St. Petersburg Center for Trauma Recovery and Healing Justice

ARPA Nonprofit Capital Project Fund - Small Purchases

New Visions of the Well Inc

Dr. LaDonna Nicole Butler 833 22nd St S Saint Petersburg, FL 33712 lbutler@thewellforlife.org 0: 727-251-0743 M: 727-251-0743

Dr. LaDonna Nicole Butler

4290 Narvarez Way South St. Petersburg, FL 33712 lbutler@thewellforlife.org 0: 727-251-0743 M: 727-251-0743

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* New Visions of The Well. Inc.

Proposal Name*

Please choose a short name to identify this project within the grant portal: St. Petersburg Center for Trauma Recovery and 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.

\$150,000.00

Amount Requested*

The maximum grant amount is \$199,999. \$16,300.00

Parent Non-Profit/Subsidiaries*

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

<u>Example</u>

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?

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 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 <u>PROVIDED THAT</u> 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 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 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?

The funds will be used to pay for technology, software, and other equipment for the current TRC. Thus, we are primarily seeking funding for the purchase of appliances and technology such as a refrigerator, stove, washing machine, dryer, and computers.

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 occured 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 healing and safety. In this effort, we aim to make this space one where folks seeking access basic resources that contribute to one's sense of safety and security such as laundry, food access, and internet access.

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. 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.

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.

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?

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.

Number Served*

How many people will directly benefit from this capital purchase 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 <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 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.

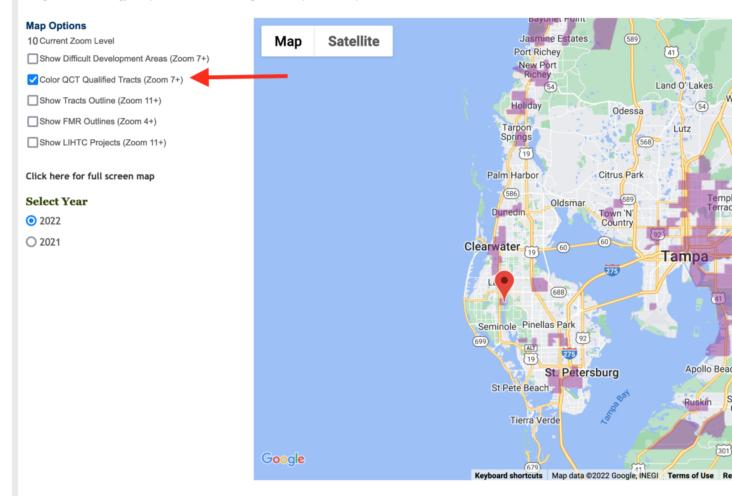
To assess if your organization serves or is headquartered in a QCT, use the following link: https://www.huduser.gov/portal/sadda/sadda_qct.html

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.

Enter an Address, city, state or tract	Go	\sim	Florida	~	Pinellas		
Map Options : Clear Reset Ful	Screen						
QCT Legend:	- Tract Outline	LIHTC Project	2022 0	2022 Qualified Census Tracts			
SADDA Legend:	- FMR Boundary	2022 Small DDA	Non M	letro DDA			
		Hide the overview					

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/ 833 22nd Street South, St. Petersburg, FL

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 majority of the activities related to this project will take place at 833 22nd St. S., St. Petersburg, FL 33712.

QCT Determination - Purchase*

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

Yes

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.

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 - 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

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 LGBTQ+ Neurodiverse/physically disabled

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."

BIPOC

Neurodiverse/physically disabled

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.

Bids and Estimates - SPCTRHJ.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 below.

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.

Copy of Budget-Template-Small-Capital-Purchases.pdf

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.

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

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

This purchase will likely decrease operating costs as it will pay for technological and operational costs initially. However, after the initial purchases of expenses like software and ongoing expenditures, this may increase our operational costs over time. We plan to identify other forms of funding to help offset these costs.

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.

Copy of NV Organization Budget Template 2022.xlsx

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted. New Visions of The Well BoD List.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. Details about New visions of the well inc_.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.

New Visions 501(c)(3).pdf Our organization is not required to conduct a financial audit currently.

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. New Visions - General Liability 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

- Bids and Estimates SPCTRHJ.pdf
- Copy of Budget-Template-Small-Capital-Purchases.pdf
- Copy of NV Organization Budget Template 2022.xlsx
- New Visions of The Well BoD List.pdf
- Details about New visions of the well inc_.pdf
- New Visions 501(c)(3).pdf
- New Visions General Liability Insurance.PDF

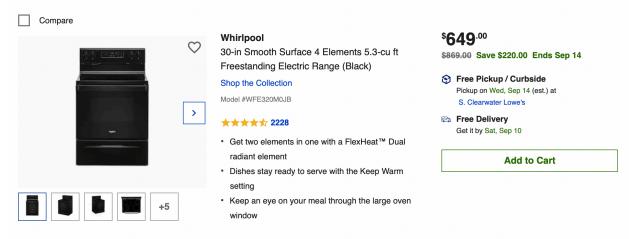
ST. PETERSBURG CENTER FOR TRAUMA RECOVERY & HEALING JUSTICE BIDS & ESTIMATES

Estimates obtained 09/07/2022

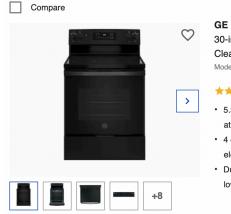
Refrigerator

	Whirlpool 20.5-cu ft Top-Freezer Refrigerator (Black)	\$ 799 .00 \$1,099.00 Save \$300.00 Ends Sep 14
	Model #WRT311FZDB ★★★★★ 8703 Store more items on each shelf with frameless glass shelves Make space for tall items with the Flexi-Slide™ bin Store fruits and vegetables in the humidity-controlled crisper	 Free Pickup / Curbside Pickup on Wed, Sep 14 (est.) at S. Clearwater Lowe's Free Delivery Get it by Sat, Sep 10
Compare		50 7 0 m
	Frigidaire 18.3-cu ft Top-Freezer Refrigerator (Black) Model #FFTR1814WB	\$ 679 .00 \$799.00 Save \$120.00 Ends Sep 14
	Frigidaire 18.3-cu ft Top-Freezer Refrigerator (Black)	
	 Frigidaire 18.3-cu ft Top-Freezer Refrigerator (Black) Model #FFTR1814WB ★★★★★★ 1330 Prevent warm spots and unwanted freezing with our EvenTemp™ cooling system 	\$799.00 Save \$120.00 Ends Sep 14
	 Frigidaire 18.3-cu ft Top-Freezer Refrigerator (Black) Model #FFTR1814WB ★★★★★ 1330 Prevent warm spots and unwanted freezing with our 	 \$799.00 Save \$120.00 Ends Sep 14 Free Pickup / Curbside Available tomorrow at S. Clearwater Lowe's Free Delivery
	 ✓ Frigidaire 18.3-cu ft Top-Freezer Refrigerator (Black) Model #FFTR1814WB ★★★★★ 1330 Prevent warm spots and unwanted freezing with our EvenTemp™ cooling system Find a place for everything with our spacious interior 	 \$799.00 Save \$120.00 Ends Sep 14 Free Pickup / Curbside Available tomorrow at S. Clearwater Lowe's Free Delivery

Stove



ST. PETERSBURG CENTER FOR TRAUMA RECOVERY & HEALING JUSTICE **BIDS & ESTIMATES**



30-in Smooth Surface 4 Elements 5.3-cu ft Self-Cleaning Freestanding Electric Range (Black) Model #JB645DKBB

**** 10066

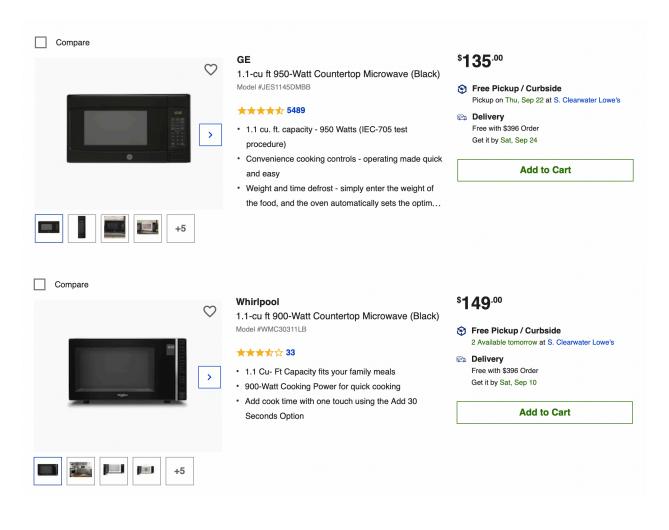
- 5.3-cu ft capacity oven accommodates several dishes at once for ease and convenience
- 4 cooktop elements, including two 9-in/6-in PowerBoil elements that are adjustable to fit your cookware
- · Dual-element bake feature provides both upper and lower elements for even heat distribution, so your...

\$649^{.00}

- \$799.00 Save \$150.00 Ends Sep 14
- Free Pickup / Curbside Pickup on Wed, Sep 14 (est.) at S. Clearwater Lowe's
- 🚌 Free Delivery Get it by Sat, Sep 10

Add to Cart

Microwave



ST. PETERSBURG CENTER FOR TRAUMA RECOVERY & HEALING JUSTICE **BIDS & ESTIMATES**

Front Load Washer

Compare LG \$898.00 TRENDING NOW \heartsuit TurboWash 360 Smart Wi-Fi Enabled 4.5-cu ft \$1,249.00 Save \$351.00 Ends Sep 14 High Efficiency Stackable Steam Cycle Front-SPEND AND SAVE Load Washer (Black Steel) ENERGY STAR Shop the Collection 😚 Free Pickup / Curbside Pickup on Wed, Sep 14 (est.) at Model #WM4000HBA S. Clearwater Lowe's > 🚌 Free Delivery Get it by Fri, Sep 16 · Save Time and Wash Fewer Loads. Bring on big loads of towels or jeans -this ultra large washer fits... · 5 powerful jets spray clothes from multiple angles for a complete clean in under 30 minutes · AI technology selects optimal wash motions and +11 settings. Washer can auto-select a compatible dryi... Compare Whirlpool \$748.00 \heartsuit 4.5-cu ft High Efficiency Stackable Steam Cycle Front-Load Washer (White) ENERGY STAR Shop the Collection Model #WFW5605MW > ***** 130 · Wash regular-sized loads fast with the Quick Wash Cycle Create customized cycles in a few touches with



\$949.00 Save \$201.00 Ends Sep 14

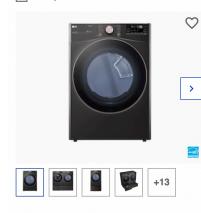
Add to Cart

- 😚 Free Pickup / Curbside Unavailable
- 🚌 Free Delivery Get it by Fri. Sep 9

Add to Cart

Dryer

Compare



LG

True Steam Smart Wi-Fi Enabled 7.4-cu ft Stackable Steam Cycle Electric Dryer (Black Steel) ENERGY STAR

· Tumble Fresh option - Keep clean clothes fresh up to

12 hours until transferring to the dryer

Shop the Collection

Intuitive Controls

Model #DLEX4000B ***** 726

- · Get It All Done In Less Time. Ultra Large Capacity
- (7.4 cu. ft.) means you have even more room to do... · Steam Refresh Clothes in Between Washes. Refresh
- instantly with TurboSteam™ that generates steam...
- · AI technology selects optimal dry motions and settings. Washer can auto-select a compatible dryi...

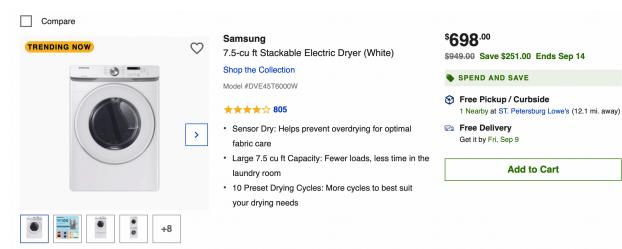
\$898.00

\$1,249.00 Save \$351.00 Ends Sep 14

- SPEND AND SAVE
- 😚 Free Pickup / Curbside Pickup on Wed. Sep 14 (est.) at S. Clearwater Lowe's
- 🚌 Free Delivery Get it by Sat, Sep 10

Add to Cart

ST. PETERSBURG CENTER FOR TRAUMA RECOVERY & HEALING JUSTICE BIDS & ESTIMATES



Computers

 24" iMac[®] with Retina 4.5K display - Apple M1 - 8GB Memory - 256GB SSD - w/Touch ID (Latest Model) - Silver Modei: MGPC3LLA SKU: 6450919 Color: Silver Image: Silver Image: Image: Image:	\$1,499.99 6 free months of Apple Music & 2 more
24" iMac® with Retina 4.5K display - Apple M1 - 8GB Memory - 256GB SSD (Latest Model) - Blue Modei: MJV93LL/A SKU: 6450916 Color: Silver Image: Imag	\$1,299.99 6 free months of Apple Music & 2 more R Add to Cart Open-Box: from \$1,143.99

ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Organization Name: New Visions of The Well, Inc.

Proposal Name: St. Petersburg Center for Trauma Recovery and Healing Justice

Α	В	С	D	Е	F	G	н
Line		Price Per	Quantity of	Purchase	ARPA Grant Funds	Applicant	
Item	Item (Description)	Item	Item	Total	Requested	Match	Funding Total
1	Refrigerator	\$ 1,200.00	1	\$ 1,200	\$ 1,200	\$ -	\$ 1,200
2	Stove	\$ 1,100.00	1	\$ 1,100	\$ 1,100	\$-	\$ 1,100
3	Front Load Washer	\$ 1,400.00	1	\$ 1,400	\$ 1,400	\$-	\$ 1,400
4	Dryer	\$ 1,400.00	1	\$ 1,400	\$ 1,400	\$-	\$ 1,400
5	Computers	\$ 1,600.00	7	\$ 11,200	\$ 11,200	\$-	\$ 11,200
		\$-		\$-	\$-	\$-	\$-
		\$-		\$-	\$-	\$-	\$-
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		\$ -		\$ -	\$-	\$ -	\$ -
		\$-		\$-	\$-	\$-	\$ -
		TOTAL	11	\$ 16,300	\$ 16,300	\$-	\$ 16,300

THE "PURCHASE TOTAL" AND "FUNDING TOTAL" COLUMN SHOULD BE EQUAL Columns E, H, and the "TOTAL" row are locked and cannot be edited

Key

Item (Description)	Brief name/description of the purchase requested			
Price per item				
Quantity of Item				
Purchase Total				
ARPA Grant Funds				
Requested	The amount of ARPA funding requested for this line item			
Applicant Match The amount (if any) that you, the applicant, are contributing towards the purchase of the line				
Funding Total Total funding for proposed line item (ARPA grant request plus applicant match)				

New Visions of The Well Health Promotion Program Budget

Funding

Pinellas Community Foundation FHSP City of St Petersburg Individuals Board Thrive - Victim Services Grant Foundation Public Agency/ corporate Fundraisers and events Endowment Interest income <u>Miscellaneous - HWB Contributions</u> Local Appropriations Request Funds

Total in-kind revenue

Total Revenue

Expenses

Staff salary and benefits Occupancy (rent and utilities) Administrative Oversight Insurance Legal, accounting Equipment Supplies/ Participant Expenses Printing and copying Telecommunications Travel and meetings Marketing and advertising Staff training/development Contracted services

Other Other

Subtotal expenses

Subtotal in-kind expenses

Revenue over Expenses

PENDING REVENUE

Local Appropriations Request Funds

Organization Budget

		1
	53,000	ļ
	75,000	
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\$	755,000	
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	28,500	*
	3,018	
	2,000	
	67,200	*
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	2,000	1
	3,600	1
	4,500	1
	6,800	1
	3,000	1
	37,000	*
	57,000	1
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\$	666,718	ľ
\$	-	ł
		J

\$ 666,718
\$ 88,282

575,000

New Visions of The Well, Inc. Board of Directors

LaDonna Butler, Executive Director Russia Collins, President Demetrius Taylor, Treasurer Martin Bimler, Secretary Kimberly Brown-Williams, Member Kimberly Hickman, Member Natasha Pierre, Member <u>Home > Tax Exempt Organization Search > New Visions Of The Well Inc.</u>

< Back to Search Results

New Visions Of The Well Inc.

EIN: 83-1262405 | St. Petersburg, FL, United States

> Other Names

Determination Letter 0

A favorable determination letter is issued by the IRS if an organization meets the requirements for tax-exempt status under the Code section the organization applied.

> Final Letters

• FinalLetter 83-1262405 NEWVISIONSOFTHEWELLINC 07182018.tif

Publication 78 Data o

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes

Deductibility Code: PC

Form 990-N (e-Postcard) o

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

> Tax Year 2021 Form 990-N (e-Postcard)

Tax Period: 2021 (01/01/2021 - 12/31/2021)

EIN: 83-1262405

Legal Name (Doing Business as): New Visions Of The Well Inc

Mailing Address: 833 22nd Street South St Petersburg, FL 33712 United States

Principal Officer's Name and Address:

833 22nd Street South St Petersburg, FL 33712 United States

Gross receipts not greater than: \$50,000

Organization has terminated: No

Website URL:

> Tax Year 2020 Form 990-N (e-Postcard)

Page Last Reviewed or Updated: 20-November-2020	And the second s	🔒 Print	
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INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: JUL 2 4 2018

NEW VISIONS OF THE WELL INC 833 22ND STREET SOUTH ST PETERSBURG, FL 33712-0000

Employer Identification Number:
83-1262405
DLN:
26053601002738
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
April 21, 2018
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

	<u> </u>									1/2022
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.										
	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be									ions or be
endo	rsed. If SUBROGATION IS WAIN ment on this certificate does not c	/ED,	subj	ject to the terms and co	nditio	ns of the pol	icy, certain	policies may require an		
PRODUCE					CONTA NAME:			(- <i>)</i>		
F	liscox Inc.				PHONE (A/C, No	(888)	202-3007	FAX (A/C, No):		
-	520 Madison Avenue				É-MAIL ADDRE		ct@hiscox.co			
	32nd Floor New York, New York 10022				ADDRE			RDING COVERAGE		NAIC #
	New TOTK, New TOTK TOOZZ				INSURE	1.12		Company Inc		10200
INSURED					INSURE	NA.				
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-	33 22nd St S				INSURE					
s	Saint Petersburg, FL 33712				INSURE					
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X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000
								MED EXP (Any one person)	\$ 5,00	00
Α				P100.874.782.1		09/01/2022	09/01/2023	PERSONAL & ADV INJURY	\$ 1,00	00,000
GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	00,000
X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ S/T	Gen. Agg.
	OTHER:								\$	
AU								COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS								\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
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	DED RETENTION \$								\$	
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	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
(Mai	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
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DESCRIPT	TION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedul	le, may b	e attached if more	space is require	ed)		
CERTIF	FICATE HOLDER				CAN	CELLATION				
					ТНЕ	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B EY PROVISIONS.		
					AUTHO	RIZED REPRESE	NTATIVE	. /		
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