

# LOI Form

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## *LOI*

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

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

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

### Organization Name\*

Homeless Empowerment Program (HEP)

### Project Name\*

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

HEP West HVAC Replacement

### EIN\*

592729694

### Incorporation Year\*

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

1986

### Organizational Mission Statement\*

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

To provide homeless and very low-income individuals and families, including Veterans, with housing, food, clothing and supportive services necessary to obtain self-sufficiency and improved quality of life.

### 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

TLYNLJB4L7J3

### Annual Operating Budget Size\*

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

\$5,954,104.00

### Amount Requested\*

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

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

\$423,600.00

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

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

#### Examples

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

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

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

No

## 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

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### Organization Programming Background\*

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

Incorporated in 1986 and located in the City of Clearwater, Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program (HEP) is North Pinellas County's foremost provider of emergency shelter and supportive housing for homeless individuals and families and is the only organization of its kind in the city of Clearwater addressing the needs of the entire homeless population. HEP has been providing emergency shelter and supportive housing and case management services for individuals and families with minor children since its inception, and those exiting HEP demonstrate a 98% success rate for obtaining and sustaining affordable housing in the community for a period of one year or longer. Supportive services include daily meals and basic needs, medical, dental, mental health, substance abuse, wellness, workforce development, and transportation.

As a recipient of the Charity Navigator 4-Star Rating for nine consecutive years, an honor that less than 3% of all charities can claim, HEP provides complete transparency of our financial data. In order to obtain a 4-star rating, HEP must also display strong financial health and accountability. Achieving this honor takes complete employee participation. We have taken a proactive approach in ensuring HEP receives this honor by including 4-Star Charity Navigation requirements into our standard operating practices. HEP is accredited by CARF for service coordination through 2025. This achievement indicates HEP's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

### 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.

The 2022 Pinellas County Point-In-Time Survey, a count of sheltered and unsheltered people experiencing homelessness on a single night in January, identified 1,985 people comprising 1,658 households as literally homeless. Of the 1,985 total people counted, 52% (1,034) were in Emergency Shelters, 32% (644) were Unsheltered, 13% (258) were in Transitional Housing, and 2% (49) were in Safe Havens. Overall homelessness decreased slightly from 2020, when 2,226 people comprising 1,979 households were identified. Unsheltered homelessness also decreased from 36% (808) in 2020, 34% (834) in 2019, and 36% (956) in 2018. Reliable data is unavailable for 2021 as the unsheltered Point-In-Time count was cancelled due to the COVID-19 pandemic.

## Negative Economic Impact\*

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

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

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

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

Contributions decreased significantly in 2020 compared with 2019 – down \$4,032,030.

Program Service revenue decreased in 2020 compared with 2019 due to no new intakes in SATP, SCMI, Per Dem, CHAP, and dental. Federal grants down \$316,926, state grants down \$12,707, local grants down \$84,209, client rent down \$3,617 and dental income down \$7,546 in 2020 compared to 2019.

Special events had to be cancelled during the pandemic. Net revenue for events were down \$34,462 in 2020 compared to 2019.

At the beginning of the pandemic, we had limited intakes which greatly reduced our daily census and ability to bill for bed night stays, reducing our program revenue.

We had to close our thrift store for almost three months, and then re-opened with limited hours. Revenue down \$34,462 in 2020 compared to 2019

We had to close our Dental Clinic for months.

Added onsite security since there was limited staff on site.

We closed our daycare, utilizing community services to replace it.

We reorganized the Meal Service into a takeout only service, incurring additional expenses for packaging and purchasing food more appropriate for takeout. Food donations also dropped off at the start of the pandemic. Implemented PPE, disinfectants, and a fogging service, additional costs not previously incurred. New cost of \$68,130

We turned an 8 apartment building into a quarantine building to accommodate new intakes and keep existing clients safe. We relocated the families from those apartments into other apartments on campus.

Secured PPP funds allowing HEP to continue paying staff salaries including those out on FFMLA and staff out sick with COVID. Staff worked limited hours but were paid full salaries.

Received an increase Oct 2020 in the GPD and SCMI rates to offset additional costs.

Received donations specific to pandemic issues such as food, cleaning, and housing.

Applied for Employee Retention Tax Credit.

Due to limited EH intakes from the pandemic, this affected our EH bed night stays which created a situation where we were not able to expend all EFSP dollars.

Due to the pandemic and government COVID relief, potential employees for vacated positions were unable to be full filled; this in turn made difficult to spend down grant funding towards staff salaries/fringe.

Pandemic also affected ridership to the VA; this in turn translated to driver layoffs (this then affects FDOT expenditures).

Pandemic affected supply chains for the Dorm Rehab project which in turn caused HEP not to be able expend funds in a timely manner (contract amendment extensions).

## Proposal Description\*

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

Please describe your project proposal and address the following:

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

In the summer of 2022, there was a collision involving a motor vehicle at HEP West Veterans Housing, which totaled one of the (2) HVAC condensing units. The insurance deductible to replace this unit is \$25,000, and the responsible party's insurance will pay only \$10,000 toward the replacement costs. Instead of going through the insurance, we have opted to replace the entire HVAC due to ongoing repair costs and other factors listed below.

The current HVAC system that we have at HEP West Veterans Housing is called an LG Multi V system. It consists of one (1) condensing unit system per 16 air handler units. We have a total of two (2) condensing units and 32 air handlers for all 32 apartments. This system was state-of-the-art technology when it was installed in 2012 upon construction of the building. Unfortunately since it was installed, we have had problems every year with the equipment and this in-turn has created a lot of down-time for the units leaving our residents without central AC for long periods of time. The bullet points below highlight some of the reasons we would like to re-design and install a new HVAC system for the entire complex.

- Difficult to find certified LG technicians to work on the equipment
- When the condensing unit breaks, 16 apartments are without AC

- The condensing units have multiple parts that can break and are difficult to troubleshoot
- When the units are down HEP incurs the cost of installing temporary AC units in each apartment
- The units are 10 years old so we expect that more repairs and/or replacement will be needed
- One of the condensing units has been condemned due to a collision from a motor vehicle

## Number Served\*

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

32

## Unduplicated vs. Duplicated\*

Is the number indicated above duplicated or unduplicated?

**Duplicated:** A client is counted each time they access services

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

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

Unduplicated

## Other (Explanation Required)

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

N/A

## Rent vs. Own\*

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

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

Own

## Guiding Principles - Client Impact\*

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

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color;

members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

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

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

This purchase will benefit community members adversely affected by poverty and homelessness. Specifically, this project will impact disabled Veterans. Many of the persons served are experiencing homelessness due to the negative impacts from the COVID-19 pandemic due to loss of income, poor health and rising housing costs.

## *Community Connection*

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

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

[https://www.huduser.gov/portal/sadda/sadda\\_qct.html](https://www.huduser.gov/portal/sadda/sadda_qct.html)

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

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

### 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/>

1120 North Betty Lane, Clearwater, Florida 33755

### QCT Determination - Headquarters\*

Is this organization headquartered in a QCT?



Yes

### Project Location\*

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

1101 Holt Avenue, Clearwater, Florida 33755

### QCT Determination - Project\*

Is this organization's project in a QCT?

Yes

### QCT Impact\*

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

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

Not Applicable

### QCT Determination - Clients\*

Does this organization's project benefit residents of QCTs?

Yes

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

### Community Representation and Connection\*

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

The race/ethnic composition of clients served is 60% Caucasian, 30% African American, 9% multi-racial and 1% Hispanic/Latino. The gender breakdown is 32% female and 68% male.

Currently, the racial/ethnic composition of our staff is as follows: 50% Caucasian, 25% African American, 5% Hispanic, and 3% Asian. The gender breakdown is 60% female and 40% male. According to our 2022 Board of Directors composition report, 17% identified as a racial or ethnic minority (African American, Asian, Hispanic, American Indian, Hawaiian or Pacific Islander) and 83% identified as Caucasian. The gender breakdown is 37% female and 63% male.

We partner with many organizations located in the community including but not limited to the following: Pinellas County School Board, Baycare Health System, St. Petersburg College, Bay Pines VA Hospital, Clearwater Free Clinic, Safe Harbor, Pinellas Hope, and Advantage Mental Health Center.

### Leadership Demographics - CEO/Executive Director\*

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

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

None of the above

### Leadership Demographics - Executive Level Leadership Team\*

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

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

BIPOC

Neurodiverse/physically disabled

### Leadership Demographics - Board Membership\*

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

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

BIPOC

LGBTQ+

## Financial Overview

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### Budget Summary\*

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

**If you are invited to complete the full application, you will be asked to upload current verifiable bids, proposals, price lists [from your potential vendor(s)] from the past 60 days. If a contractor has already been selected for a construction project for which you are requesting funding, you will need to upload their bid. You are strongly encouraged to collect any remaining bids, proposals, and price lists shortly after submitting this LOI.**

HEP West HVAC Replacement:

Mechanical and Electrical Planning \$25,000  
 Permitting- \$5,000  
 Material- \$192,000 (\$6000 x 32 units)  
 Ductwork- \$48,000 (\$1500 x 32 units)  
 Misc Construction- Drywall Repairs, Texture, Paint for 1st floor unit ceilings- \$16000 (\$1000 x 16)  
 Labor- \$128,000 (\$4000 x 32)  
 Misc Construction- Drywall Repairs, Texture, Paint- \$9600 (\$300 x 32)  
 Total- \$423,600

These numbers are estimated based on a conversation with an HVAC company and a mechanical engineer. It will be important to have a mechanical engineer involved to make sure that all equipment that is specified in the proposals is accurately sized for the individual units and the existing ductwork.

### Project Preparedness\*

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

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

#### Example

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

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

We have been in the preliminary stages of planning a redesign of the HVAC system at the HEP West Veterans Housing complex over the past year, but the urgency to expedite this process has increased since the accident with the south-side condensing unit and the resulting disruption to the air conditioning for 16 apartment units. We are proposing a simpler design to the HVAC system which would include providing each apartment with its own individual air conditioning unit. That way if one of the unit breaks it will only effect one individual apartment.

### Other Funding Sources\*

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

If none, please write N/A.

N/A

### Changes in Operating Costs\*

Please answer this question based on the descriptions below:

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

This project will lower operating costs by reducing annual maintenance and repair costs. We are currently spending \$30,000 per year to maintain the HVAC system at HEP West.

### Fund Management Capacity\*

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

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

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

HEP utilizes a comprehensive accrual-basis accounting software application geared towards the not-for-profit industry. The software was designed to track program revenues and expenses by funding source. HEP has implemented this software to maintain an audit trail of revenues and expenses for each of its programs. Reports are generated as needed for ad hoc review. HEP maintains a separate

compliance department independent of accounting to ensure that program compliance is accurate and monitored. Our financial statements are audited annually by an independent auditor in accordance with auditing standards generally accepted in the U.S. and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the U.S. and the types of compliance described in the U.S. Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations

## *Additional Information*

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### **Additional Upload**

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

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

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

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

N/A

## File Attachment Summary

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### *Applicant File Uploads*

*No files were uploaded*