

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*

New Visions of The Well, Inc.

Project Name*

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

St. Petersburg Center for Trauma Recovery & Healing Justice

EIN*

83-1262405

Incorporation Year*

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

2018

Organizational Mission Statement*

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

Our mission is to Connect, Engage, Equip, Empower, and Elevate through healing centered practice acknowledging legacies of trauma, resistance, and resilience. Through training and development, alliance building, advocacy, and service, we envision a community healing, liberated, and living well. These aims are curated in an environment of safety, support, and love.

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

Annual Operating Budget Size*

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

\$666,718.00

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.

\$268,800.00

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?

The Well originally began as a solo mental and behavioral health practice. With the support of the Pinellas County Urban League and the Foundation for a Healthy St. Petersburg, New Visions of The Well, Inc. was founded in 2018. Through our non-profit organization, we activate and co-create Healing Spaces through three vehicles:

Training and Development: We Train. We support the pipeline of competent and diverse practitioners of color. We support the acquisition of new knowledge, skills, and culturally responsive practice through research, clinical practicum and internship, continuing education, supervision and consultation opportunities. We are a continuing education provider for the Florida Board Clinical Social Workers, Marriage & Family Therapy, and Mental Health Counseling. We are also a continuing education provider for the Florida Certification Board. We strive to be the training provider of choice concerning equitable behavioral health practices, culturally responsive care, and healing centered practice.

Alliance Building: We organize providers, faith communities, consumers, and communities of color. We provide unique opportunities for collaboration, co-creation of healing space and opportunities to engage in advocacy around equitable behavioral health policies and practices.

Clinical Service Provision: Through trauma informed lenses, activated in healing-centered practices; we provide culturally relevant, community-based services including individual, group and family counseling, psychoeducational services, care management, workforce clinical services, independent living support, peer support and health promotion opportunities. We strive to be the provider of choice, especially for people and communities of color.

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.

Many Pinellas County residents struggle with mental health challenges. According to the Florida Department of Health, hospitalization for mental disorders was in the highest quartile (least favorable) overall, for young people (18 years and younger), and residents aged 25 to 74. Additionally, hospitalizations for mood and depressive disorders and hospitalizations for mental disorders, except drug and alcohol-induced mental disorders were in the highest quartile for Pinellas residents. Despite the Affordable Care Act requiring parity between mental and physical health care coverage, many still struggle to access mental health care in Pinellas County.

Mental health disparities exist when race and ethnicity is applied to these already significant numbers. The Florida Department of Health's Health Equity Dashboard shows a 0.7 to 1 ratio (white to black) for adults who engage in heavy or binge drinking and hospitalizations for mental disorders. Many studies have

attributed these disparities to the historical, systemic effects of racism and trauma, lack of culturally competent mental health providers, and limited access to healthcare. According to Mental Health America, Black and African American adults report more feelings of sadness, hopelessness, and worthlessness than white adults in the U.S. Despite being less likely to complete a suicide, Black and African American teens are more likely to attempt suicide compared to their white counterparts.

In 2021, an NBC news piece reported the growing mental health crisis due to COVID-19, Black and African Americans represent a significant part of that crisis. To make matters worse, only 3% of psychology professionals in the U.S. identify as Black or African American, making it hard for Black patients looking for a provider that reflects their race and can share their culture and lived experience.

The Well provides services to meet these needs from the patient perspective and the workforce need with a community focus.

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.

The COVID-19 pandemic in addition to increased impact by violence in our community has created a greater need for mental and behavioral health services. Furthermore, the effects of the pandemic have disproportionately impacted historically marginalized communities. New Visions of The Well, Inc. prioritizes communities of color, due to overrepresentation in adverse health outcomes and underrepresentation in receiving positive health engagement tools and resources.

In an effort to continue meeting this need, our organization has applied for additional funding to support our community programming which provides low-cost mental health services through different settings and organizations in the community. Unfortunately, the sum of our awards does not always cover the costs associated with services. Due to this circumstance, New Visions has not had the fiscal flexibility to pursue opportunities for acquiring a physical space.

Furthermore, for our particular project, we need an adequate space to continue serving our current clients and community members and a space to serve those who would receive care through the Center for Trauma Recovery and Healing Justice.

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?

The funds will be used to pay for building modifications to the current TRC. These modifications include building improvements, the construction of more rooms for individual and group counseling, and the construction of a healing space for community use. We have secured an agreement with the building owner to use the building modifications and improvements as a financial exchange for 6 years of rent. This means that the center would not only see needed improvements and expansion to meet community need but also six years rent-free.

This property in particular was once home to businesses such as the first Black dental offices and Black brokerage firms on The Deuces Corridor, a historically Black part of St. Petersburg, FL. We intend to reclaim the space where violence has occurred over the last two years with three homicides in the immediate area. We aim to make this a space where community members can receive the services, resources, and support needed to obtain safety. We seek to make the following improvements:

Converting bathroom stalls to two gender-inclusive bathrooms. Add a floor to existing building aligned with ADA

Elevator to ensure equitable access for all ability levels

Lower level for community-based resources and classroom spaces for support groups, sensory room, and healing art spaces

Trauma Recovery Centers provide holistic and accountable mental health, case management, and other support services with a trauma treatment team that includes social workers, psychologists, psychiatrists, medication services, case managers, outreach workers, and peer support specialists. The TRC Model creates a single point of contact in which survivors of violence can receive care to decrease psychosocial distress, minimize long-term disability, improve quality of life, reduce the risk of future victimization, and promote post-traumatic growth.

In the wake of crime, violence, and/or untreated behavioral health disorders, individuals will be provided concrete resources and relational supports to successfully navigate adverse experiences and adaptively cope. Assertive outreach & engagement, comprehensive mental health and support services, clinical care management, concrete resources, and community/civic reintegration will be provided.

Number Served*

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

1000

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.

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.

Rent

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 project will benefit the community we serve by meeting the increased mental health and trauma needs exacerbated by the negative impacts of the COVID-19 pandemic. By creating more counseling and healing spaces and freeing up funds to hire more mental health professionals and staff, we can meet the increased mental health needs of the community that have been exacerbated by the COVID-19 pandemic. The Trauma Recovery Center (TRC) promotes health equity and social justice through comprehensive services and care for survivors of violent crime and their loved ones. The TRC model utilizes assertive outreach and engagement with under-served populations to provide individualized comprehensive support for survivors of all violent crimes through trauma-informed, evidence-based practices. Trauma Recovery Centers provide holistic and accountable mental health, case management, and other support services with a trauma treatment team that includes social workers, psychologists, psychiatrists, medication services, case managers, outreach workers, and peer support specialists. The TRC Model creates a single point of contact in which

survivors of violence can receive care to decrease psychosocial distress, minimize long-term disability, improve quality of life, reduce the risk of future victimization, and promote post-traumatic growth.

Community Connection

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

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

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/>

833 22nd Street South

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.

14th Avenue and 22nd Street South

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.

Our project is in a QCT; Census Tract #287. We will serve those living in surrounding QCTs (ie. 212, 208, 201.01, 207, 206, 205, 220, and 216. The majority of our clients come from these areas.

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.

Representation and authenticity are at the core of who we are as an organization. The racial demographic, geographic, and survivor identities of our board members, leadership, and staff are intentionally reflective of

our community. We maintain a focus on the collective nature of healing work and intentionally cultivate relationships with community members, healing professionals, and supporters that ultimately support health equity and healing justice in our work. We work with organizations like the Urban League, the Foundation for a Healthy St. Petersburg, and other mental health organizations in the area that serve Pinellas residents looking for services and resources.

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

BIPOC

Neurodiverse/physically disabled

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+

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+

Neurodiverse/physically disabled

Rented Property

Tenant Responsibility*

Please explain how your organization is responsible for modifying the building despite being rented. Be sure to describe the length of your organization's lease and to indicate whether or not you have obtained permission from the landlord for the proposed project.

The building lease will be for six years. We have a signed agreement with the landlord to make these building modifications in exchange for rent. Our organization will be responsible for managing the construction of the building modifications of the rented building.

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.

The funds will be used to make building modifications. These include a new roof (\$15,000), bathrooms (\$20,000), updated flooring and room conversion (\$15,000), the construction of additional flooring (\$100,000), asphalt and paving for parking (\$6,000), fencing the property (\$10,000), security improvements (\$5,000), an upgraded air conditioning unit (\$10,000), portable office and storage space (\$15,000), and an elevator shaft (\$60,000) to meet ADA requirements with the allotted 5% for administrative costs (\$12,800)

Total: \$268,800

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.

New Visions of The Well, Inc. has been in contact with the owners of a property located at 833 22nd St. S., St. Petersburg, FL 33712 regarding the possibility of renting. We are currently in the process of obtaining an estimated rental cost from the owners.

We have an agreement with the building owner, main bids for several of the modifications needed and are working on obtaining bids for other parts of the construction / modification. Identified minority contractors that can provide services for this project who live and work in the community we serve.

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.

We have attempted to secure funding support for the St. Petersburg Center for Trauma Recovery and Healing Justice through legislative appropriations requests as well as funding opportunities available through local foundations.

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 likely increase ongoing operational costs as we will be able to hire more staff and mental health professionals. We will compensate for the difference by the elimination of six years of rent in exchange for the building modifications. We will also work with grant writers to identify other funding sources.

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. New Visions of The Well, Inc. plans to seek financial support through the Foundation for a Healthy St. Petersburg to account for the potential reimbursement-based funding model.

Additionally, the Pinellas County Urban League will be acting as a partner in this initiative by providing fiscal oversight support.

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