

Restoring Life Food Pantry

ARPA Nonprofit Capital Project Fund - Small Purchases

Restoring Life Outreach Ministries

Mr. Oliver King
10888 126th Avenue N.
Largo, FL 33778

Olikingss2@gmail.com
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M: 727-481-0965

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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*

Restoring Life Outreach Ministries

Proposal Name*

Please choose a short name to identify this project within the 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](#) 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 \$199,999.

\$80,273.00

Parent Non-Profit/Subsidiaries*

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

Example

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

No

Request Specifics

Organization 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?

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 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 PROVIDED THAT 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.

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 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 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 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 Feed America. On an organizational level, we need to update our technology and bring our ministry to the next level of operational and organizational maturity. Having access to an updated computer and organizational software would give us the opportunity to effectively and efficiently address food insecurity in the Largo area and surrounding community. Receiving this grant would enable our ministry to purchase equipment and software to create databases and spreadsheets that monitor our volunteers, customers, and finances. We have been using the same computer and outdated Microsoft software since our inception. We plan to purchase an updated All-in-one Printer to make copies of sign in sheets, print surveys, create flyers advertising our Food Pantry, etc. We are in desperate need of a website designer to elevate our advertising so more patrons in need can locate us and see the services that are offered in our community.

The estimated lifespan of the box truck is 200,000 miles or 16.6 years with proper maintenance. A building that would house our food pantry can last up to 100 years. Software and computers are updated every 1-5 years; Web design happens once, but would need to be maintained every 1-3 months.

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, the cost of gas has increased.

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?

Restoring Life Outreach Ministries has operated its food pantry at Restoration Ministries of Largo for ten years. Each week, we have volunteers that transport food from Feed America, RCS, and various donors to Restoration Ministries. These volunteers unload the trucks, sort the produce, and pack grocery bags full of food for the week. We service an average of 90 families each week minus holidays per year. In doing so, we have fed over 40,000 families over the course of ten years.

We plan to continue to meet the need and expand our outreach by purchasing a box truck to transport the food from various local distributors and securing a building that is solely dedicated to the operation of The Restoring Life Food Pantry. Our goal is to be able to reduce food insecurity that has affected more low and average income families that lost jobs and housing due to the pandemic. The community will benefit in many different ways from the purchases afforded by this grant. This grant will provide the funds to purchase a box truck to transport food from Feed America to our pantry location and assist in providing funding to secure a dedicated building for the Food Pantry. In addition to the purchase of the truck, and funds towards a dedicated facility, a website will be created thus making more people aware of the services that our Restoring Life Food Pantry provides as well as our operating hours. They will also have our contact information and know the days of operation as well as volunteer opportunities. The community members will also benefit with this grant being awarded as there will be increased food available and more people will be served. The purchase of the computers benefits our clients in that we will have reliable, updated computers to quickly and efficiently check people in thereby being able to maintain accurate records.

Number Served*

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

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.

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

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

https://www.huduser.gov/portal/sadda/sadda_qct.html

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

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

Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>
Headquarters and Location Address: 10888 126th Avenue N Largo, FL 33788

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

No

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 the purchases will take place at 10888 126th Avenue N. Largo, FL 33778 which is in a Qualified Census Tract area. The computers and equipment will also be located at 10888 126th Avenue N. in Largo, FL.

Tract 251.15
 County Pinellas County
 State FL
 Status (2022) Qualified
 Full Tract Number 12103025115

QCT Determination - Purchase*

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

No

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.

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 - 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

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

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

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.

Combined Docs - Restoring Life.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

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.

PCF Budget-Template-Small-Capital-Purchases.xlsx

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.

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

WaWa's Grant \$2,500

Private donors- \$2,000

Publix- donates various foods including breads, desserts, meat, and produce

Panera- donates various foods including breads and desserts

Chick-Fil-A Food donations weekly

RCS Ministries- food donations weekly

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.

he 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. The computer and software purchases would not affect the operating costs. The web design would increase the ongoing operational costs and the difference would be compensated in our budget by reducing the amount of changes we make to the website thereby decreasing the need for ongoing fees.

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.

RML Pantry Operating Budget.xlsx

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Restoring Life Outreach Ministries Board of Directors.docx

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.

990 N Restoring Life.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.

RESTORINGLI_W-9 - Request for Taxpayer ID Number and Certification.pdf

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.

RESTORATION MINISTRIES Certificate of Insurance 2022.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

- Combined Docs - Restoring Life.pdf
- PCF Budget-Template-Small-Capital-Purchases.xlsx
- RML Pantry Operating Budget.xlsx
- Restoring Life Outreach Ministries Board of Directors.docx
- 990 N Restoring Life.pdf
- RESTORINGLI_W-9 - Request for Taxpayer ID Number and Certification.pdf
- RESTORATION MINISTRIES Certificate of Insurance 2022.pdf

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\$599.99

Quantity

1 ▾

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Canon Color imageCLASS MF743C Wireless Color Laser All-In-One Printer

Item #: 24395805 | Model #: 3101C011

3.5 ★★★★★

238
Reviews

9
Questions



↑
TOP



1 of 8 (Images & Videos)

Canon - imageCLASS MF743Cdw Wireless Color All-In-One Laser Printer - White

Model: 3101C011 **SKU:** 6343550

★★★★☆ **4.2** (801 Reviews) |

[113 Answered Questions](#)

Highly rated by customers for: [Print quality](#),
[Set up](#), [Speed](#)

\$599.99 or **\$50/mo.***
suggested payments with
12-Month Financing

[+] Feedback



1 of 15 (Images & Videos)

HP - ENVY x360 2-in-1 15.6" Touch-Screen Laptop - Intel Evo Platform Intel Core i7 - 16GB Memory - 512GB SSD - Natural Silver

Model: 15-ew0023dx **SKU:** 6502179

★★★★★ **4.7** (368 Reviews) |

111 Answered Questions

Feedback

\$1,099.99 | Or **\$91.67/mo.***
 suggested payments with
12-Month Financing

8:09



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1 / 16



Used 2014 CHEVROLET Box Truck - Straight Truck

EXPRESS G3500

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Home / FL / Pinellas County / Largo / 12933 Walsingham



Media

Map

Street View

12933

\$2,120 USD/MO

Walsingham Rd

Bank For Lease • 1,060 SF

📞 Call

✉ Email

AA

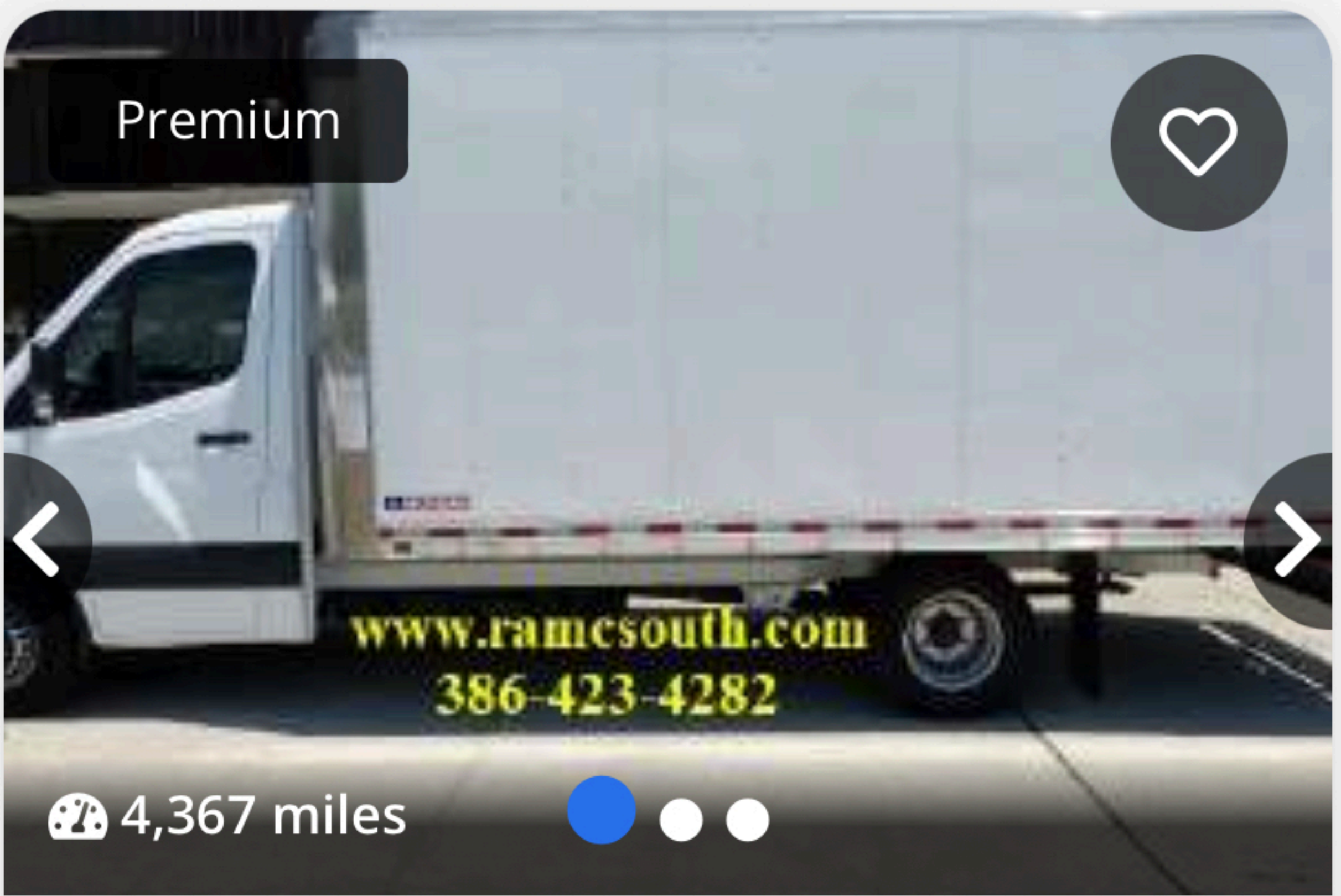
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Filter 7

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\$58,750

Low Miles

Used 2019 MERCEDES-BENZ Box Truck - Straight Truck, Dually, Cutaway-Cube Van CLASS 3 (GVW 10001 - 14000)

SPRINTER 3500

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♡ SAVE

1 of 8



Media

Map

Street View

2923 W Bay Dr

\$25.00 - \$40.00 USD/SF/YR

Belleair Bluffs, FL 33770

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Quantity
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HP 17.3" Laptop, Intel Core i7-1165G7, 8GB Memory, 256GB SSD, Windows 11 Home (4Z502UA#ABA)

Item #: 24504666 |
Model #: 4Z502UA#ABA

5 ★★★★★ 17 Reviews | 8 Questions



<u>Pantry</u>	People served	Volunteer hrs.	Cost of volunteers	Cost of	
				Food	Gas
Per Week	90	48.5 hrs.	1,209.59	120	75
Per Month	360	194 hrs.	4,838.36	480	300
Per Year (48wks.)	4,320	2,328 hrs.	58,060.32	5,760	3,600

Transportation- Truck Rental	Cost of Bags	Rent	Total Cost of Operation
\$100	NA	\$500	96,280.32
\$400	NA	2,000	
\$4,800	\$60	24,000	

Restoring Life Outreach Ministries Board of Directors/Trustees

1. Oliver King- President and CEO
10888 126th Ave. N., Largo, FL 33778
2. Colette King- Vice President
10888 126th Ave. N., Largo, FL 33778
3. Tabitha Griffin- Secretary and Compliance Officer
2404 Fulton St. SW, Largo, FL 33774
4. Anna Willingham- Finance Chairperson
3817 E. 32nd Ave., Tampa, FL 33610
5. Sam Griffin- Trustee
2404 Fulton St. SW, Largo, FL 33774
6. Dr. Janet Roman
10888 126th Ave. N., Largo, FL 33778

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

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

EIN:
47-3625579

Legal Name (Doing Business as):
Restoring Life Outreach Min Inc

Mailing Address:
PO BOX 6331
CLEARWATER, FL 33758
United States

Principal Officer's Name and Address:
OLIVER KING

2214 119TH ST N
CLEARWATER, FL 33758
United States

Gross receipts not greater than:
\$50,000

Organization has terminated:
No

Website URL:

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Restoring Life Outreach Ministries, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting

code (if any) _____

(Applies to accounts maintained outside the U.S.)

Other (see instructions) ▶ **990 Non Profit Org**

5 Address (number, street, and apt. or suite no.) See instructions.

PO Box 6331

Requester's name and address (optional)

6 City, state, and ZIP code

Largo

FL 33758

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

or

Employer identification number

47-3625579

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here
Signature of
U.S. person ▶

Date ▶



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/07/2022

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: LORI HUNTLEY	
BRYAN AHLQUIST INSURANCE		PHONE (A/C, No, Ext): 727-394-4244	FAX (A/C, No): 727-393-1859
9016 SEMINOLE BLVD		E-MAIL ADDRESS: LORI@AHLQUISTINS.COM	
SEMINOLE FL 33772		INSURER(S) AFFORDING COVERAGE	
INSURED		INSURER A :	NAIC #
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

RESTORATION MINISTRIES OF LARGO
10888 126TH AVE N
LARGO FL 33778

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY			TIDIV-Q	09/07/2022	09/07/2023	EACH OCCURRENCE \$ 1,000,000
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
<input type="checkbox"/>	CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
<input type="checkbox"/>							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000.
<input checked="" type="checkbox"/>	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ INCLUDED
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
<input type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person) \$
<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/>	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>		<input type="checkbox"/>					\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTIONS <input type="checkbox"/>						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE