

LOI Form

LOI

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

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

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

Organization Name*

We Care LF Inc.

Project Name*

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

We Care Like Family - Healthcare for All

EIN*

82-4187175

Incorporation Year*

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

2018

Organizational Mission Statement*

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

We Care LF Inc. aims to empower communities by providing accessible and affordable healthcare options for communities at all levels. In today's world, the most disadvantaged members of society are the most vulnerable and most exploited. Our mission is to address those disadvantages using our three pillars: kindness, education, and monetary resources to promote health equity.

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

F9BWT6D5DBL8

Annual Operating Budget Size*

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

\$262,600.00

Amount Requested*

The maximum grant amount is \$5 million. You may request up to 5% for grant administration, project management, and other indirect costs. Please be sure your indirect cost rate is represented in the figure you put below.

Note: You will be required to upload a more detailed budget if you are approved for the full application stage. You will need to also attach any bids, estimates, and agreements with contractors or other vendors in relation to the proposed project.

\$1,800,000.00

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

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

Examples

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

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

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

No

Parent Non-Profit/Subsidiaries*

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

Example

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

No

Request Specifics

Organization Programming Background*

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

We Care LF Inc. is a low-cost prescription drug company that consists of paid staff, certified and licensed medical professionals, and volunteers from the community who generously give their time to provide low-cost health services to community residents for the last four years. Residents benefit from free to low-cost prescription drugs, medical testing, and labs with the services offered. We Care LF works to dismantle health disparities by providing access to affordable mobile health options with culturally appropriate care, which promotes overall population health.

During the later part of the pandemic, We Care partnered with the Florida Department of Health (Pinellas County) to leverage relationships with community and faith-based organizations in targeted zip codes to organize a health campaign to reduce the mortality rates amongst BIPOC communities. We facilitated information sessions in english and spanish with health experts, deployed radio and social media awareness campaigns, and provided free vaccines. By deploying nurses to more than thirty community events, we were able to provide more than 1,044 vaccines in Pinellas County. More than 700 residents serviced identified as non-white.

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.

We Care LF Inc. aims to empower communities by providing accessible and affordable healthcare options for communities at all levels. We Care builds bridges to inclusive healthcare by extending primary and preventative care services outside traditional healthcare facilities into underserved neighborhoods and homes. Expanding access to health services is an essential step toward reducing health disparities. Many people face barriers that prevent or limit access to needed health care services, which may increase the risk of poor health outcomes and health disparities. Studies have shown that lack of transportation can lead to patients, especially those from vulnerable populations, delaying or skipping medication, rescheduling or missing appointments, and postponing care.

Mobile health clinics serve an important role in the health care system, providing care to some of the most vulnerable populations and closing the gap between primary care and emergency care. By removing transportation barriers and working with partners to get residents insured, communities will

face healthier outcomes.

Negative Economic Impact*

The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests.

Nonemergency healthcare utilization decreased significantly during the pandemic. We Care relies heavily on outreach events to identify new clients for services but had limited deployment during government-mandated quarantines and spikes in positivity rates. In addition to servicing new clients, providing in-home services to existing patients safely in their homes became a challenge. Over the pandemic, We Care experienced an estimated loss of \$250,000 (around 36 clients monthly).

Proposal Description*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your project proposal and address the following:

- What project will be undertaken with these funds?
- What is the estimated lifespan of the project/property improvement?
- How does it address the negative economic harm you described in the previous question?

Too often are lives lost due to preventative deaths. With the award of this contract, We Care will purchase a building to open a preventative care center in Pinellas County. This will help decrease health disparities, increase early detection, improve the quality of life for residents, and increase life expectancy in minority communities promoting a healthier

more equitable county.

Number Served*

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

1500

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 project.

Rent vs. Own*

Does your organization rent or own the property for which you are proposing modifications?

Note: Selecting "Rent" will cause more questions to load below.

Own

Guiding Principles - Client Impact*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term "equity" is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

Will this project benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?

BIPOC individuals suffer disproportionately from adverse health outcomes. Factors surrounding the social determinants of health, like income, transportation, and access to health care, are factors that prevent BIPOC residents from reaching their highest potential. We Care aims to directly address these obstacles by providing affordable, accessible, and culturally appropriate care with a focus on serving BIPOC and low-income residents. By purchasing a mobile unit to deploy into neighborhoods and community gatherings, We Care will be able to educate residents about early detection, preventative care, and healthy practices. We Care will continue to be intentional about hiring health care workers that live in and look like the communities we serve. Studies have shown that BIPOC individuals receive better care and benefit from healthier outcomes when cared for by BIPOC healthcare providers. This purchase will help to serve residents in traditional and non-traditional spaces.

Community Connection

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

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

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

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/>
6412 North University Drive UNIT 103 TAMARAC, FL 33321

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

No

Project Location*

Please provide the address or intersection where the property being modified is.

Please see attached. There are multiple location bid offers within QCT.

QCT Determination - Project*

Is this organization's project in a QCT?

No

QCT Impact*

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

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

We serve clients mainly along the QCT in south St. Petersburg and Clearwater. Around 75% of clients come from these areas and rely on our low-cost services.

QCT Determination - Clients*

Does this organization's project benefit residents of QCTs?

Yes

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

Community Representation and Connection*

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

We Care partnered with the Foundation for a Healthy St. Petersburg, Pinellas County Department of Health,

Pinellas County Urban League, People Empowering and Restoring Communities (PERC), Simply Healthcare, Divine 9 organizations, and local community churches to provide health care services to BIPOC and poverty-stricken residents.

Leadership Demographics - CEO/Executive Director*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC

Leadership Demographics - Executive Level Leadership Team*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC

Neurodiverse/physically disabled

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

Neurodiverse/physically disabled

Financial Overview

Budget Summary*

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

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

1.2 million to purchase 1446 Gulf to Bay Blvd. Clearwater, FL 33755

Up to \$90,000 for indirect costs as needed

Around \$510,000 for the modifications/build out

Project Preparedness*

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

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

Example

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

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

We Care LF Inc. has begun receiving quotes on buildings in QCT zones for this project. Based on the amount awarded, little to no modifications will need to be made. We have identified an investor to help with purchasing equipment for the center post-award. We Care LF inc. will be in a position to begin working immediately to secure the property and open it for services in early 2023.

Other Funding Sources*

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

If none, please write N/A.

We have applied to be considered for grant funding to the Foundation for a Healthy St. Petersburg, the Harm Reduction Future Fund, Transformative grant 2022 from Gilead COMPASS Initiative, Simply Neighborhood Challenge, and we are working with a private investor to match funds from the PCF large purchase grant if awarded.

Changes in Operating Costs*

Please answer this question based on the descriptions below:

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

The increase in services provided to community members will generate additional income through the 340b program and lab contracts to help offset additional costs. This project would essentially pay for itself.

Fund Management Capacity*

Please describe your organization's capacity to manage these potential ARPA funds in terms of fiscal management and financial infrastructure.

This includes, but is not limited to, the use of accounting software that can track a general ledger and multiple accounts and the ability to work on a reimbursement-basis.

The inability to handle a reimbursement-basis grant does not disqualify your organization from applying.

We Care LF has the capacity and systems necessary to facilitate the requested funds. An investor has been identified to help with some of the initial costs to get started.

Additional Information

Additional Upload

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

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

Anything else to share?

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

File Attachment Summary

Applicant File Uploads

No files were uploaded