LOI Form

LOI

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

The rubric that will be used to score your Letter of Intent can be found here: Download LOI Rubric

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

Organization Name*

Lake Winds Apartments, Inc.

Project Name*

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

EIN* 59-3682167

Incorporation Year*

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

2001

Organizational Mission Statement*

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

Lake Winds Apartments, Inc.'s mission is to provide permanent supported housing for individuals with severe and persistent mental illness in safe decent affordable housing.

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 ZV4KNAGKTDW8

Annual Operating Budget Size*

Please provide the amount of your annual operating budget (expenditures only) for your entire organization. \$106,801.00

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.

\$45,195.00

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

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?

Lake Winds Apartments, Inc. is the owner corporation of Lake Winds Apartments, a 14 unit multifamily apartment complex providing affordable permanent supported housing to people with very low incomes who are disabled by severe and persistent mental illness. Funded via a HUD 811 grant which paid for the construction of the facility and provides a project rental assistance contract allowing the resident to pay no more than 30% of their income for rent, this permanent supported housing project opened in January 2003.

On-site supported housing staff provide in-home skills training including budgeting, apartment maintenance, crisis intervention and medication education and management. The staff and each resident work together to complete an assessment of the resident's strengths, goals, and needs. The assessment results in a service plan outlining exactly what services, supports, treatment and other needs the resident needs to meet their goals. The Supported Housing staff assist with making referrals to physicians, psychiatric services, substance abuse treatment, vocational services, help to apply for SSI/SSDI, food stamps, etc., ensuring the resident has their needs met and is successful living independently.

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.

According to a 2017 United Way study, an average of 44% of Florida households struggle to meet basic needs. Pinellas accounts. for 41% of these. Lack of affordable housing is a pervasive issue in the region in addition to unemployment and underemployment. The greatest rise in household expenses was driven by a 20% increase in housing costs since 2007. For people with disabilities, who are unable to work and rely on SSI as their only income, the housing crisis is dire. According to the Technical Assistance Collaborative, the average SSI check in Florida is \$783, or 19.4% of the Area Median Income. A one bedroom apartment in Pinellas costs a person living on SSI 125% of their income.

Research from Foundation for a Healthy St. Petersburg outlines the needs of access to affordable housing. In 2016, an estimated 940,000 residents lived in Pinellas County and approximately 130,727 lived in poverty . Poverty has a disproportionate impact on persons of color in Pinellas County - nearly 31% of those living in poverty identifying as African-American, 21% identifying as bi- or multi-racial, and 27% identifying as "other race." In Pinellas County, the top 20% household income is 4.8 times higher than the lowest 20%.

Pinellas County ranks 26th out of 67 counties in the state of Florida for overall health outcomes. Housing instability and homelessness have been linked to an increased risk of depression and mental illness for adults and children over their lifetimes. Adults living in unaffordable housing are more likely to describe themselves as being in "fair" or "poor" health compared to individuals living in affordable housing Research suggests that stable and affordable housing may help individuals living with chronic diseases, increase their rates of medical care, maintain their treatment regimens, and achieve better health outcomes.

Negative Economic Impact*

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

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

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

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

Lake Winds Apartments experienced a significant net deficit increase, growing from(\$269,285) in 2020 to (\$286,290) in 2021. This is an increase in the deficit of \$17,005,

Additionally, due to COVID we experienced higher than usual vacancy rates due to high staff vacancies (staff opting for safer/higher paying jobs) reduction in rent collections needed to operate the facility, delays in units getting ready for tenants (vacancies in our maintenance department due to COVID) and delays in moveins due to the need to protect current residents from exposure to COVID.

Proposal Description*

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

Please describe your project proposal and address the following:

- What project will be undertaken with these funds?
- What is the estimated lifespan of the project/property improvement?

• How does it address the negative economic harm you described in the previous question? We are requesting funding to replace the roofs at Lake Winds Apartments. The project is comprised of two buildings. The estimate we have received is for \$39,300 for the roof replacement. We anticipate at least a 15% higher rate due to inflation and estimate that by the time the funds are available the cost will be \$45,195. We expect the roofs to last for 20 years. This funding allows us to maintain this affordable housing in a manner that will allow it to provide safe decent affordable housing for 20 more years.

Number Served*

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

14

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 <u>duplicated</u>. If ABC Food Bank counts Taylor's visit ONCE, it is <u>unduplicated</u>.

Unduplicated

Other (Explanation Required)

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

Rent vs. Own*

Does your organization rent or own the property for which you are proposing modifications? Note: Selecting "Rent" will cause more questions to load below.

0wn

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?

Lake Winds Apartments serves all low and very low income households (100% below 60% AMI) who also have disabilities -- all individuals (100%) have a severe and persistent mental illness. Lake Winds Apartments does not discriminate against people based on the color of their skin, sexual preference or identity, people with disabilities or people affected by poverty. We serve people in our community who are the most vulnerable and provide them with the opportunity to live in safe decent affordable housing with the supports and services they need to live independently.

Community Connection

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

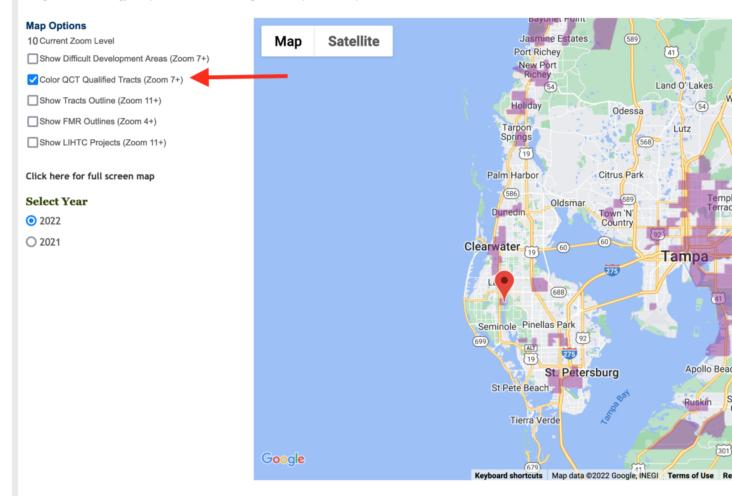
To assess if your organization serves or is headquartered in a QCT, use the following link: <u>https://www.huduser.gov/portal/sadda/sadda_qct.html</u>

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

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



The 2022 Qualified Census Tracts (QCTs) and Difficult Development Areas (DDAs) are effective January 1, 2022. The 2022 designations use data from the 2010 Decennial of designation methodology is explained in the federal Register notice published September 9, 2021



Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: https://dos.myflorida.com/sunbiz/search/ 445 31st Street N, St. Petersburg, FL 33713

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

No

Project Location*

Please provide the address or intersection where the property being modified is. 836 & 840 34th Ave S, St. Petersburg, FL 33705

QCT Determination - Project*

Is this organization's project in a QCT? No

QCT Impact*

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

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

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

QCT Determination - Clients*

Does this organization's project benefit residents of QCTs?

No

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

Community Representation and Connection*

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

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

Leadership Demographics - CEO/Executive Director*

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

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

None of the above

Leadership Demographics - Executive Level Leadership Team*

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

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

BIPOC LGBTQ+

Leadership Demographics - Board Membership*

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

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

BIPOC LGBTQ+

Financial Overview

Budget Summary*

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

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

Roof: Estimate \$39,300 with 15% inflationary rate: Total expected cost \$45,195

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 currently have one bid and will receive the second bid within 2 weeks. We are ready to enter into a contract with the lowest bidder and begin the roof replacement as soon as the funds are available.

Other Funding Sources*

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

If none, please write N/A.

NA

Changes in Operating Costs*

Please answer this question based on the descriptions below:

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

This project will not affect operating costs

Fund Management Capacity*

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

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

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

Boley Centers, the Management agent for Lake Winds Apartments, Inc., uses an electronic health record to keep track of patient and billing records. This system includes billing reports and produces HIPAA compliant standard transactions for billing purposes. The accounting department manages the financials via Microsoft Dynamics (Great Plains). Financial Statements are prepared in accordance with accounting principles generally accepted in the US; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement. As a Non-Profit receiving federal funds and expending more than \$750,000 in federal funds in a year, Boley undergoes a Single Audit each year by their external CPA firm. There are financial policies and procedures in place designed to influence and determine all major decisions and actions within the boundaries set by them.

Additional Information

Additional Upload

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

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

Anything else to share?

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

File Attachment Summary

Applicant File Uploads No files were uploaded