

ARPA Funding for Youth Development Program

ARPA Nonprofit Capital Project Fund - Small Purchases

Second Chance Empowerment Foundation

661 17th Ave South
St. Petersburg, FL 33701

Secondchanceemp@gmail.com
O: 915-355-7715

Elizabeth Siplin

empactsolutions@outlook.com

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*

Second Chance Empowerment Foundation

Proposal Name*

Please choose a short name to identify this project within the grant portal:

ARPA Funding for Youth Development Program

EIN*

851962092

Incorporation Year*

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

2020

Organizational Mission Statement*

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

The mission of Second Chance Empowerment Foundation is to help historically excluded communities empower themselves.

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

FP8MCPRJNEM5

Annual Operating Budget Size*

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

\$77,600.00

Amount Requested*

The maximum grant amount is \$199,999.

\$29,944.00

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?

Second Chance Empowerment Foundation (SCEF) provides programming and activities to youth from communities that have been historically underserved and excluded from access to skills and education that teach the life habits needed for successful futures. SCEF serves youth in elementary, middle, and high schools. We have been providing programming since 2010, however, we applied for and received our non-profit status in 2020.

The program areas SCEF focus on are health and wellness, workforce development, and financial literacy. SCEF chooses to focus on these areas because they are the backbone of successful futures. Students are grouped together by age and curriculum is taught at age-appropriate levels. Within these program focus areas, SCEF provides habilitative strategies, that is, empowerment and processes aimed at helping youth gain new skills, abilities, and knowledge.

Our current program offerings are:

Culinary Arts (Health & Wellness) - Teaching youth the basics of cooking healthy meals, how to use kitchen equipment, and why this is important for their futures. Our Culinary Arts classes are very well received and often the most popular among our students.

Financial Literacy - Ensuring students understand the importance of saving and investing as well as how far money goes (or does not go) in the “real world.”

Job Skill/Trade Development (Workforce Development) - Currently, SCEF is offering classes in areas that teach youth a skill that can translate into valid career paths. We are introducing students to photography, audio production engineering, and graphic design to provide them with new ideas on potential careers. For most of the youth we serve, these types of careers have never really been considered so our classes open their eyes to new possibilities. With the help of this funding, we can add IT certifications and architecture planning to our workforce development offerings.

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.

In addition to our headquarters being located in a qualified census tract, SCEF serves youth who reside in south St. Petersburg, one of the city's three designated Community Redevelopment Areas (CRA). According to the City of St. Petersburg's Community Redevelopment Plan (Ord. No. 169-H), the south St. Petersburg CRA was established to promote reinvestment in the area including business development, education and workforce development, and non-profit capacity. The location is also identified in the Redevelopment Plan as a poverty zone based on the “demonstration of deteriorated properties, disproportionate fire and emergency medical responses, inadequate physical development patterns, and unsanitary and unsafe conditions.”

According to the Foundation for a Healthy St. Petersburg, this area of the city, which is predominately African-American, finds 29% of its residents living below the poverty level, a significant increase as compared to the Pinellas County rate of 14% and the state of Florida rate of 16%. In addition, African-Americans (the majority demographic in this area) have the lowest median household income when compared to Caucasian, Asian, and “Other” races. (Source: Pinellas County Community Health Assessment via Foundation for a Healthy St. Petersburg).

Lastly, the south St. Petersburg CRA is the largest CRA of the three CRAs in St. Petersburg. The neighborhoods within these boundaries are the ones SCEF chooses to serve with its programming. This includes the Child's Park area as well as more than twenty neighborhoods such as Jordan Park and Wildwood, and two Florida Main Street Districts including The Deuces corridor on 22nd Street South. SCEF also serves Midtown and the neighborhoods surrounding Melrose Elementary School.

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.

Our grant request focuses on items and equipment SCEF needs to improve our programming in our three focus areas: health and wellness (culinary arts), financial literacy, and workforce development (job skill/trade development). SCEF has a need for these capital assets to help offset the community need, which SCEF does not have the resources to purchase due to the negative economic harm from the pandemic.

Prior to becoming an approved 501c3 in 2020, our program sustained itself because of in-kind donations of time and expertise from supporters. We also relied on the generosity of the SCEF Founder and other community members who would pay for materials, supplies, etc., out of their own pocket.

The decision to become a non-profit organization was a strategic choice so we could maximize various avenues of funding support such as grants and corporate sponsorships. With programming in place and already organized (and occurring in some neighborhoods), the pandemic disrupted our opportunity to roll out our strategic plan for resource development / fundraising. This lack of revenue has only allowed us to continue programming like we did during pre-pandemic times and not have the funds to make improvements or build our revenue resources like we had originally planned.

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?

SCEF will be purchasing equipment and items that will help us execute our program focus areas as follows:

Health & Wellness (Culinary Arts):

- Stove - 8-10 years
- Ice Maker - 10+ years
- Table Trolley - 8-10+ years

Financial Literacy & Workforce Development:

- Desktop Computer Workstation - 5 years
- Desktop Computer - 5 years
- Laptop - 5 years

- O'Reilly Learning Software - 5+ years

This software is used for IT training and certification, which the high school students we serve will have access to in order to increase their skill set and have job readiness upon graduation.

- Autodesk Software (AutoCAD) - 5+ years

AutoCAD is an online platform that will teach students how to create precise 2D and 3D drawings and models, as well as electrical diagrams, construction drawings, architectural plans, etc. It becomes another tool in the toolbox of skills we are providing to youth so they can prepare for successful futures in today's workforce.

- Printer/Scanner - 5+ years

- On-Site Storage Unit - 10+ years

- This will be used to store any equipment and materials that can't be secured in the building so the general public does not have access to it when they are in the space.

Survey Monkey is the last item we are requesting. We use this as a tool to measure our impact and secure data based on youth involvement and parental feedback.

As previously described, SCEF was unable to roll out its strategic resource development plan in 2020 due to the pandemic, and we were therefore unable to purchase these items. For two years, while we have been getting by, we have been unable to increase our impact in terms of the curriculum being taught and the outcomes that describe our success. With this funding, SCEF can begin a positive cycle that will help improve our outcomes. This funding will lead to more successful outcomes and the ability to serve more students. This leads to more successful narratives (including data) to share with potential donors and increased revenue for our organization that can be secured with grants, board relationships, and corporate sponsors, thereby addressing the negative economic harm described in the previous question.

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?

Given the community SCEF serves, we believe the equipment we purchase through this grant will benefit those disproportionately affected by the pandemic. Because of our physical location and how we recruit youth, SCEF is already serving these students. As previously mentioned, SCEF serves students who typically reside in the St. Petersburg CRA (also part of HUD's qualified census tract). We recruit students for our programs with the help of volunteers who canvas these neighborhoods and provide information to parents and families and encourage them to enroll their children in our activities. We also use our relationships with local churches and recreation centers to spread the word about our class offerings.

Number Served*

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

100

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

Unduplicated: A client is counted once, regardless of the number of times they access services

Example: ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Unduplicated

Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital 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.

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/>

661 17TH AVENUE SOUTH - SAINT PETERSBURG, FL 33701

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 SCEF's activities take place at Mattie L. Gardner Center in south St. Petersburg. They generously provide the space as an in-kind donation for us to host our programs and activities.

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.

In addition to our location in south St. Petersburg, which aligns with the city's CRA and HUD's QCT, SCEF is staffed with people who look like the students that take part in our programming. Our Founder as well as our CEO and our teachers are all African American, which is the primary demographic SCEF serves. This commonality helps SCEF build a rapport with students, and students come to trust us and the information we share with them.

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.

SCEF - Quotes-FINAL.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.

There is only one quote for the storage unit/shed as it is a difficult item to quote including installation. We had time for one vendor to come out and provide the information.

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.

SCEF ARPA-Budget-Template-Small-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.

SCEF has applied for the youth development grant through the My Brother and Sister's Keeper program with the City of St. Petersburg. They have just begun the review process, and we do not know when they will announce the grant recipients.

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.

The only part of the request that will increase our operating costs are the 3 software license requests. We will use funds raised through private donors to renew these licenses after the first year. The facility that we use to run our programming donates the space and does not charge us for utilities, so none of these costs will increase our operations budget.

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.

Budget FYE22- SCEF.xlsx

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

SCEF Board 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.

Second Chance Empowerment eCard 990 2022.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.

Given we are a small organization, we do not have audited financials.

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.

Insurance Policy.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?

The quote for the storage unit/shed is in the name of the church that shares the property with the Gardner Center, which is where SCEF holds its programming. But it is the same location.

Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary


Applicant File Uploads

- SCEF - Quotes-FINAL.pdf
- SCEF ARPA-Budget-Template-Small-Purchases.xlsx
- Budget FYE22- SCEF.xlsx
- SCEF Board List.pdf
- Second Chance Empowerment eCard 990 2022.pdf
- Insurance Policy.pdf

Second Chance Empowerment Foundation – ARPA Request
 Health & Wellness / Culinary Arts

30 inch Stove

...ERY
 It. Front Control Electric Range with Air Fry in Stainless Steel
 Questions & Answers (218)



INNOVATION AWARD 2020

Color/Finish: **Smudge-Proof Stainless Steel**

How to Get It

Home Delivery
 Expect it by **Mon Sep 12**
FREE

Store Pickup
 Not available for this item

Earliest delivery date **Mon Sep 12 to 33713**
 Change Delivery Zip Code

Add to Cart

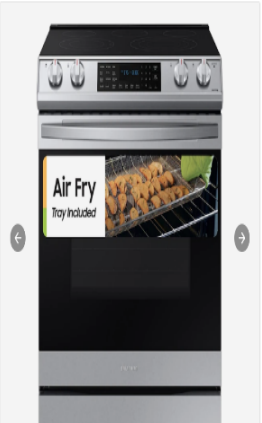
BUY ~~\$1499.00~~ **\$1098.00** Save \$801.00 (42%)
 Get up to 1 Rebate for 33713
 \$61.00/mo* suggested payments with 18 months* financing (Appl)

- The first range with Air Fry right in the oven
- Faster, more even baking with True Convection
- 30-min chemical free fast steam, and one-touch self clean options
- View More Details

Appliances / Ranges / Electric Ranges / Single Oven Electric Ranges

Samsung 30-in Smooth Surface 5 Elements 6.3-cu ft Self-Cleaning Air Fry Convection Oven Slide-in Electric Range (Fingerprint Resistant Stainless Steel)

Item #2427008 Model #NE58T8115SS
 Store Samsung ★★★★★ 498



BUY MORE, SAVE MORE
 Save 10%. Terms Apply

\$1044.88 when you choose 0% savings on eligible purchases over \$4,999.99. **\$62/mo** suggested payments with 18 month special financing. Ltr 9176. **LEARN MORE**

Shop the Collection

- Air Fry with Tray: A healthier way to prepare your favorite fried foods right in your oven with little to no oil (vs compared to deep frying). No preheating required...
- Convection: Powerful convection saves you time by cooking food faster and more evenly.
- Fingerprint Resistant Finish: Fingerprint resistant, for an everyday beautiful finish.

Manufacturer Color/Finish: Fingerprint Resistant Stainless Steel

\$1,099.00 ~~\$1,209.00~~ Save \$100.00 Ends Sep 7

Ice Maker



Roll over image to zoom in

hOmeLabs Freestanding Commercial Ice Maker Machine - Makes 99 Pounds Ice in 24 hrs with 29 Pounds Storage Capacity - Ideal for Restaurants, Bars, Homes and Offices - Includes Scoop and Connection Hose

Visit the hOmeLabs Store

★★★★☆ 1,115 ratings

150 answered questions

-10% \$529.97

List Price: \$589.99

prime

Size: 99 Pounds Capacity

\$529.97

prime

FREE delivery **Thursday, September 8.** Order within 22 hrs 55 mins. Details

Deliver to Jalhde - Saint Peter... 33701

In Stock.

Qty: 1

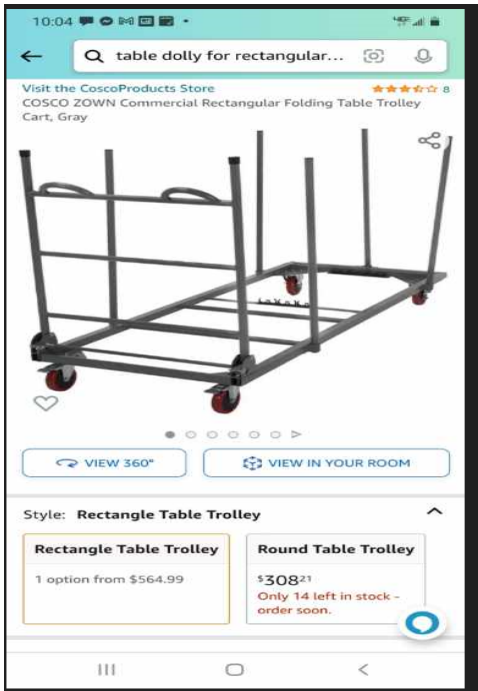
Add to Cart

Buy Now

Secure transaction

Ships from Chic Alley

Table Trolley



Roll over image to zoom in

Adir Folding Table Storage Organizer Cart with Wheels - Heavy Duty Table & Chair Storage Cart Holds 900 Pounds Capacity for Conferences, Concerts, Weddings, Parties and More

Brand: AdirOffice

★★★★☆ 8 ratings

-22% \$349.99

List Price: \$449.99

prime

Coupon Save an extra 20%

\$349.99

prime

FREE delivery **Wednesday, September 7.** Order within 8 hrs 50 mins

Deliver to Jalhde - Saint Peter... 33701

Only 19 left in stock - order soon.

Qty: 1

Add to Cart

Buy Now

Secure transaction

Ships from Amazon

Sold by TigerSupplies

Customer Service: Amazon manag...

Second Chance Empowerment Foundation Financial Literacy & Workforce Development

Desktop Workstation



Dell Precision 3000 3460 Workstation - Intel Core i7 Decode-core (12 Core) i7-12700 12th Gen 2.10 GHz - 16 GB DDR5 SDRAM RAM - 512 GB SSD - Small Form Factor - Black

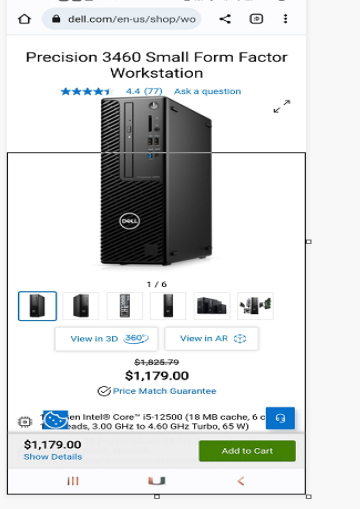
Intel Chip - Windows 10 Pro - Intel Graphics - DVD-Writer - Serial ATA/600 Controller - English (US) Keyboard - Ethernet - iPro Technology

Product Number: ETL2107301677

- Intel Core i7 2.10 GHz processor offers lightning fast speed and peak performance even for the toughest tasks and processing intensive games
- Working in different apps while keeping an eye on social media has never been easier; with Windows 10 Pro OS, you can now snap up to four apps to any location on the screen for effortless multitasking. You can even create individual desktops for specific projects and tasks.
- 512 GB Intel SSD capacity provides ample space for important documents, files and critical data
- With 16 GB of memory, users can run many programs without losing execution performance

[More details](#)

\$1,286.05



Precision 3460 Small Form Factor Workstation

★★★★★ 4.4 (77) Ask a question

View in 3D [360°](#) View in AR [AR](#)

~~\$1,896.99~~
\$1,179.00

Price Match Guarantee

Intel® Core™ i5-12500 (18 MB cache, 6 cores, 3.00 GHz to 4.60 GHz Turbo, 65 W)

\$1,179.00 [Show Details](#) [Add to Cart](#)

Lap Top

MacBook Pro 14-in. (2021) [v](#)



Space Gray

From \$1999

Electronics > Computers & Tablets > Desktops & Laptops > Laptops



14-inch MacBook Pro: Apple M1 Pro chip with 10-core CPU and 16-core GPU, 1TB SSD - Silver - ONLINE ONLY

Apple

\$2,299.00

[PayPal CREDIT](#) No interest if paid in full in 6 months. [Learn more](#)

This item is not sold in store. Allow additional processing time. Ships to continental U.S. only. No PO Box/ APO/ FPO/ DPO.

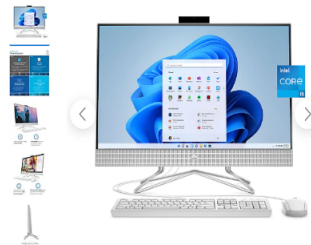
AVAILABILITY

Desk Top Computer

HP 27-dp1066 All-in-One Desktop Computer, Intel Core i5, 8GB Memory, 256GB SSD (1J7Q9AA#ABA)

Item #: 24506598 | Model #: 1J7Q9AA#ABA

5 ★★★★★ 50 Reviews 2 Questions [Share](#) [Free Returns](#)



\$779.99 ~~\$879.99~~ **11% off**

This item is out of stock for delivery for Saint Petersburg, FL [v](#)

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[1-Hour pick up](#)

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Pay in 4 interest-free payments of \$195.00 with [PayPal](#) [Learn more](#)

[Low on Ink or Toner?](#) Use our Ink & Toner finder

[Suggested alternatives](#)

[Details](#) [Specifications](#) [Reviews](#) [Q&A](#)



★★★★★ 4.3 (78) ENERGY STAR | BUSINESS

HP EliteOne 800 G6 All-in-One PC - Wolf Pro Security Edition

SCREEN SIZE: 23.8"

- Windows 10 Pro (available through downgrade rights from Windows 11 Pro)
- Intel® Core™ i7-10700 (2.9 GHz base frequency, up to 4.8 GHz with Intel Turbo Boost Technology, 16 MB L3 cache, 8 cores)
- 16 GB memory; 512 GB SSD storage
- 23.8" diagonal FHD display
- Intel® UHD Graphics 630 [See all Specs](#)

Can't find what you are looking for?

[IN STOCK](#)

Ships in 1 business day

Product # 8839401448A

Compare ~~SAVE \$10.00~~

\$888.00

[ADD TO CART](#)

Printer/Scanner



Home /

EPSON

EPSON Fast Foto 680W Scanner

~~\$878.99~~ \$744.99

Shipping calculated at checkout.

QUANTITY

174 items left in stock.

0 items sold in last

ADD TO CART

Buy with **PayPal**

Epson® FastFoto® FF-680W High-Speed Wireless Desktop Photo Scanner

Item #: EP5B11B237201

0 Reviews | Write a Review

\$764.55 / ea
Discount Price

Check Availability - Enter Zip and click add to cart.

Delivery ZIP Code:

Qty

ADD TO CART

Estimated Delivery:
3-7 Bus. Days

Eligible for Free Shipping

Add to wishlist

Add to Favorites

Request a Quote



EPSON

Software



Choose a plan that works for you

Team Plans Individual Plans Enterprise

TEAM ADVANTAGE \$25 / user / month Starting at 3 users, billed annually SIGN UP	TEAM PREMIER \$75 / user / month Starting at 3 users, billed annually SIGN UP	ENTERPRISE Powerful admin tools, integrations, and collaboration features for your organization. CONTACT SALES
---	---	---

Software - continued

O'Reilly for teams

Progress: TEAM (active) | ACCOUNT | PAYMENT

Tell us about your team

Company name

Industry: Select One

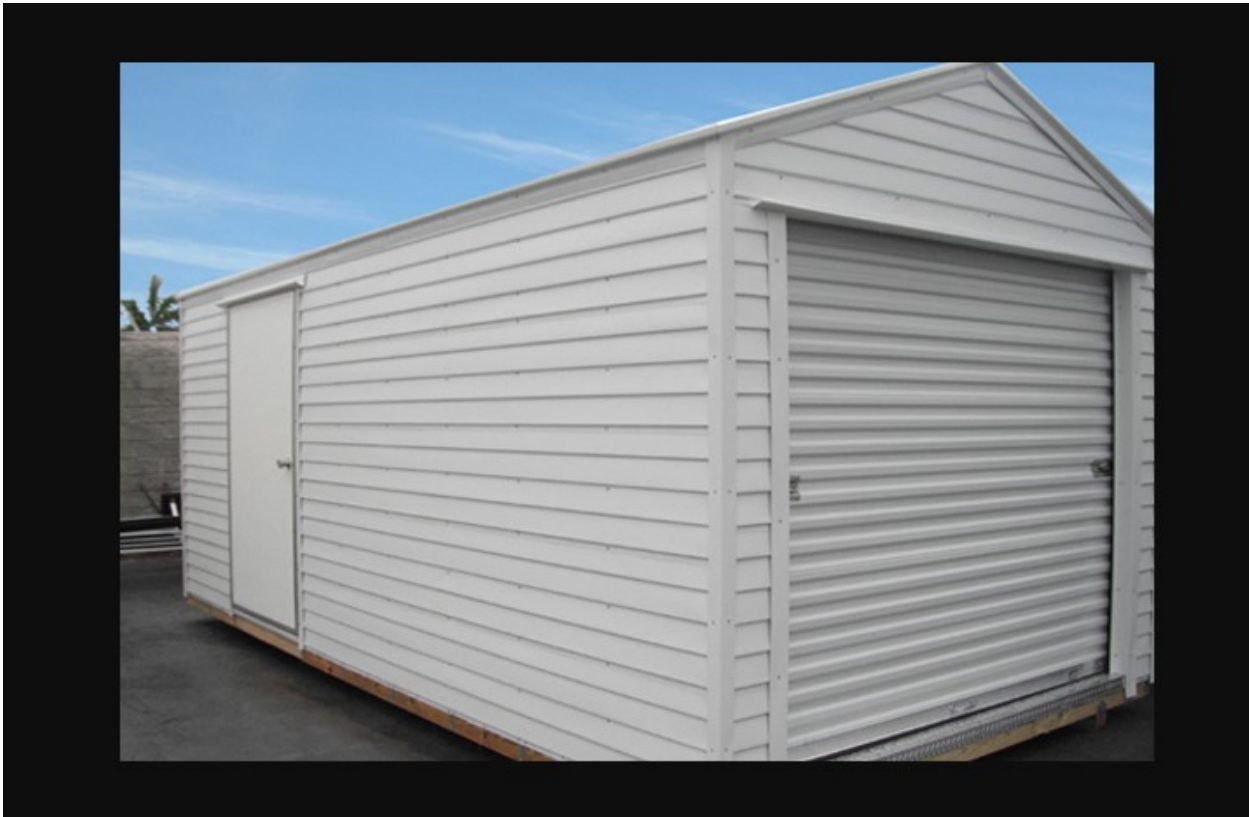
[Continue](#)

Order summary

Plan:	O'Reilly Teams (Annual)	USD \$ <input type="text"/>
Members:	<input type="text" value="2"/>	\$499/user per year
Subtotal:		\$998
Est. tax:	Calculated at checkout	
Total		\$998 (plus applicable tax)

Add auto cad for one year

Storage Unit/Shed



Wally Watt, Inc.

PROPOSAL

3569 Tyrone Boulevard
 St. Petersburg, FL 33710 C-9875
 (727) 381-3232
 wallywattinc@gmail.com
 www.wallywatt.com

Delivery Day	_____
Delivery Date	_____
Salesman	<u>Jacob</u>
Order Date	<u>9-1-22</u>

First Last Name	<u>New Faith Free Methodist Church</u>
Address	<u>2427 Irving Ave S</u>
City, State, Zip	<u>St Pete, FL 33712</u>
Phone Numbers	<u>727-323-5908 Robert Oliphant</u>
Authorized By	_____

Classic Wally Watt

Bungalow

Roof Option
 Peak
 Shed
 Pitch Back/Forward
 Pitch Right/Left

Classic Color
 White
 Cream

Classic Trim Color
 White
 Cream
 Black
 Brown

Floor Options
 24" On Center
 16" On Center
 PT Plywood

Door Options
 Single Door
 Double Doors
 Roll-Up Door
Door Hinge Option
 34" Hinged Left/Right

Bungalow Color
 Walls _____
 Trim _____
 Door _____
 Roof _____

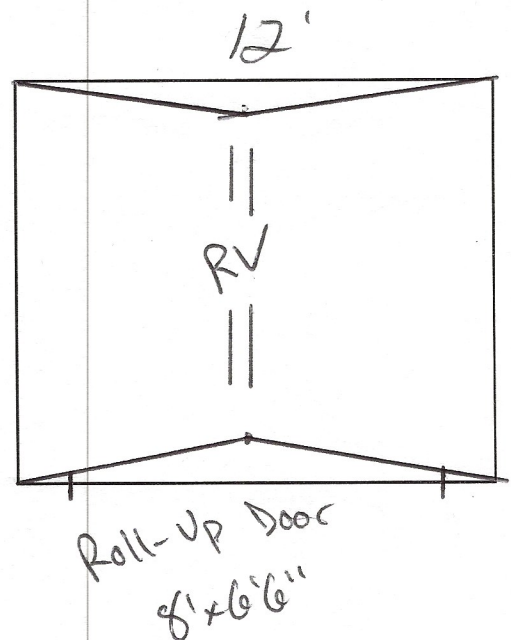
Shelves
 (Extra fee)
 Left/Right/Back

Build On Jobsite
 (Extra fee)
 Blocks/Anchors
 Concrete Pad

Options
 Window
 Vents/FEMA
 Extra Door

Accessories
 Chains/Stop
 Key Lock

Building Size	Amount
12x16	\$8790.00
Permit	\$750.00
Roll-up Door	\$750.00
Build on Jobsite (fee)	
Subtotal	\$10,290.00
Tax	Exempt
Total Amount Due	
Deposit	
Balance Due	



Visa/Master Card/Cash/Ck #

ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Organization Name: Second Chance Empowerment Foundation

Proposal Name: ARPA Funding for Youth Development Program

A	B	C	D	E	F	G	H
Line Item	Item (Description)	Price Per Item	Quantity of Item	Purchase Total	ARPA Grant Funds Requested	Applicant Match	Funding Total
1	Stove 30in	\$ 1,098.00	1	\$ 1,098	\$ 1,098	\$ -	\$ 1,098
2	NA			\$ -		\$ -	\$ -
3	NA			\$ -		\$ -	\$ -
4	Storage Unit/Shed 12x16	\$10,290	1	\$ 10,290	\$ 10,290	\$ -	\$ 10,290
5	Computer Desktop Workstatio	\$ 1,286.00	1	\$ 1,286	\$ 1,286	\$ -	\$ 1,286
6	MacBook Pro (lap top)	\$ 2,000.00	2	\$ 4,000	\$ 4,000	\$ -	\$ 4,000
7	HP Computers (desk top)	\$ 880.00	3	\$ 2,640	\$ 2,640	\$ -	\$ 2,640
8	Homelab Ice Maker	\$ 590.00	1	\$ 590	\$ 590	\$ -	\$ 590
9	SurveyMonkey 1-Year Subscrip	\$ 900.00	1	\$ 900	\$ 900	\$ -	\$ 900
10	DeskTop Photo Scanner	\$ 765.00	1	\$ 765	\$ 765	\$ -	\$ 765
11	Table Trolley	\$ 565.00	1	\$ 565	\$ 565	\$ -	\$ 565
12	O'Reilly Learning Software	\$ 499.00	5	\$ 2,495	\$ 2,495	\$ -	\$ 2,495
13	Autodesk Software	\$ 5,315.00	1	\$ 5,315	\$ 5,315	\$ -	\$ 5,315
14	MBSK Grant (City of St. Pete)	\$ -		\$ -	\$ -	\$ 10,000	\$ 10,000
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		TOTAL	18	\$ 29,944	\$ 29,944	\$ 10,000	\$ 39,944

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)	<i>Brief name/description of the purchase requested</i>		
Price per item	<i>The individual price of one unit of the proposed purchase</i>		
Quantity of Item	<i>The number of units of the proposed purchase you are requested</i>		
Purchase Total	<i>Total purchase cost of the proposed line item (quantity multiplied by price)</i>		
ARPA Grant Funds Requested	<i>The amount of ARPA funding requested for this line item</i>		
Applicant Match	<i>The amount (if any) that you, the applicant, are contributing towards the purchase of the line item</i>		
Funding Total	<i>Total funding for proposed line item (ARPA grant request plus applicant match)</i>		

**Second Chance Empowerment Foundation
Budget FY22**

EXPENSES

Education Materials	\$ 15,000.00
Food (for cooking classes)	\$ 12,500.00
Marketing Materials	\$ 5,000.00
Insurance	\$ 2,500.00
Program Director/CEO	\$ 10,000.00
Program Manager	\$ 5,000.00
Instructors	\$ 5,000.00
Administrative	\$ 7,000.00
Fees	\$ 3,000.00
EXPENSE SUB-TOTAL:	\$ 65,000.00

IN-KIND

Space Rental	\$ 6,000.00
Utilities	\$ 3,000.00
Internet/Phone	\$ 1,200.00
Transportation	\$ 2,400.00
IN-KIND SUB-TOTAL:	\$ 12,600.00

EXPENSE + IN-KIND TOTAL: \$ 77,600.00

INCOME

Pete/Pinellas Community	\$ 30,000.00
City of St. Pete MBSK Grant	\$ 10,000.00
Private Donations	\$ 25,000.00
In-Kind	\$ 12,600.00
INCOME + IN-KIND TOTAL:	\$ 77,600.00

**Second Chance Empowerment Foundation
FY2022 Board Members**

Board President

WILLIAMS, JAIHDE
661 17TH AVENUE SOUTH
SAINT PETERSBURG, FL 33701

Board Vice President

SIPLIN, ELIZABETH
661 17TH AVE SOUTH
ST. PETERSBURG, FL 33701

Board Treasurer

ROBERTS, LYNN
10 BLACKWELL STREET
FORT RUCKER, AL 36362

Board Members

CALDWELL - THOMPSON, LORETTA
151 8TH STREET NORTH
SAINT PETERSBURG, FL 33701

VAZQUEZ, ZARY
535 BRIARWOOD CIRCLE
NORTH PRINCE, GA 23860

THOMAS, LONDON
2701 NEABSCO COMMON PLACE #236
WOODBIDGE, VA 22191

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2020

Open to Public Inspection

A For the 2020 Calendar year, or tax year beginning 2020-10-01 and ending 2021-09-30**B** Check if available Terminated for Business Gross receipts are normally \$50,000 or less**C** Name of Organization: SECOND CHANCE EMPOWERMENT
FOUNDATION INC661 17th Ave South, ST
PETERSBURG, FL, US,
33701**D** Employee Identification
Number 85-1962092**E** Website:Empact Solutions**F** Name of Principal Officer: Elizabeth Siplin661 17th Ave South, ST
PETERSBURG, FL, US,
33701

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.



Social Service Product

Applicant may qualify for an INSTANT QUOTE by completing Section I below. All other Section answers will be required prior to binding and are subject to underwriting approval.

I. INSTANT QUOTE INFORMATION

Instant quote is not available for accounts with losses in the past 5 years. If there is loss history, please complete Section I and submit details in a claims supplement.

Organization's Name: Second Chance Empowerment Foundation

Location Address: 661 17th Avenue South

City: St. Petersburg State: Florida Zip: 33701

Mailing Address: Same as Location Address

City: _____ State: _____ Zip: _____

Web Address: secondchanceempowerment.com

- Is this a Non Profit Organization with a tax exempt status as defined by the Internal Revenue Service? Yes No
- Does Organization operate as an Abortion Clinic, Adoption Agency, Adult Daycare, Children's Camping (overnight), Foster Care Service, Halfway Housing for Ex-Felons, Nursing Home, Political Action Committee, Scouts or Suicide Hotline? Yes No
- Has Organization had any bankruptcies, tax or credit liens against it in the past 5 years? Yes No
- Has Organization had its license suspended or revoked in the past three years or is it currently under investigation for wrongdoing by any licensing agency or other authority? Yes No
- Has Organization ever had any officers or board members convicted of the felony of arson? Yes No
- Functioning and operational smoke and/or heat detectors in all units and/or occupancies? Yes No
- For any building built prior to 1978, 100% of the electrical wiring is connected to functioning and operational circuit breakers? Yes No
- For any building built prior to 1978, no aluminum or knob & tube wiring? Yes No

General Liability/Professional Liability Rating Section (Check all that apply)

Animal Shelter/Rescue (If checked, complete the Social Services Animal Shelter Supplemental Application)
Number of cages: _____ Average occupancy rate of cages: _____ Number of animals at foster homes: _____

Big Brother/Big Sister (If checked, complete the Social Services Youth Center Supplemental Application)
Office square footage: _____ Number of Volunteer Mentors: _____

Botanical Garden (If checked, complete the Social Services Botanical Garden Supplemental Application)
Number of acres: _____ Office square footage: _____ Annual number of admissions: _____

Caregiver (If checked, complete the Social Services Hospice/Caregiver Supplemental Application)
Annual number of client contacts: _____ Office square footage: _____ Number of caregivers: _____

Conservation Group
Office square footage: _____ Number of members: _____

Counseling & Referral
Office square footage: _____ Number of professionals: _____

Food Bank/Soup Kitchen
Annual meals provided: _____ Square footage: Office: _____ Warehouse: _____ Meal service area: _____

Group Home (If checked, complete the Social Services Group Home Supplemental Application)
Square footage: _____ Number of beds: _____

Healthcare Clinic
Office square footage: _____

Historical Society
Office square footage: _____ Number of members: _____

Horticultural Society (If checked, complete the Social Services Botanical Garden Supplemental Application)
Office square footage: _____ Number of members: _____

Hospice (In Home) (If checked, complete the Social Services Hospice/Caregiver Supplemental Application)
Office square footage: _____ Number of professionals: _____ Annual number of client contacts: _____

Hospice Facility (If checked, complete the Social Services Hospice/Caregiver Supplemental Application)
 Number of licensed beds: _____ Hospice square footage: _____ Number of professionals: _____

Residential Shelters (Battered Women, Halfway Houses, Homeless Shelters):
 (If checked, complete the Social Services Residential Facilities Supplemental Application)
 Number of licensed beds: _____ Shelter square footage: _____ Number of professionals: _____

Senior Activities Center (If checked, complete the Social Services Senior Center Supplemental Application)
 Club square footage: _____ Number of members: _____ Number of professionals: _____

Thrift Store
 Revenues: _____ Square footage: _____

Vocational Sheltered Workshop/ Specialty Training School
 (If checked, complete the Social Services Vocational Supplemental Application)
 Square footage: _____ Number of members: _____ Number of professionals: _____

Youth Community Center (If checked, complete the Social Services Youth Center Supplemental Application)
 Square footage: _____ Number of registrants: _____ Number of professionals: _____

Organizations with Professionals, provide number of each:
 Caregiver/Home Companion: _____ Psychologists: _____ Teacher/Tutor: _____ RNs: _____ LPNs _____
 Nutritionists: _____ Nurse Practitioners: _____ Social Workers: _____ Therapists: _____ Veterinarians: _____
 Other Degreed Professionals: _____
 Full Time Professionals: _____ Part Time Professionals: _____

Property Section
 Construction: Frame All Other
 Protection Class: _____
 Requested Cause of Loss: Basic Special
 Requested Valuation: Replacement Cost Actual Cash Value
 Deductible: \$1,000 \$2,500 \$5,000
 Coinsurance: 80% 90% 100%
 Building Limit: _____ Year Constructed: _____ Square Footage: _____
 Business Personal Property: _____

II. General Liability/Professional Liability - Eligibility Criteria

9. Does Organization provide Accident insurance or Workers Compensation insurance for employees and volunteers? Yes No
10. Does Organization contract with Physicians (including psychiatrists) and Nurses that do not provide certificates of malpractice insurance? Yes No
11. Are there two or more means of egress from each floor having public access? Yes No
12. Number of years Organization has been in business? 2
13. Does Organization require background checks on employees or volunteers (which include sex related or child abuse claims)? Yes No
14. Does Organization employ or accept the services of persons with a criminal background? Yes No
15. Does Organization permit continued involvement of anyone who has ever been accused of an abuse or molestation claim? Yes No
16. Does Organization have a formal orientation program for new hires/volunteers which includes a review of the Organization's sexual abuse policy? Yes No
17. Does Organization monitor staff's day-to-day interaction with volunteers and clients, both on and off the premises? Yes No
18. Abuse & Molestation limit?: \$100,000 \$300,000 \$500,000 \$1,000,000
19. Does Organization operate as a Thrift Store or Food Bank? If yes, please advise on the following:
 a. Are items refurbished, repaired, repackaged, re-labeled or modified prior to sale/distribution? Yes No
 b. Are items sold/distributed under the Organization's name or label? Yes No
 c. Does Organization provide any warranties of quality or safety on any merchandise? Yes No
20. Ratio of staff to clients: _____ (staff) to _____ (clients)

Loss History for General Liability/Professional Liability for the past five (5) years: If none, check here.

Date of Loss	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	

List expiring **General Liability/Professional Liability** carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

III. Hired / Non Owned Auto - Eligibility Criteria

- 21. Does Organization have a motor vehicle liability insurance policy in place? Yes No
- 22. Does Organization own any motor vehicles or lease any motor vehicles on a long term basis? Yes No
- 23. Does Organization use hired or non-owned vehicles with passenger capacities exceeding 15 passengers? Yes No
- 24. Does Organization use hired or non-owned vehicles for emergency medical transportation or emergency medical services? Yes No
- 25. Does Organization transport non-ambulatory persons? Yes No
- 26. Does Organization require evidence of insurance from employees and volunteers? Yes No
- 27. Does Organization require a minimum of \$100,000 CSL or \$100,000/\$300,000 personal auto liability limits from employees and volunteers? Yes No
- 28. Number of Volunteer/Employed Drivers: 0
- 29. Average driving frequency per week by volunteer and/or employed drivers: Once 2-3 times Daily

IV. Property

- 30. Do any of the following exposures exist for the Organization's building(s): Building partially constructed; Wood burning stoves or fireplaces; Temporary heating devices; Building currently damaged by fire or otherwise; Building(s) without functioning/operating smoke/heat detectors; Building(s) without functioning/operating fire extinguishers? Yes No
- 31. If the applicant owns the building and it is older than 10 years, please complete the following:
 Age of Roof: yrs. Plumbing Updated (yr) Electrical Updated (yr) Heating Updated (yr)
 Roof Type: Flat Wood Shake Shingle Metal Tile Slate Other
 Plumbing Type: PVC Copper Lead Galvanized Other:
 Burglar Alarm: Central Station Local None Other:
- 32. Are building(s) sprinklered? Yes No
 Is there commercial cooking on the premises? If yes, please answer the following: Yes No
 - a. Is cooking area protected by an approved automatic extinguishing system and smoke detectors? Yes No
 - b. What type of extinguishing system is functioning and operational? Wet Dry
 - c. Is there a deep fat fryer on the premises? Yes No
 - d. Is there a cleaning contract in force with an outside firm? Yes No
 - e. Describe cooking equipment used:
 Grills Open Flame Oven Deep Fat Fryers Charcoal Grill
 - f. Are the cooking area, hood and duct system protected per NFPA 96 guidelines? Yes No

Loss History for Property for the past three (3) years: If none, check here.

Date of Loss	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	

List expiring **Property** carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

V. Non Profit Directors & Officers

- 33. Is the Organization involved in product research, development, testing and/or certification? Yes No
- 34. Does Organization engage in any disciplinary actions as a result of peer review activities? Yes No

35. Does Organization administer or sponsor any insurance programs? Yes No
36. Is the Organization involved in any accreditation or standard setting activities? Yes No
37. Is the Organization involved in any labor/union negotiations or collective bargaining activities? Yes No
38. Total number of Employees: Full Time _____ Part Time _____ Volunteers 4 Seasonal _____
39. Does Organization have any Subsidiaries requiring coverage? Yes No
40. Does Organization currently carry General Liability Insurance? Yes No
41. Please provide the following financial information for the last three (3) years. (If organization in existence less than 3 years, please provide Budgeted Revenue/Expense statement for next 3 years.)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance *
2020	\$ 0	\$ 0	\$ 0
2021	\$ \$7000	\$ \$4200	\$ \$895
2022	\$ \$32,800	\$ \$30,000	\$ \$2,800

* Fund balance = Total Assets - Total Liabilities

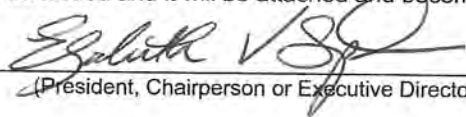
42. Within the last 5 years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for Insurance in the capacity of Director, Officer, Trustee, Employee or Volunteer of the Organization? Yes No
If yes, please forward a completed USLI supplemental claims application.
43. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the Organization or any of its Directors, Trustees, Officers, Employees or Volunteers? Yes No
If yes, please forward a completed USLI supplemental claims application.
- VI. Fiduciary Liability (Available for 100 employees or less)**
44. Does each Pension Plan use an outside Investment Manager? (If No, Fiduciary will not be offered.) Yes No
45. Does each Plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including eligibility, participation, vesting, fiduciary responsibility and funding standards? (If no, please attach details) Yes No
46. In the past two (2) years has there been or is there now under consideration any material changes to a Plan or termination / consolidation of a Plan? (If yes, please attach details) Yes No
47. Has there been or is there now pending any claim(s) against any proposed Insured arising out of any Plan? (If yes, please attach details) Yes No
48. Does any proposed Insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed Fiduciary Liability Coverage? (If yes, please attach details) Yes No

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: _____ License #: _____
Main Agency Phone Number: _____
Agency Mailing Address: _____
City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not stop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a Policy be issued and it will be attached and become part of the Policy.

Applicant's Signature:  Title: Vice President Date: May 26, 2022
(President, Chairperson or Executive Director)