We Care Like Family - Healthcare for All

ARPA Nonprofit Capital Project Fund - Small Purchases

We Care LF Inc.

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Mr. Julian Mechial Riley

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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*

We Care LF Inc.

Proposal Name*

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

\$199,999.00

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?

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 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.

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 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?

Funds from this grant will be used to purchase a mobile health clinic. The van will be used to provide service to those who are homebound or lack transportation or resources to access affordable health care services. A mobile health clinic can also provide access to low-cost prescription drugs, along with reducing unnecessary ER visits and hospitalization. Maintained properly, a mobile health unit can last for 20 years or more.

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?

A study by the National Library of Medicine reports that mobile health clinics effectively facilitate access to health care, particularly for minority groups. Compared to the general population, minorities often have poorer health and face a higher number of barriers to accessing health services, indicating a need for healthcare agencies to reach out to these communities. According to data collected through the Mobile Health app, 52.2% of clients seen by mobile health clinics nationwide identify as non-White and 40% identified as Hispanic. Roughly 38% of Pinellas County residents at or below 138% of poverty are uninsured. We Care plans to serve communities hardest hit by poverty and racial health inequality. Purchasing a mobile united allows us to serve cities through Pinellas County.

Number Served*

How many people will directly benefit from this capital purchase annually? 1200

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

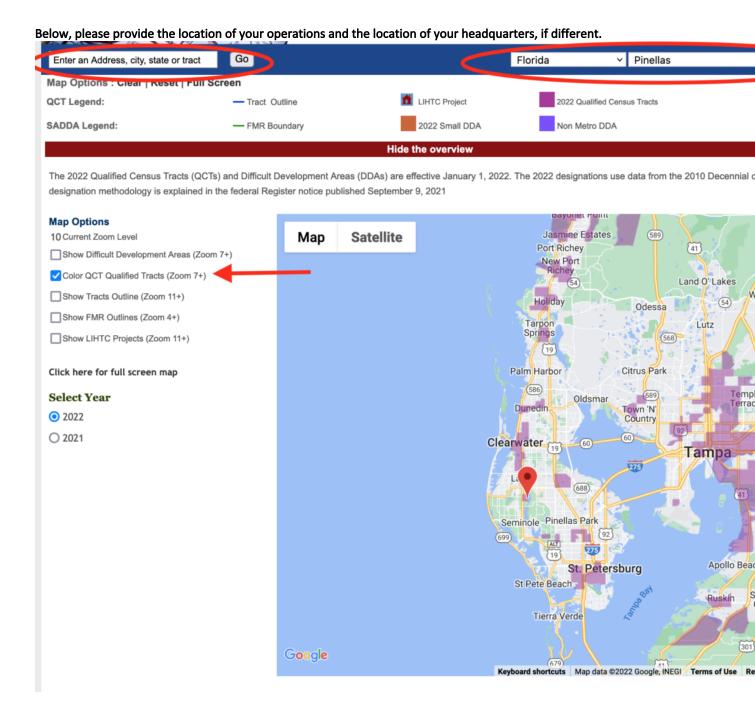
Other (Explanation Required)

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.



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

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).

Services will be provided throughout Pinellas County with a focus on low-income census tracks. A majority of services will be focused in St. Petersburg.

QCT Determination - Purchase*

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

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.

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 - 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

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

Neurodiverse/physically disabled

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.

We Care combinepdf.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.

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.

We Care -Budget-Template-Small-Capital-Purchases (1).xlsx

At this time we have applied for a number of grant opportunities and some opportunities are still pending approval. The provided quotes are for mobile health units that are accessible and will fit the needs of our existing and future clientele and help to provide a culturally appropriate experience.

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.

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

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 purchase **decreases** ongoing operating costs, how will it do so?
- If this purchase 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.

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.

We Care LF Inc. Budget - Sheet1.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

We Care LF Inc - Board of Directors.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.

We Care LF 990-N.pdf

I filed Form 990-EZ and do not have anything to attach.

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.

We Care LF Financial Statement.pdf

We Care LF Inc. has not exceeded the threshold to require an audit.

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 is not currently required for the services provided. We Care LF plans to comply by acquiring any required insurance if awarded a contract.

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

- We Care combinepdf.pdf
- We Care -Budget-Template-Small-Capital-Purchases (1).xlsx
- We Care LF Inc. Budget Sheet1.pdf
- We Care LF Inc Board of Directors.pdf
- We Care LF 990-N.pdf
- We Care LF Financial Statement.pdf

From: Tom <tom@mobilehealthclinic.org> Date: Wed, Aug 31, 2022 at 3:58 PM Subject: mobile clinic options To: Julian@wecarelfinc.org <Julian@wecarelfinc.org> Thanks for the call today. Here are two great options. Thanks Let me know if you have any further questions. \$235k. Our best selling mobile clinic. We have one ready in October. Click on the blue button on the front door to do a 360 walk-through. https://www.mobiletestingclinic.com/view-inventory/one-exam-room-with-blood-draw-ADA/ This is our bestselling 2 exam room mobile clinic. We have one these in stock right now. We will be getting more in stock in December if this sells before you receive your grant. \$325k https://www.usedmobileclinics.com/portfolio/items/2021-mobile-medical-clinic-with-2-exam-rooms-for-sale-stock-10199 Regards, Tom Reimann

Fleet Manager
720-371-5444 Text/Call
www.usedmobileclinics.com
www.mobiletestingclinic.com

ONE EXAM ROOM WITH BLOOD DRAW ADA ENTRANCE

HOME | VIEW INVENTORY | ONE EXAM ROOM ADA ENTRANCE

Vehicle Summary:

Group: □

Total Length: 25'

Chassis: Ford E450

Capacity: 1 Pass. & Driver - ADA

GVWR: 14,500#

Body: Mobile Medical Clinic

Engine: 7.3L Gas

Sell Price: Call

360° Tour:





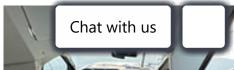


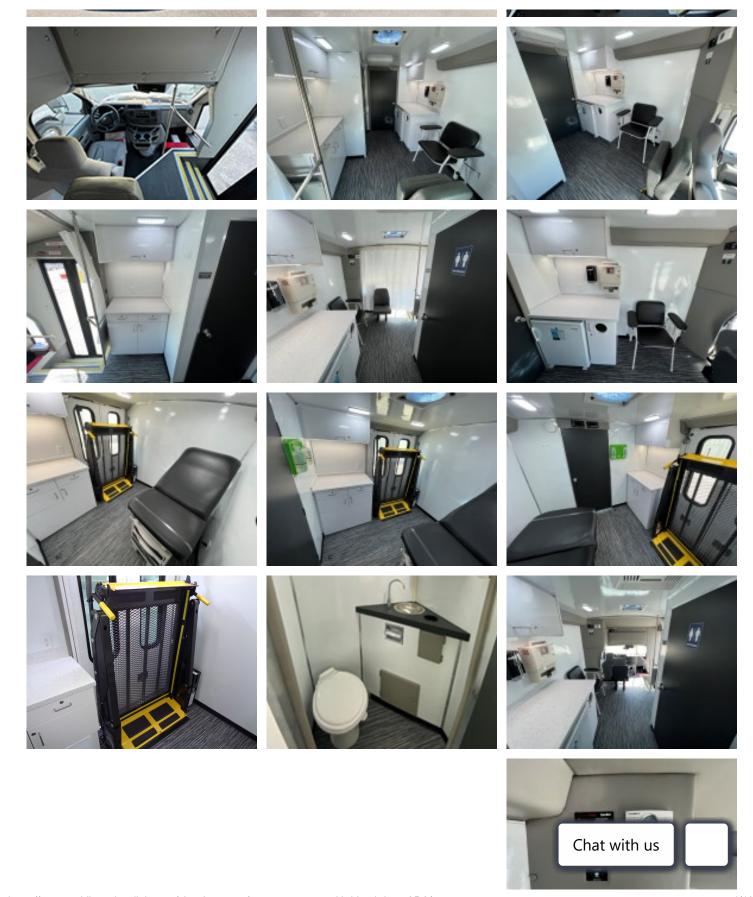












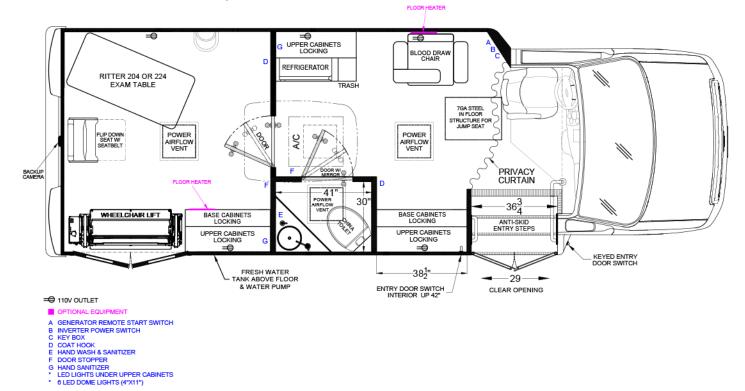






Floorplan:

Click here to download floorplan.



Vehicle Description:

Standard Chassis Equipment

Ford E-450 7.3L V8 Gas Engine

14,500 GVWR

6 Speed Automatic Transmission

225/75RX16E Tires



Standard Body Equipment

Welded Tubular Steel Cage	Welded Perimeter Steel Floor Frame
	Supported by Welded Crossmembers

Steel Wheel Well Plates Drive Shaft Guards

Rear Mud Flaps Steel Cage Primered w/ Rust Inhibitor

5/8" AdvanTech Subfloor Underbody Foam Sealed and

Undercoated

Fiberglass Front & Rear Cowls & One-Piece Pre-Molded Fiberglass Roof

Fiberglass Composite Exterior Sidewalls

Lower Body Skirts 1' Polystyrene Foam Board Insulation

Entrance Door - Aluminum, Electric Bi-Tinted A-Panel Window in Cab

Fold 29" w/Tinted Glass

LED Upper Running /Clearance Lights

per FMVSS 108 (5 Amber & 5 Red)

LED Stop/Tail/Turn Lights Inc

Lights (2)

LED/ Reflective Amber Lower Midship

Side Marker Lights (2)

Red Reflectors (2 at Rear)

LED/Reflective Red Rear Side Marker

Backup Lights & LED License Plate

Lights

Heavy-Duty Steel Powder-Coated Rear

Bumper

Velvac Exterior Mirrors (L & R) 76" Interior Height

Flat Floor Durable Bright White Reinforced

Fiberglass Ceiling & Sidewalls

State of the Art Electrical Panel w/

Printed Circuity

Color-Coded High Temp GXL Wiring Harness w/Weather Chat with us

Convenience Lighting in Cab & Stepwell

(2) Roof Vent - Fantastic 400 Series, Fan 14" Heat Coil - Add Heat Coil to Each A/C System in the Unit

Doors/Windows/Mirrors

Entrance Door, Electric - Built In Cab, 29" (Standard)

Electrical

12v Wire Run to Power Fridge Terra Transit Pullout Battery Tray (N/A

Transit Chassis)

Pull 110v 12 Guage SL Cable, Coiled Up to Replace Standard Dome Lights with 4" x

Front Bulkhead Area 11" LED Lights

(5) Pull 110v 14 Guage SL Cable, Coiled RVS Backup Camera - 7" Mirror Monitor

Up to Front Bulkhead Area

Exam Specific Electrical

Breaker Box/Breakers 110v Package Includes 5 Outlets - 10

Plugs

Cummins Onan 7.0 Generator Gas 50 Amp Shore Power w/Cord, Inlet on

Generator Side of Vehicle for Plug In

Power Converter 50 Amp Transfer Switch

Exterior

Generator Prep, Skirt Door 43.25"W x



Interior

Interior Corner Boards (Standard) Gray Vinyl Padded Wall with Door

Flip Seat - Featherweight, Single Mid- USR Belt, Single - Per Passenger

Back 17" w/ Lap Belts

Additional Steel Strapping/Backer in Altro Faux Wood Flooring Upgrade (Iron Sidewall, Curbside for Cabinets Bamboo)

Smooth Fiberglass Interior Sidewalls Stanchion Pole w/Assist R.H. Entry

Bathroom Kit

Mobile Clinic Upfit Specifics

w/Gray Vinyl Corner Boards

Lab Area Countertop w/Bank of Drawers Physicians Upper and Lower Cabinets

& Medical Refrigerator with Corian Countertop

Check-In Seat Restroom with Sink and Tanks

Waiting Room Bench Ritter 204 Exam Table with Stirrups

Paratransit Equipment

Braun NCL1000IB3454 1,000# Lift Wheelchair Lift Belt, (No Charge)

Double W/C Lift Door - Deluxe

Chat with us

















2021 mobile medical clinic with 2 exam rooms for sale - Stock #10199

Call or Text for price

Year: 2021 Mileage: New

Generator size and hours: 7kw Number of exam rooms: 2

Restroom: Yes Require a CDL: No Engine Type: Gas Weight: 22,500

More Details

Brand new 2021 Mobile Medical Clinic for sale. We redesigned the 2021 mobile clinic to add two extra feet to make this unit 36 feet. You can really feel the extra room compared to our 34 footer. This unit has 2 private exam rooms with a Ritter 204 exam tables and cabinets with sinks. Waiting room with TV. Lab area with fridge. This mobile clinic comes with a Braun wheelchair lift. We have 12 on order. Please call or text to see if we have any left.

View our inventory listing page

View our inventory spreadsheet

Have a vehicle you need refurbished? We do that to!

Denver, Colorado 720-371-5444

Like 24

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Date: September 2, 2022 at 10:56 AM

To: Shauntae E.Lewis shauntae@grantlifeconsulting.org

Good day, Mr. Riley:

Thank you for contacting LifeLine to request information on our custom-designed mobile units for health care. We can assist you every step of the way throughout the planning and building process once you are ready to purchase.

Our goal is to make you the expert at designing a mobile unit floor plan that fully satisfies your screening objectives. A good start is to give you access to our mobile unit *Planning Guide*. Please click this button for access:



or paste this link into your browser: www.LifeLineMobile.com/PlanningGuide.

An electronic version of the Planning Guide booklet will open, and you can flip through and download pages if you wish.

Pricing is far-ranging, but a single exam room unit with waiting for a few patients and a private exam suite, will run from \$275,000 to \$350,000 *including* basic medical equipment like ob/gyn table, exam stool, sphygmomanometer, otoscope, ophthalmoscope and more. A two-exam room unit will run from \$325,000 and up. Current production times average 18 to 23 months.

Here is a listing of two pre-owned mobile units we currently have in our inventory. One of them may fit your program needs. Click on the link (or copy it to your browser) to see web site photos, floor plan, and more.

- https://www.lifelinemobile.com/unit-s-l/ (Suitable for medical, dental, vision and more.) Base price before up-fitting: asking \$199,500.
- https://www.lifelinemobile.com/unit-r-k/ (Huge multi-purpose exam room that can switch from medical to dental to behavioral to vision care.) Base price before up-fitting: asking \$159,900.

In many cases, either of these units can be modified in about 8 weeks for your needs. Special-order items may take as long as 20 weeks. Final pricing depends on the level of repairs, equipment, and furnishings that you choose. These vehicles are subject to pre-sale at any time.

If you are interested in a purchase, please contact me by phone or email and we can begin the design phase. I look forward to speaking with you soon about your request.

LifeLine Vooile®

Ken Guse

LifeLine Mobile, Inc.

2050 McGaw Road

Columbus, OH 43207





We Care Like Family - 33 Large Single Exam ADA

We Care Like Family

Julian Riley julianriley55@gmail.com

Reference: 20220906-142837384

Quote created: September 6, 2022

Quote expires: October 6, 2022

Quote created by: Rett Haigler

Director, Strategic Partnerships

rhaigler@missionmobile.com

Comments from Rett Haigler

Current build time is 120-150 days from receipt of deposit, depending on production queue and supply chain volatility at time of contract execution. Pricing is for a turnkey build including all requested equipment.

Products & Services

Item & Description	SKU	Quantity	Unit Price	Total
33' Base Vehicle 33' Pre-Owned Class A RV Base Platform - Gas Vehicle. Auto- leveling system. Ducted HVAC. Blind spot & backup cameras. Onboard Generator & Shore Power Electrical Supply Connections.	BV-29M	1	\$138,529.00	\$138,529.00
Single Exam Build All costs for building out a new and custom Single Exam Mobile Medical Unit build on a pre-owned Class A RV base vehicle platform. Includes all costs for new floor, wall, and Ceiling Coverings. Custom Cabinetry/Storage.	MM-SEB	1	\$101,347.00	\$101,347.00

Standard Furniture/Equipment. Single Exam in Rear with

9/8/22, 9:11 PM

waiting/reception/work area on entry.

One Bathroom.

Includes all costs for full vehicle wrap with Graphics.

Medical Refrigerator Medical Refrigerator	MM-MedFrdg	1	\$2,300.00	\$2,300.00
Wheelchair-Lift Interior mounted Wheelchair-Lift and Custom Fabricated Door	MM-WHLCHLFT	1	\$15,000.00	\$15,000.00
Commercial Tier I Network	MM-T1MNP	1	\$6,680.00	\$6,680.00

Package

This option is a dual cellular network that can support up to 15 users. A captive portal can be created for a guest network. The system is capable of cellular redundancy/failover; meaning if two SIM cards are provided from two different networks, the system will automatically switch between the networks depending on signal strength/availability.

Hardware

- Cradle point IBR900 (Cat-18 Modem) Gigabit-Class LTE router with 940 Mbps firewall throughput and dual-band, dual-concurrent Wi-Fi 5. 5G-ready with the ability to be field upgraded.
- Extension antenna that mounts on the rooftop of the vehicle to allow a better connection with LTE networks.
- Owner Furnished Equipment: One Mini SIM card required. For best results, two Mini SIM cards, each from a different cellular network, should be used to take advantage of failover. o AT&T and Verizon Wireless are typically the best service providers in the United States. T-Mobile limited to 4G LTEA speeds. For cellular connectivity outside of the United States please work with your Project Leader for recommendations. o An IMEI (International Mobile Equipment Identity) number(s) will be provided at the start of your

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project to aid in acquiring SIM card(s).

Professional Services

- System design, documentation, installation, and configuration.
- Multiple vLANs (Virtual Local Area Network)
- Hot Failover

Subtotals

One-time subtotal

- Up to 10 concurrent VPN (Virtual Private Network) Tunnels (IPsec)
- 15 Users (Non-VPN)
- Firewall/Security Analytics
- Fleet Management/GPS Location
- Cellular Connectivity Tracking Map allows you to identify areas on the GPS with Low/Bad signal
- 1-Year of Cradle point 24/7 Support

Delivery/Training Delivery to client location. Includes 1 day of Operator Training for Client Team on location & 1 Paid Client Seat to Mission Mobile Headquarters Operator Certification Course.	MM-DV	1	\$5,294.00	\$5,294.00
Mission Mobile Service & Maintenance Program 2 Years - Mission Mobile Medical Preventative Service & Maintenance Program. Mission Mobile handles all costs and scheduling for all routine, preventative maintenance, for the first 2 years after vehicle purchase.	MM-SMP	1	\$20,000.00	\$20,000.00
Mission Mobile Medical Warranty Industry-Leading 10-Year Warranty	MM-W	1	\$35,294.12	\$35,294.12

Total \$324,444.12

\$324,444.12

Purchase Terms

50% Due at Signing 25% Due at 45 Days Final Payment Due Before Delivery

Questions? Contact me



Rett Haigler Director, Strategic Partnerships rhaigler@missionmobile.com

Mission Mobile Medical Group, Inc. 7700 Boeing Drive Greensboro, North Carolina 27409 United States

Download quote

Print quote



We Care Like Family - 38 Dual Exam ADA

We Care Like Family

Julian Riley julianriley55@gmail.com

Reference: 20220907-105624263

Quote created: September 7, 2022

Quote expires: October 7, 2022

Quote created by: Rett Haigler

Director, Strategic Partnerships

rhaigler@missionmobile.com

Comments from Rett Haigler

Current build time is 120-150 days from receipt of deposit, depending on production queue and supply chain volatility at time of contract execution. Pricing is for a turnkey build including all requested equipment.

Products & Services

Standard Furniture/Equipment.

in Front with

One Exam in Rear and One Exam

waiting/reception/work area on

Item & Description	SKU	Quantity	Unit Price	Total
38' Base Vehicle 38' Pre-Owned Class A RV Platform Base Vehicle	BV-38	1	\$176,471.00	\$176,471.00
Dual Exam Build All costs for building out a new and custom Dual Exam Mobile Medical Unit build on a pre-owned 38' Class A RV base vehicle platform. Includes all costs for new floor, wall, and Ceiling Coverings.	MM-DEB	1	\$102,667.00	\$102,667.00
Custom Cabinetry/Storage.				

One Bathroom.

Includes all costs for full vehicle wrap with Graphics.

Medical Refrigerator Medical Refrigerator	MM-MedFrdg	1	\$2,300.00	\$2,300.00
Wheelchair-Lift Interior mounted Wheelchair-Lift and Custom Fabricated Door	MM-WHLCHLFT	1	\$15,000.00	\$15,000.00
Commercial Tier I Network	MM-T1MNP	1	\$6,680.00	\$6,680.00

Package

This option is a dual cellular network that can support up to 15 users. A captive portal can be created for a guest network. The system is capable of cellular redundancy/failover; meaning if two SIM cards are provided from two different networks, the system will automatically switch between the networks depending on signal strength/availability.

- Cradle point IBR900 (Cat-18 Modem) Gigabit-Class LTE router with 940 Mbps firewall throughput and dual-band, dual-concurrent Wi-Fi 5. 5G-ready with the ability to be field upgraded.
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Mission Mobile Service & Maintenance Program 2 Years - Mission Mobile Medical Preventative Service & Maintenance Program. Mission Mobile handles all costs and scheduling for all routine, preventative maintenance, for the	MM-SMP	1	\$20,000.00	\$20,000.00
Mission Mobile Medical Warranty Industry-Leading 10-Year Warranty	MM-W	1	\$35,294.12	\$35,294.12

Subtotals

One-time subtotal \$363,706.12

Total \$363,706.12

Purchase Terms

50% Due at Signing 25% Due at 45 Days Final Payment Due Before Delivery

Questions? Contact me



Rett Haigler Director, Strategic Partnerships rhaigler@missionmobile.com

Mission Mobile Medical Group, Inc. 7700 Boeing Drive Greensboro, North Carolina 27409 United States

Download quote

Print quote

ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Organization Name: We Care

Proposal Name: We Care Like Family - Healthcare for all

Α	В	С	D	Ε	F	G	Н
Line		Price Per	Quantity of	Purchase	ARPA Grant Funds	Applicant	
Item	Item (Description)	Item	Item	Total	Requested	Match	Funding Total
1	Mobile Health Clinic/Van	\$325,000.00	1	\$ 325,000	\$ 325,000	\$ -	\$ 325,000
2		\$ -		\$ -	\$ -	\$ -	\$ -
3		\$ -		\$ -	\$ -	\$ -	\$ -
•		\$ -		\$ -	\$ -	\$ -	\$ -
•		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
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		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		TOTAL	1	\$ 325,000	\$ 325,000	\$ -	\$ 325,000

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

We Care LF Inc. Budget					
Revenue	Amount				
340B Plan	175,000				
Lab Contract	\$100,000				
Lab Contract	\$85,000				
Grants	\$50,000	Based on Previous years' awards			
	Total Revenue	\$410,000			
Fixed Expenses	Amount				
Insurance	\$960	Fixed expense			
Medical EMR Service	\$3,600	Fixed expense			
Telehealth Services	\$720	Fixed expense			
1-800 Telephone Number	\$240	Fixed expense			
E Fax Number	\$240	Fixed expense			
Jotform	\$600	Fixed expense			
Google Suite	\$360	Fixed expense			
Website	\$360	Fixed expense			
Variable Expenses	Amount				
Payroll	\$190,000	Variable based on previous year – increased by 10%			
Client Health Benefit Card	\$72,600	Variable based on previous year – increased by 10%			
	Total Expenses	\$262,600			
	Net Surplus/Deficit	\$147,400			

We Care LF Inc. Board of Directors

Julian Riley – CEO / President

Pauline Riley – Vice President

Marquis Davis - Vice President

Richard Coleman - Treasurer

Kendra Riley - Secretary

Michael Riley - Advisor

Alan Friedland - Treasurer

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

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

Tax Period: 2021 (03/01/2021 - 02/28/2022)

Mailing Address: 912 LANDMARK CIRCLE

82-4187175

Legal Name (Doing Business as): We Care Lf Inc

Principal Officer's Name and Address: JULIAN RILEY TIERRA VERDE, FL 33715 **United States**

Gross receipts not greater than: \$50,000

Organization has terminated:No

Website URL:

TIERRA VERDE, FL 33715 United States

912 LANDMARK CIRCLE

We Care LF Inc. Financial Statement

Support and Revenue	Amount	
Contributions	\$50,000	
Special Events	\$5,000	
Program Service Revenue	\$100,000	
	Total	\$155,000
Expenses	Amount	
Program Services	\$35,320	
General and Administrative	\$87,540	
Marketing	\$15,700	
	Total	\$138,560
	Net Surplus/Deficit	\$16,440

For the year ended December 31, 2021