

# 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\*

Restoring Life Outreach Ministries

### Project Name\*

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

Restoring Life Food Pantry

### EIN\*

47-3625579

### Incorporation Year\*

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

2011

### Organizational Mission Statement\*

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

We seek to strengthen our communities by providing food, clothing, and utility assistance to homeless and low income families regardless of race, color, religion, national origin, age, sex, or disability.

### 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](https://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.

\$96,280.00

### 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.**

\$500,000.00

### 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?

Restoring Life Outreach Ministry was established in 2011 by a small ministry who recognized the need to address food vulnerability in the Largo area. This organization has operated its food pantry at Restoration Ministries of Largo for nine years. During this time, we have fed over 43,000 families, provided holiday help to more than 800 nursing home residents, provided hot meals and toiletries to needy individuals at local shelters, and served Thanksgiving meals annually to over 1000 residents at a local homeless shelter. The Restoring Life Food Pantry is designed to reduce the number of food challenged individuals in Pinellas County by providing groceries to families in need.

### **Community Need\***

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

The project that we are seeking this grant for is the Restoring Life Food Pantry which directly aligns with Pinellas Community Foundation's priority of enhancing quality of life for Pinellas residents. The Food Pantry's goal is to reduce hunger and food insecurity in the Largo and surrounding areas by providing fresh fruit and vegetables, breads, dry goods, and meat weekly to those who are in need. We serve a diverse population of people spanning various ethnicities, ages, and gender including Black, Caucasian, and Hispanic, with the majority being Black. The ages of our customers range from early twenties to those in their seventies and beyond. Our target group is the underserved population in the Ridgecrest, Dansville, and Highpoint areas of Largo.

We target families in the Ridgecrest, Dansville, and Highpoint areas of Pinellas County Florida. The poverty rate in the Ridgecrest/Dansville area is 24.5% and 32% Highpoint which is significantly higher than Pinellas County's 13.7% poverty rate, thus our focus. Given that many households are living beneath the poverty level, there is a greater incidence of food insecurity which we seek to decrease through our food pantry. The needs of many people in our community is affordable, healthy food to feed their families affordable housing, and jobs that pay a livable wage. The Restoring Life Food Pantry is designed to reduce the number of food challenged individuals in Pinellas County by providing groceries to families in need. By extension, our program also aids in reducing homelessness in that families do not have to make a choice between paying their rent or utilities and providing food for their families.

### **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.**

Restoring Life Outreach was negatively impacted by the pandemic in several ways. First, there was a reduction in revenue. Our organization runs solely on donations from local congregants, volunteers, and grants. Many of our regular donors decreased their donations, which resulted in our being able to purchase less food to meet the growing need. The cost of food and fuel has also increased making it even more difficult to meet the increased demand for food related relief.

## 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 Restoring Life Outreach Ministry has several major organization and program needs. We need a dedicated building for our Food Pantry where we can add more refrigerators and freezers which will allow us to procure more food and feed more needy families. We also need to acquire a box truck to transport food from Feed America and various local donors to our pantry location. The truck that we used in the past no longer works and we now have to rent a U-Haul truck every week to pick up food from vendors. Having access to a larger dedicated space for the Restoring Life Food Pantry would give us the opportunity to effectively and efficiently address food insecurity in the Largo area and surrounding community.

The estimated lifespan of a physical structure that would house our food pantry is 100 years or more if properly maintained. Typical lifespan of the box truck is 200,000 miles or 16.6 years with proper maintenance.

Acquiring these items would allow us to store more food to address the increased demand that has happened during the pandemic. We have been renting a truck weekly to pick up food and the cost of the truck rental has increased, as well as the cost of gas. Thus, our limited resources have been severely strained.

### Number Served\*

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

5500

### 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.

Restoring Life Food Pantry operates weekly and clients are allowed to come twice per month to obtain food. Some of our clients visit twice a month which is why the number above is duplicated.

### 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 members that have experienced disproportionate negative impacts from the COVID 19 pandemic in the following ways.

We plan to continue to meet the need and expand our outreach by using the grant funds to acquire a facility that is solely dedicated to the operation of The Restoring Life Food Pantry. Doing so, would give us more room to store food and feed even more disenfranchised individuals. Our goal is to reduce food insecurity that has affected more low and average income families that lost jobs and housing due to the pandemic. Receiving this grant would also benefit the community in that we would be able to purchase a truck to not only bring food back to the Restoring Life Outreach Ministries Food Pantry, but we would also be able to deliver food to the elderly and others who do not have transportation to come to our building.

## *Community Connection*

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

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

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

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

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

### Headquarters Location\*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>

10888 126th Avenue N. Largo, FL 33778

### 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.

10888 126th Avenue N. Largo, FL 33778

### QCT Determination - Project\*

Is this organization's project in a QCT?

No

### QCT Impact\*

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

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

The majority of the activities related to the purchases will take place at 10888 126th Avenue N. Largo, FL 33778 which is in a Qualified Census Tract area.

Tract 251.15

County Pinellas County

State FL

Status (2022) Qualified

Full Tract Number 1210302511

### QCT Determination - Clients\*

Does this organization's project benefit residents of QCTs?

No

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



## Community Representation and Connection\*

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

Many of the volunteers in the Restoring Life Food Pantry are from the targeted areas including the founder of the Restoring Life Food Pantry. Given that the founder and creator of the organization is from from a historically disadvantaged community, there is an authentic connection to the community in which we serve as well as direct involvement in the leadership and decision making processes.

## 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

## 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

## 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

## *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.

We have received permission to operate the Restoring Life Outreach Ministry Food Pantry from Resurrection Episcopal Church and have been doing so since 2018. Our current rent takes care of all repairs and no additional funds are required. We have outgrown the space that we currently reside in and are seeking funds to procure a dedicated space for the Food Pantry.

## *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.**

Given that we are looking to procure a building to house the Restoring Life Outreach Food Pantry, the largest expense that we will have is actually paying for the building. Other costs that might be associated with the purchase, could be fitting the building with the needed equipment for the facility such as shelving and additional refrigeration units.

### **Project Preparedness\***

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

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

#### **Example**

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

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

upload from their selected contractor, and is ready to carry out the rest of the project if funding is awarded.

We have been researching properties in our local area to secure a facility to house The Restoring Life Outreach Ministries Food Pantry that is close to the area of Ridgecrest which is a historically disadvantaged community.

### 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 applied for Pinellas Community Foundation Small Project grant as well as a grant with Chick-Fil-A True Inspiration Grant.

### 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 purchase of the requested items would decrease ongoing operating costs in that we would no longer need to rent a U-Haul truck weekly to transport the food back to the pantry. Acquiring a building would increase our operational costs in that we would now be responsible for maintenance and utilities. We would compensate for the difference through donations and grants.

### 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.

We are not able to handle a reimbursement-basis grant. However, we are able to utilize an Excel workshop to track income and expenditures and create reports based upon the information and activity.

## *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*