LubeFree.

Browser tabs: Dental Operatory Packages Aut..., Dental Operatory Packages Aut..., Vector Vortex Mega Dry Dental, PayPal Checkout

Address bar: https://www.paypal.com/webapps/shoppingcart?mfid=1663331196392_t242506929d248&rowlogging_id=t242506929d248/checkout/shoppingCart

Your shopping cart Continue shopping >

Description	Price	Quantity	Total
Cash Price \$ 1,493 MaxAl... more	\$1,559.99	- 1 + Remove	\$1,559.99
Vector Vortex Mega Dry D... more	\$6,829.00	- 1 + Remove	\$6,829.00

Order Summary

Item total	\$8,388.99
Shipping	\$690.00
Total	\$9,078.99 USD

[PayPal](#) Check out

or

[Check Out](#)

Pay without a PayPal account

Powered by PayPal

Privacy | Terms | Privacy | Feedback | © 1999 - 2022

We'll use cookies to improve and customize your experience if you continue to browse. Is it OK if we also use cookies to show you personalized ads? [Learn more and manage your cookies](#) [Yes, Accept Cookies](#)



QUOTE#

202205090921001

Date: 07/09/2022	Acct No: 4061419	Install Date:	
Field Sales Consultant:	Sales Specialist: Staci Miller	Sales Specialist:	
Installation Address: 14100 58Th St N			
City: Clearwater	State: FL	Zip: 33760	
Phone: 7276864179	Fax:		
New Acct:	Existing Acct:		
Henry Schein Dental			
City:	State:	Zip:	
Phone:	Fax:		

Bill To: Community Health Centers Of Pinellas
Address: 14100 58Th St N
City: Clearwater State: FL Zip: 33760
Deliver To: Community Health Centers Of Pinellas
Phone: 7276864179
Fax:
Email:

Qty	Manufacturer	Item Code	Description	Price	Total
Belmont Treatment Packages					
4	BELMON	144-3071	Belmont Bel50 X-Calibur Chair	\$4,094.00	\$16,376.00
4			(Includes Standard Upholstery)	\$0.00	\$0.00
4	BELMON	144-2379	090 DR.STOOL	\$512.00	\$2,048.00
4	BELMON	144-2380	091 Asst Stool	\$699.00	\$2,796.00
4	BELMON	145-1651	DS,EVG LR,Bel-Nova,f/B50N	\$7,088.00	\$28,352.00
4	BELMON	144-5440	FO Sys,Sngl HP,Factory	\$659.00	\$2,636.00
4	BELMON	144-6251	Chair Mounted Vacuum Package	\$999.00	\$3,996.00
4	BELMON	144-0985	Additioanl HVE for Asst	\$89.00	\$356.00
Mechanical Room					
1	AIRTEC	698-2118	Airstar 30 Compressr-Twin	\$6,209.00	\$6,209.00
1	AIRTEC	212-2293	Dry Vac,Mojave,Max 3 Sim	\$6,604.00	\$6,604.00
1	AIRTEC	698-0425	Standard Control Panel	\$0.00	\$0.00
1	AIRTEC	698-7520	Water Bypass & Filter Kit	\$0.00	\$0.00

<input type="checkbox"/> Henry Schein Financial Services	<input type="checkbox"/> Cash/Bank Financing
SSN*:	SSN*:
DOB:	Bank Name:
Credit Card #:	Bank Officer:
Expiration:	Bank Phone:

Subtotal:	\$69,373.00
Shipping & Handling:	\$500.00
0.00% ESTIMATED TAX:	\$0.00
Total:	\$69,873.00
Deposit:	\$0.00
Balance Due:	\$69,873.00

Payment Terms: Minimum 10% deposit to initiate order, with balance to be paid on delivery of equipment or within nine months of order date, whichever occurs first.

THIS ORDER IS SUBJECT TO HENRY SCHEIN DENTAL EQUIPMENT TERMS AND CONDITIONS AND ANY SUPPLEMENTAL TERMS AND CONDITIONS PROVIDED WITH PURCHASES HEREUNDER, AND THE PURCHASER AGREES TO BE BOUND THEREBY.

Orders are subject to credit approval.

X _____ X _____
Purchaser's Signature Date Sales Specialist Date

Prices are in effect until _____ Acceptance by Henry Schein Dental _____ Date

Special Instructions



Dear Community Health Centers Of Pinellas: the attached equipment order (quote) is for your review from Henry Schein, Inc. dba HSD. Please read these Supplemental Terms and Conditions which are applicable to your purchase of dental equipment ("equipment" or "goods") and review all lines of the equipment order (quote) for accuracy. If all documents meet your requirements, please sign at the appropriate signature area.

DENTAL EQUIPMENT / SUPPLEMENTAL TERMS AND CONDITIONS

- 1. Late Delivery. HSD shall attempt to deliver on the date specified in the equipment order, but is not responsible for delays and any delays are not considered a breach by HSD hereunder.
2. Partial Delivery. By signing this equipment order, Purchaser agrees that, if in order to fulfill Purchaser's needs and/or installation requirements, HSD may make partial deliveries, and Purchaser must pay amounts owed relating to any such partial delivery.
3. Warranty Disclaimer. Except as provided in HSD's equipment standard terms of sale, HSD does not give warranties (on products or installation).
4. Labor and Services Time Periods. Labor described in your equipment order (such as maintenance, repairs, replacement of defective parts, or repairs) must be completed within 90 days following installation.
5. Repairs/Loaners. If manufacturer is unable to provide replacement product during repair HSD may endeavor to provide a temporary loaner during any period of repair, to the extent available.
6. Not Included. Costs relating to the following activities are the sole responsibility of Purchaser and ARE NOT INCLUDED IN THE PURCHASE PRICE:
a. Disconnecting and/or reinstalling Purchaser's existing equipment
b. Changes or additions in plumbing, electrical, or carpentry
c. Governmental inspections, approvals, or fees
d. Union intervention in installation or delivery
e. Disposal of old equipment
f. Delivery of donated equipment
g. Insurance
7. Late Payment Charges. 1 1/2% PER MONTH WILL BE CHARGED ON PAST DUE BALANCES (18% PER YEAR).
8. Office Space Plans. Office space plans drawn by HSD, are the sole property of HSD and are not to be used without HSD's prior written consent.
9. Purchaser's Name. The name provided in the equipment order is the exact legal name of Purchaser.
10. Return Policy.

(Return Policy) Initial Here:

Table with 3 columns: 60 days or under, 61 to 90 Days, Greater than 90 days. Each column contains bullet points detailing restock fees and return conditions for goods purchased through HSD.

Exceptions/Additional Information:

- a. Goods covered by this policy are those sold by HSD in product series 800, 805, 819, 826, 845 and 850.
b. Dates above are calculated from invoice date.
c. Goods are not returnable after 12 months from invoice date or that show obvious signs of abuse or misuse.
d. The following are not returnable: small equipment, hand pieces and software (including Dentrux).
e. The following are returnable only in the first 90 days: laptops, desktop PCs, servers, printers, TVs, monitors, portable storage devices and network hardware.
f. Interest rate charges or early pay penalties charged by financial institutions are the sole responsibility of the customer.
g. Custom goods are not returnable.
h. Deposits placed on custom orders that are canceled will be subject to forfeiture at any time if the manufacturer of the goods is unable to cancel an order.
i. Original sellable condition is defined as the goods being returned in good working order, free of cosmetic imperfections and fully operational to the manufacturer's specifications.
11. Credit Line Review. By signing this equipment order, Purchaser authorizes HSD and its subsidiaries and affiliates, by or through their designees: (i) to investigate Purchaser's personal credit and finance records, including obtaining records from the listed bank(s) and from such other applicable banks providing information related to the opening and extension of credit and other accounts with HSD, and (ii) to use Purchaser's social security number to request and obtain consumer credit reports in connection with the opening, monitoring, renewal and extension of accounts with HSD.
12. Financing Statements. By signing this equipment order, Purchaser acknowledges that HSD may file financing statements and amendments thereto for HSD to perfect its security interest in the equipment described in this equipment order.
13. Credit Card Policy. Limits on credit card uses: (a) Henry Schein-branded credit cards, no limit; (b) non-Henry Schein-branded credit cards, limited to the greater of 10% of an order or \$20,000; and (c) no credit cards (Henry Schein-branded or other) may be used for payments regarding EZPay purchases.
14. Sales Tax. Sales tax shown is an estimate and actual sales tax will be calculated at time of invoice.
15. CBCT Installations. For CBCT installations, the National Council on Radiation Protection and Measurements (NCRP), in Report Nos. 49 and 147, recommends a plan review/shielding design by a qualified expert physicist, which is also a legal requirement in most states. HSD will facilitate obtaining this plan review/shielding design through a qualified expert physicist before installation.

(Credit Card Policy) Initial Here:

DISCOUNTS, REBATES AND DISCLOSURES: Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

Evava Health Budget: 2022-2023**REVENUE**

REVENUE	Total
BPR Funding H80	\$5,308,568
BPR Funding ARP - H8F	\$6,185,970
Program Income	\$25,115,893
Contract Pharmacy Revenues-340B	\$1,281,000
LIP - State and FACHC Partnership	\$2,150,555
Title X Grant Funding	\$875,000
JWB Funding	\$1,450,015
Payer Incentives	\$772,289
Teaching Health Center Planning	\$250,000
Other Grants	\$254,499
TOTAL REVENUES	\$43,643,789

EXPENSES

PERSONNEL	Total
TOTAL PERSONNEL	\$27,671,911

FRINGE BENEFITS	Total
TOTAL FRINGE BENEFITS	\$5,363,949

TRAVEL	Total
Local Travel	\$8,479
TOTAL TRAVEL	\$8,479

SUPPLIES	Total
Medical / Dental Supplies	\$1,477,920
Medication/Vaccines	\$1,114,570
Non-Medical Supplies	\$554,689
TOTAL SUPPLIES	\$3,147,179

CONTRACTUAL	Total
--------------------	--------------

Laboratory & Radiology Services	\$265,000
Patient Transportation	\$7,731
Hearing & Language Services	\$136,250
MedNet Services	\$70,000
Behavioral Health Services	\$8,515
Medical Services	\$704,411
EMR Svcs	\$2,437,035
Non Medical Consultants	\$86,285
CBO Billing Expenses	\$605,952
Other contract services	\$803,726
TOTAL CONTRACTUAL SERVICES	\$5,124,904
OTHER	Total
Insurance - Liability and Casualty	\$131,736
Rent	\$235,362
Leased Equipment	\$103,720
Utilities	\$186,848
Interest Expenses	\$105,625
Facilities General Maintenance	\$509,625
Telecommunications	\$566,830
Training	\$210,600
Membership Dues/Subscriptions	\$35,574
Licenses and Permits	\$13,750
Advertising	\$65,200
Printing and Publications	\$8,650
Postage	\$11,500
Recruitment	\$55,210
Legal Fees	\$15,200
Auditing Fees	\$43,155
Board Expenses	\$12,582
Bank and Credit Card Fees	\$16,200
TOTAL OTHER	\$2,327,367
TOTAL ALL BUDGETED EXPENDITURES	\$43,643,789



Board of Directors Roster Members as of June 2022

Name	Dorothea Lee	Alberto Lense	Priscilla McFadden	Cindy McNulty	Jeremy Meredith	Ronald Porter	Roger Sellew	Ann Sherman-White	Joseph Smith	Clarence Williams	Luke Williams
Board Position	Director	Secretary	Director	Vice Chair	Director	Director	Treasurer	Director	Chair	Director	Director

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to 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 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	C Name of organization COMMUNITY HEALTH CENTERS OF PINELLAS INC D/B/A EVARA HEALTH Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 14100 58TH STREET NORTH City or town, state or province, country, and ZIP or foreign postal code CLEARWATER, FL 33760 F Name and address of principal officer: ELODIE DORSO SAME AS C ABOVE	D Employer identification number 59-2097521 E Telephone number (727) 824-8100 G Gross receipts \$ 50,728,955. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ HTTP://WWW.CHCPINELLAS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1980		M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE QUALITY HEALTH CARE SERVICES TO ALL.																																																				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																				
	3 Number of voting members of the governing body (Part VI, line 1a)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;">3</td><td align="right">12</td></tr> <tr><td>4</td><td align="right">12</td></tr> <tr><td>5</td><td align="right">496</td></tr> <tr><td>6</td><td align="right">12</td></tr> <tr><td>7a</td><td align="right">0.</td></tr> <tr><td>7b</td><td align="right">0.</td></tr> </table>	3	12	4	12	5	496	6	12	7a	0.	7b	0.																																							
3	12																																																				
4	12																																																				
5	496																																																				
6	12																																																				
7a	0.																																																				
7b	0.																																																				
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 12																																																			
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 496																																																			
	6 Total number of volunteers (estimate if necessary)	6 12																																																			
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.																																																			
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.																																																			
Revenue	8 Contributions and grants (Part VIII, line 1h)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center">Prior Year</th> <th align="center">Current Year</th> </tr> </thead> <tbody> <tr><td>8</td><td align="right">12,624,377.</td><td align="right">18,051,464.</td></tr> <tr><td>9</td><td align="right">27,733,525.</td><td align="right">32,162,221.</td></tr> <tr><td>10</td><td align="right">401,468.</td><td align="right">443,025.</td></tr> <tr><td>11</td><td align="right">82,779.</td><td align="right">72,245.</td></tr> <tr><td>12</td><td align="right">40,842,149.</td><td align="right">50,728,955.</td></tr> <tr><td>13</td><td align="right">0.</td><td align="right">0.</td></tr> <tr><td>14</td><td align="right">0.</td><td align="right">0.</td></tr> <tr><td>15</td><td align="right">25,052,829.</td><td align="right">30,772,728.</td></tr> <tr><td>16a</td><td align="right">0.</td><td align="right">0.</td></tr> <tr><td>b</td><td align="right">0.</td><td></td></tr> <tr><td>17</td><td align="right">15,462,713.</td><td align="right">19,303,600.</td></tr> <tr><td>18</td><td align="right">40,515,542.</td><td align="right">50,076,328.</td></tr> <tr><td>19</td><td align="right">326,607.</td><td align="right">652,627.</td></tr> <tr><td>20</td><td align="right">37,479,222.</td><td align="right">44,410,464.</td></tr> <tr><td>21</td><td align="right">17,639,802.</td><td align="right">24,407,493.</td></tr> <tr><td>22</td><td align="right">19,839,420.</td><td align="right">20,002,971.</td></tr> </tbody> </table>		Prior Year	Current Year	8	12,624,377.	18,051,464.	9	27,733,525.	32,162,221.	10	401,468.	443,025.	11	82,779.	72,245.	12	40,842,149.	50,728,955.	13	0.	0.	14	0.	0.	15	25,052,829.	30,772,728.	16a	0.	0.	b	0.		17	15,462,713.	19,303,600.	18	40,515,542.	50,076,328.	19	326,607.	652,627.	20	37,479,222.	44,410,464.	21	17,639,802.	24,407,493.	22	19,839,420.	20,002,971.
	Prior Year	Current Year																																																			
8	12,624,377.	18,051,464.																																																			
9	27,733,525.	32,162,221.																																																			
10	401,468.	443,025.																																																			
11	82,779.	72,245.																																																			
12	40,842,149.	50,728,955.																																																			
13	0.	0.																																																			
14	0.	0.																																																			
15	25,052,829.	30,772,728.																																																			
16a	0.	0.																																																			
b	0.																																																				
17	15,462,713.	19,303,600.																																																			
18	40,515,542.	50,076,328.																																																			
19	326,607.	652,627.																																																			
20	37,479,222.	44,410,464.																																																			
21	17,639,802.	24,407,493.																																																			
22	19,839,420.	20,002,971.																																																			
	9 Program service revenue (Part VIII, line 2g)	18,051,464.																																																			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,162,221.																																																			
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	443,025.																																																			
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	72,245.																																																			
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,842,149.																																																			
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.																																																			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.																																																			
	16a Professional fundraising fees (Part IX, column (A), line 11e)	25,052,829.																																																			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.																																																			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,462,713.																																																			
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,303,600.																																																			
	19 Revenue less expenses. Subtract line 18 from line 12	40,515,542.																																																			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	326,607.																																																			
	21 Total liabilities (Part X, line 26)	652,627.																																																			
	22 Net assets or fund balances. Subtract line 21 from line 20	37,479,222.																																																			
		44,410,464.																																																			
		17,639,802.																																																			
		24,407,493.																																																			
		19,839,420.																																																			
		20,002,971.																																																			

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

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.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

COMMUNITY HEALTH CENTERS OF PINELLAS INC

D/B/A EVARA HEALTH

Form 990 (2020)

59-2097521

Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		496
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		N/A
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b
c	Enter the amount of reserves on hand		13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 12		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X
9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **JAMES B. GILBERT, CFO - (727) 824-8107**
14100 58TH STREET NORTH, CLEARWATER, FL 33760

CONSOLIDATED FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORTS

COMMUNITY HEALTH CENTERS OF PINELLAS, INC. AND SUBSIDIARIES

May 31, 2021

TABLE OF CONTENTS

Independent Auditors' Report	3 - 4
Financial Statements	
Consolidated Statement of Financial Position	5
Consolidated Statement of Operations and Changes in Net Assets	6
Consolidated Statement of Cash Flows	7
Consolidated Statement of Functional Expenses	8
Notes to Consolidated Financial Statements	9 - 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 - 35
Schedule of Findings and Questioned Costs	36 - 37



RIVERO, GORDIMER & COMPANY, P.A.

Member
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

Herman V. Lazzara Stephen G. Douglas
Marc D. Sasser Michael E. Helton
Sam A. Lazzara Christopher F. Terrigino
Kevin R. Bass James K. O'Connor
Jonathan E. Stein David M. Bohnsack
Cesar J. Rivero, in Memoriam (1942-2017)

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, 2021, 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.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. 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. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.



We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Community Health Centers of Pinellas, Inc. and Subsidiaries as of May 31, 2021, 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.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating statement of financial position and consolidating statement of operations and changes in net assets are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) 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 consolidated 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 information 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 28, 2021, on our consideration of Community Health Centers of Pinellas, Inc. and Subsidiaries' 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 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 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 Community Health Centers of Pinellas, Inc. and Subsidiaries' internal control over financial reporting and compliance.

Bucio, Gordinier & Company, P.A.

Tampa, Florida
September 28, 2021

Community Health Centers of Pinellas, Inc. and Subsidiaries

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

May 31, 2021

	Without Donor Restrictions	With Donor Restrictions	Total
ASSETS			
Cash and cash equivalents	\$ 14,769,062	\$ -	\$ 14,769,062
Patient accounts receivable, net	3,099,947	-	3,099,947
Grants receivable	840,773	-	840,773
Accounts receivable	133,045	-	133,045
Inventory	14,068	-	14,068
Prepaid expenses	312,120	-	312,120
Ground leases receivable, current	-	5,646	5,646
Total current assets	19,169,015	5,646	19,174,661
Cash restricted for long-term purposes	655,555	-	655,555
Property and equipment, net of accumulated depreciation	27,713,230	-	27,713,230
Other assets			
Deposits	48,744	-	48,744
Investments	2,191,115	-	2,191,115
Ground leases receivable, long term	-	349,426	349,426
Note receivable	11,502,500	-	11,502,500
Total long-term assets	42,111,144	349,426	42,460,570
TOTAL ASSETS	\$ 61,280,159	\$ 355,072	\$ 61,635,231
LIABILITIES AND NET ASSETS			
Accounts payable	\$ 1,196,731	\$ -	\$ 1,196,731
Accrued expenses	3,322,433	-	3,322,433
Refundable advance	227,530	-	227,530
Current portion long-term debt	1,150,217	-	1,150,217
Total current liabilities	5,896,911	-	5,896,911
Line of credit	11,221,238	-	11,221,238
Notes payable	19,659,825	-	19,659,825
Total long-term liabilities	30,881,063	-	30,881,063
Total liabilities	36,777,974	-	36,777,974
Net assets			
Without donor restrictions	24,502,185	-	24,502,185
With donor restrictions	-	355,072	355,072
Total net assets	24,502,185	355,072	24,857,257
TOTAL LIABILITIES AND NET ASSETS	\$ 61,280,159	\$ 355,072	\$ 61,635,231

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, 2021

	Without Donor Restrictions	With Donor Restrictions	Total
PUBLIC SUPPORT AND OPERATING REVENUE			
Net patient service revenue	\$ 32,162,221	\$ -	\$ 32,162,221
Public support			
Federal grants	13,179,616	-	13,179,616
State grants	1,296,096	-	1,296,096
Local grants	2,117,342	-	2,117,342
Contributions	209,027	-	209,027
In-kind support	1,265,600	-	1,265,600
Other revenue	515,376	-	515,376
Total public support	<u>18,583,057</u>	<u>-</u>	<u>18,583,057</u>
Net assets released from restrictions	<u>5,378</u>	<u>(5,378)</u>	<u>-</u>
Total public support and operating revenue	<u>50,750,656</u>	<u>(5,378)</u>	<u>50,745,278</u>
EXPENSES			
Program services			
Medical	33,479,098	-	33,479,098
Dental	3,030,087	-	3,030,087
Pharmacy	2,404,864	-	2,404,864
Total program services	<u>38,914,049</u>	<u>-</u>	<u>38,914,049</u>
Supporting services	<u>11,448,154</u>	<u>-</u>	<u>11,448,154</u>
Total expenses	<u>50,362,203</u>	<u>-</u>	<u>50,362,203</u>
CHANGE IN NET ASSETS	<u>388,453</u>	<u>(5,378)</u>	<u>383,075</u>
Net assets at beginning of year	<u>24,113,732</u>	<u>360,450</u>	<u>24,474,182</u>
Net assets at end of year	<u>\$ 24,502,185</u>	<u>\$ 355,072</u>	<u>\$ 24,857,257</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, 2021

Cash flows from operating activities	
Change in net assets	\$ 383,075
Adjustments to reconcile net cash provided by operating activities	
Depreciation and amortization	1,183,266
Gain on sale of property and equipment	(59,327)
Unrealized gains on investments	(249,162)
Decrease in patient accounts receivable	1,047,142
Increase in grant receivables	(261,276)
Increase in accounts receivable	(128,319)
Decrease in ground leases receivable	5,378
Decrease in inventory	4,711
Decrease in prepaid expenses	32,095
Decrease in deposits	22,490
Decrease in accounts payable	(34,482)
Increase in accrued expenses	823,100
Increase in refundable advance	121,717
Total adjustments	<u>2,507,333</u>
Net cash provided by operating activities	<u>2,890,408</u>
Cash flows from investing activities	
Purchase of property and equipment	<u>(9,144,495)</u>
Net cash used by investing activities	<u>(9,144,495)</u>
Cash flows from financing activities	
Issuance of note receivable	(5,816,180)
Proceeds from line of credit	1,811,244
Proceeds from notes payable	<u>8,385,463</u>
Net cash provided by financing activities	<u>4,380,527</u>
Net decrease in cash	(1,873,560)
Cash, cash equivalents, and restricted cash at beginning of year	<u>17,298,177</u>
Cash, cash equivalents and restricted cash at end of year	<u><u>\$ 15,424,617</u></u>
<u>Supplemental disclosures of cash flow information</u>	
Cash paid during the year - interest	<u>\$ 473,386</u>
Cash paid during the year - income taxes	<u>\$ -</u>
<u>Consolidated Statement of Financial Position Presentation</u>	
Cash and cash equivalents	\$ 14,769,062
Cash restricted for long-term purposes	655,555
Cash, cash equivalents, and restricted cash at end of year	<u><u>\$ 15,424,617</u></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, 2021

	Medical	Dental	Pharmacy	Total Program Services	Supporting Services	Total
Salaries	\$ 17,111,495	\$ 2,050,645	\$ 451,708	\$ 19,613,848	\$ 6,335,616	\$ 25,949,464
Payroll taxes and benefits	3,553,951	291,374	76,363	3,921,688	988,877	4,910,565
Total salaries and related expenses	20,665,446	2,342,019	528,071	23,535,536	7,324,493	30,860,029
Advertising and recruiting	176,088	-	-	176,088	44,022	220,110
Bad debt expense	3,366,039	204,154	64	3,570,257	-	3,570,257
Contracted services	3,757,323	897	61,780	3,820,000	1,639,060	5,459,060
Donated goods and services	237,554	-	1,028,046	1,265,600	-	1,265,600
Dues and subscriptions	-	-	-	-	53,747	53,747
Insurance	268,812	-	-	268,812	67,203	336,015
Interest expense	-	-	-	-	473,386	473,386
Minor equipment and rentals	131,158	72	-	131,230	32,807	164,037
Professional fees	-	-	-	-	130,377	130,377
Other expenses	-	-	-	-	152,051	152,051
Postage and freight	19,092	-	253	19,345	4,836	24,181
Printing	26,063	249	-	26,312	6,578	32,890
Rent	261,678	-	-	261,678	8,318	269,996
Repairs and maintenance	862,187	4,328	-	866,515	216,629	1,083,144
Supplies	1,743,686	384,666	764,705	2,893,057	723,264	3,616,321
Taxes and licenses	8,166	86	888	9,140	2,285	11,425
Telephone	778,312	6,707	2,513	787,532	196,883	984,415
Training	41,395	76	150	41,621	-	41,621
Travel	55,208	3,330	-	58,538	55,208	113,746
Utilities	248,921	-	-	248,921	62,230	311,151
Total expenses before depreciation and amortization	32,647,128	2,946,584	2,386,470	37,980,182	11,193,377	49,173,559
Depreciation and amortization	831,970	83,503	18,394	933,867	254,777	1,188,644
Total expenses	\$ 33,479,098	\$ 3,030,087	\$ 2,404,864	\$ 38,914,049	\$ 11,448,154	\$ 50,362,203

The accompanying notes are an integral part of this statement.

