

# LOI Form

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## LOI

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

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

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

### Organization Name\*

Palm Harbor Recreation League Inc

### Project Name\*

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

Expand programming space by 2500 sq ft to help the higher demand for programs

### EIN\*

59-2429829

### Incorporation Year\*

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

1990

### Organizational Mission Statement\*

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

To be the recreational, cultural and gathering center of Palm Harbor and all nearby North Pinellas County communities - where locals think of first as the place to meet, play & connect.

### 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.

\$2,800,000.00

### 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.**

\$254,000.00

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

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

#### Examples

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

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

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

No

### Parent Non-Profit/Subsidiaries\*

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

#### Example

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

No

## *Request Specifics*

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### Organization Programming Background\*

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

The Palm Harbor Recreation League Inc has been supporting leisure services in the unincorporated Palm Harbor area since the 1980's. Our recreation department offers programming for all ages from toddler to end of life support programming. Our department provides passive and active recreation to improve the quality of life for our residents.

### 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.

Since the pandemic began the need for our services has increased. In 2020 most area summer programming were shut down, we actually scrambled in our department when schools were delayed in opening, and offered two more weeks of care for the children. In 2021 and in 2022 the numbers have sky rocketed for the need for childcare. Many daycares and preschools in north county have closed and never reopened causing a huge supply and demand problem for parents. This past summer we failed to serve over 500 kids in our north county area due to our space restraints. As reported by ABC action news, "There are 634 facilities now. That's 59 fewer child care facilities now compared to pre-pandemic, according to the Florida Department of Health in Pinellas County."

### 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.**

Fiscal '19 realized 210K in Rental revenue(( PRE PANDEMIC ))

Fiscal '20 realized 139K in Rental revenue

Fiscal '21 realized 128K in Rental revenue

Fiscal '22 in still running pre down from pre pandemic ytd only 127K thus far realized revenue.

This budget line was most impacted as we have two indoor rental venues that makes up our 2nd highest privately raised funds in our budget. A lot of weddings were canceled in the 2.5 years of this pandemic. If the pandemic wouldn't have occurred, we would have been able to rely on revenues from this budget line to develop this new program space. In addition to the reduction in rental revenues, we spent unbudgeted funds to purchase sprayers, and sanitizers, and cleaning upgrades to our facilities .

## 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 will be constructing a steel building that will be approximately 2500 sq ft . This building will be utilized for year round youth and adult programs. The structure has a 20plus year life span. This building will help us meet more of the deficit for child care during non school hours. As stated prior, the need is far greater than what can be supplied currently in our area.

## Number Served\*

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

40000

## 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**.

Duplicated

### 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?**

Yes this project will allow us to offer my children with opportunities for programming .. We will be able to offer year round space for these children and also will be used for affordable evening programming as well for families

### 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](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.

The screenshot shows the HUD SADDa QCT map interface. At the top, there is an address input field with a "Go" button and a dropdown menu for state and county, currently set to "Florida" and "Pinellas". Below this is a "Map Options" section with a "Clear | Reset | Full Screen" link. The "QCT Legend" includes "Tract Outline" (blue line), "LIHTC Project" (house icon), and "2022 Qualified Census Tracts" (purple square). The "SADDa Legend" includes "FMR Boundary" (green line), "2022 Small DDA" (orange square), and "Non Metro DDA" (blue square). A "Hide the overview" button is present. A text block states: "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 census designation methodology is explained in the federal Register notice published September 9, 2021". The "Map Options" panel on the left shows "10 Current Zoom Level", "Show Difficult Development Areas (Zoom 7+)", "Color QCT Qualified Tracts (Zoom 7+)" (checked), "Show Tracts Outline (Zoom 11+)", "Show FMR Outlines (Zoom 4+)", and "Show LIHTC Projects (Zoom 11+)". A "Select Year" section has "2022" selected. The map shows the Tampa Bay area with purple shaded QCTs. A red pin is located near Clearwater. The "Map" and "Satellite" tabs are visible at the top of the map area.

### 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/>

1500 16th Street Palm Harbor Florida

### 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.

1631 9th st Palm Harbor Florida 34883

### 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.

Currently about 90 percent of our clients reside in our Qualified Census Tract.

### 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.

We offer programming designed for all ages through many partnerships. We offer little league baseball, youth football, youth soccer. Adult Support groups for Alzheimer's. We partner with Villages of Hope as a distribution site for those suffering food insecurities in the Palm Harbor area. We partner with our local food bank as well as clothing support for those that can utilized clothes to kids. We are a site of distribution for the hearing impaired phones at our location as well.

### 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

None of the above

### 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

Declined to State



## *Rented Property*

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### **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 owner of the property ( Pinellas County) has leased this property to our organization since 1985. The additional space this project will provide will receive a letter of authorization from the County as soon as site plans can be drawn. The County has worked in pre planning with our organization and are supportive of the initiative.

## *Financial Overview*

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### **Budget Summary\***

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

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

The amount requested is for the construction of a 2500 sq. ft steel framed building at one of our properties. All funding is for construction costs.

### **Project Preparedness\***

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

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

#### **Example**

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

Community Arts 'R Us has begun construction on its new arts center, as it had secured 75% of the funding for it before the pandemic. Therefore, a contractor has already been selected, and is looking to obtain the funding

necessary to complete the project. Below, Community Arts 'R Us would explain it has a cost proposal ready to upload from their selected contractor, and is ready to carry out the rest of the project if funding is awarded.

We have had two bids submitted for this project and have a contractor selected for this project. We have conducted a survey and have begun the basic site plan for this simple project. We are ready to hit the ground running if we are selected for this grant.

### Other Funding Sources\*

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

If none, please write N/A.

N/A

### Changes in Operating Costs\*

Please answer this question based on the descriptions below:

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

The programming we will be able to offer will offset the expense of the operation of this building.

### 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.

Our organization utilizes quick books software and a 3rd party accountant to reconcile the books each month. Also we do have an annual audit of our books as required by Pinellas County.

## *Additional Information*

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### **Additional Upload**

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

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

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

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

## File Attachment Summary

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### *Applicant File Uploads*

*No files were uploaded*