

Application Form

Organization Information

Compiled Committee Comments

Below is a compilation of committee member comments from your Letter of Intent. This feedback may be positive, neutral, or negative. It is provided in aim to be transparent and offer guidance on where you may be able to strengthen your full proposal.

- Will renovations for new State classification allow for an increase, decrease, or no change in numbers served at TP.
- I gave this high marks everywhere except QCT although I do think that by serving unhoused individuals that it aligns with the equity goals of this funding. My hesitation with a full recommendation is that I am a little unclear how this holding company fits in and how it is related to WestCare so while I think the project is a good one, I would like a little more information on that relationship.
- Applicant clearly identifies financial impact due to Covid. (\$1.027M). Request is clearly articulated and reasonable an proportional. Staffing cost increase. Service need increase and clearly supports those who are disproportionately impacted by Covid.

An informational webinar about this proposal is available here.

The rubric that will be used to score this proposal can be downloaded here.

If you would like to complete this application first in Microsoft Word, you may download a Word version here.

Brief Project Descriptor

Please briefly describe this organization's request.
roof, kitchen, doors, flooring, and foundation

Organization Name

WestCare GulfCoast-Florida Inc.

Project Name*

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

WestCare - A Turning Point

EIN*

59-3714627

Incorporation Year*

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

2001

Organizational Mission Statement

What is your organization's mission statement?

This has been copied from your Letter of Intent and cannot be changed.

WestCare empowers everyone with whom we come into contact to engage in a process of healing, growth and change benefiting themselves, their families, coworkers and communities.

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

HNG6XDT1MNL5

Annual Operating Budget Size

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

This has been copied from your Letter of Intent.

\$13,466,026.00

Amount Requested*

The maximum grant amount is \$5 million.

This has been copied from your Letter of Intent and should not be changed. If your project cost has changed since submitting your Letter of Intent, please contact Rose Cervantes at rcervantes@pinellascf.org.

\$1,533,551.00

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 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

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?

This has been copied from your LOI.

WestCare GulfCoast-Florida, Inc. (WCGC), a community-based nonprofit organization, is part of the WestCare Foundation network operating in 17 States and 3 Territories. WCGC consistently demonstrates its capacity to achieve programmatic goals, manage public funds, and exceed reporting requirements of funders. WCGC operates in compliance with OMB Uniform Guidance, is independently audited, is accredited by The Commission on Accreditation of Rehabilitation Facilities, and is licensed by Florida Department of Children and Families. WCGC has provided homeless services since 2001, including an emergency intervention shelter, transitional housing, supportive housing, wraparound services, rapid rehousing, case management, skills education, and treatment of substance use and co-occurring disorders

Annually, WCGC serves more than 1,100 unique individuals who are homeless or are at risk of homelessness. WCGC partners with several area providers, the Veterans Administration, Pinellas County, the City of St. Petersburg, area landlords, local businesses, and other community-based resources to help ensure client success. Nationally, WestCare Foundation has been a leading provider of homeless services for more than four decades. In St. Petersburg, WCGC offers transitional and supportive housing, homeless case management, rapid rehousing, and permanent supportive housing. These services are offered through three primary locations in Pinellas County: A Turning Point, an emergency intervention shelter and inebriate receiving facility; and Mustard Seed, a 73-bed facility providing supportive housing to homeless individuals and

Veterans who have begun their recovery from alcohol, substance misuse and/or mental illness offering transitional and supportive housing, case management, career/employment services, and rapid rehousing services; and Davis-Bradley Community Involvement Center, a residential treatment facility serving at-risk individuals.

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.

This has been copied from your LOI.

Funding is being requested to repair and restore A Turning Point (ATP), the only inebriate-receiving facility in the county that accepts homeless adults directly from the streets. The shelter is designed to provide temporary indoor emergency and cold night shelter services to individuals who have been disconnected and alienated not only from mainstream services and supports, but from the services targeting homeless persons living with a substance use disorder and/or mental health issue. According to the Analysis of Pinellas County Point in Time (PIT) Data (2018-2022), the overall number of individuals at risk for homelessness in Pinellas County has trended upward from year 2018 to 2022, with the 2022-year total of 4,645 being the highest total recorded. In year 2022, 23% of adults reported a Serious Mental Illness and 18.3% reported a substance use disorder. Additionally, the PIT concludes, "Increased wait times and requests for support have been evident. The Sheltered housing count has always had a limited ceiling because we cannot have more individuals in shelters than there is shelter space available."

The State of Florida has indicated a need in our service area for homeless clients in crisis who can be diverted from emergency hospital rooms and incarceration and be treated for medically managed withdrawal, providing an alternative to incarceration or hospitalization. Much-needed repairs and renovations will enable ATP to structurally prepare for American Society of Addiction Medicine (ASAM)-level 3.7 capacity expansion to meet this need. ASAM-level 3.7 treatment services are suitable for individuals whose withdrawal signs and symptoms are sufficiently severe to require 24-hour care, but do not require the full resources of an acute general hospital. This treatment service stabilizes intoxicated individuals, medically manages their withdrawal, and facilitates effective linkages to, and engagement in, WCGC's residential and outpatient services.

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.

The more quantifiable your negative economic impact is, whether it be fiscal losses/pressures or increased service demand, the stronger your answer will be. The more specific your evidence, the better.

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.

This has been copied from your LOI.

WCGC experienced significant negative economic impact from the pandemic. In FY21 (July 2020 - June 2021), WCGC experienced a \$494K budget deficit with residential treatment (Davis-Bradley), emergency shelter (A Turning Point), transitional and rapid rehousing (Mustard Seed Inn), youth drug prevention, and outpatient drug treatment programs all experiencing a deficit. Although WCGC was able to restructure programs and renegotiate contracts in FY22 (July 2021 - June 2022), WCGC ended the two-year period with a \$350K deficit. WCGC used PPP funds to assist with payroll, but this did not address all program costs or service reductions. New contracts with FL Dept. of Corrections, Central Florida Behavioral Health Network, and SAMHSA for residential treatment, prevention, recovery support, and medication-assisted treatment (MAT) were the primary sources of funding that offset program costs.

FL Sixth Judicial Circuit Court (Pinellas and Pasco) suspended Drug Court services for several months which subsequently reduced referrals to residential and outpatient treatment. This, in turn, affected the number of new individuals receiving medication-assisted treatment (MAT) while pandemic stress slowed the rate of client graduation – both reducing revenue and increasing costs. The combined budget deficit for residential treatment, outpatient, and MAT services was \$1,026,831 during FY21. WCGC's Residential and Outpatient programs are critical sources of unrestricted revenue and this deficit directly impacted WCGC's ability to purchase equipment or start capital projects. WCGC's homeless service programs, Mustard Seed Inn and A Turning Point, saw greater than expected losses. Eviction moratoriums and critical shortages of low-income housing resulted in longer stays in transitional housing and slower rehousing; coupled with widespread reductions in entry-level service worker positions, more residents were unable to pay rent/program fees or secure move-in deposits – all of which were subsidized by WCGC. A Turning Point, the only inebriate-receiving shelter in the County reduced capacity from 65 beds to 30 beds due to social distancing. Local Street Outreach Teams reduced services (and referrals) and many individuals avoided shelters out of fear of contracting the virus. Although social distancing restrictions have eased and capacity has increased to approximately 45 beds, staffing costs have increased more than 25%, inflation has put significant pressure on soft costs, and local and regional funding shifts away from shelter care to other homeless services have prevented A Turning Point from returning to pre-pandemic service levels.

Negative Economic Impact - Uploads

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages. Word, Excel, JPG and PDF files are accepted.

Pandemic Relief Funding*

Please describe all government pandemic relief funding your organization has received since the onset of the pandemic. This includes but is not limited to the Pinellas CARES Nonprofit Partnership Fund, other ARPA funding,

PPP (Paycheck Protection Program), and Community Block Development Grants specifically targeting COVID-19 relief.

Explain why or how this pandemic-relief funding has not alleviated the negative economic impact you have described above. Potential reasons include expiration dates on certain funding, inflationary pressures, restrictions prohibiting capital expenditures, or the funding simply not being enough to remedy the harm you've indicated above. **The more concrete your numbers, the better.**

If you have not received government relief funding for your organization since the onset of the pandemic, write "No pandemic relief funding received" below.

WCGC has received the following pandemic relief funding:

Paycheck Protection Program (PPP):

\$1,658,472 (May 2020-Nov 2020, May 2021-Sept 2021) this was used to pay for staff salaries, uncompensated rent and utilities to keep programs running and not layoff staff during the court and jail shutdown.

City of St Petersburg CARES Funding:

Turning Point, \$43,345 (Sept 2020-Jan 2021) for technology upgrades to provide services to clients with the proper COVID required social distancing.

Davis Bradley Residential, \$74,944 (April 2021-March 2022) to pay for overtime for Intake Staff and Group Therapy Specialists to provide additional services to clients that were in COVID quarantine when they entered the program. This kept the clients engaged until they could be moved into the general program population. It also paid the overtime for the drivers while the public transportation was limiting the number of riders, our drivers took clients to and from work every day so they could hold jobs.

While this funding was critical for retaining staff and supporting services for existing clients, it did not address the loss of income due to system slowdowns or shutdowns. Most available pandemic relief funding was tied to a demonstrated increase in services, while the economic impact to WestCare was primarily due to unavoidable reductions in services and revenue due to social distancing (reduced physical capacity), suspension of street outreach and drug court programs (reduced referrals), and non-working clients/residents (inability to pay program fees and/or rent; increased client subsidies). Additionally, little pandemic relief money was available for large capital renovations, especially when a program could not demonstrate a significant increase in services.

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?

This has been copied from your LOI. While you are able to update this field, YOU SHOULD NOT CHANGE THE NATURE OF YOUR REQUEST. That is, this field should only be updated for clarity, not changing what you are requested funding for.

The project undertaken with these funds is the repair and renovation of the WCGC inebriate homeless emergency shelter facility, A Turning Point. It is an older building in need of much repair and has been in service for this programming for over 30 years. With sufficient funding, repairs and renovation will enable to the building to continue serving the most vulnerable in our communities for well over another three decades. In addition, renovations to the facility will enable WCGC to ensure we are “building-ready” for the State’s initiative to expand available SUD/MH medically managed withdrawal services (from ASAM 3.2 presently to potentially include ASAM 3.7) to homeless individuals in crisis, diverting them from hospital emergency rooms and jails and thus saving a significant amount of Florida taxpayer money and strengthening our Continuum of Care’s network of streamlined wraparound services provided by WCGC’s shelter, residential, and transitional housing services. The scopes of work for this proposal are attached to this application and include renovations for the ATP facility in these six construction components: exterior door replacement, flooring installation, interior painting and ceiling tile replacement, kitchen renovations, nurses’ station renovations, and roof renovations.

The combined budget deficit for residential treatment, outpatient, and MAT services was \$1,026,831 during FY21. WCGC’s Residential and Outpatient programs are critical sources of unrestricted revenue and this deficit directly impacted WCGC’s ability to purchase equipment or start capital projects. Comparing our negative economic harm of \$1,026,831 with a total budgetary project request of \$1,533,551, and a total agency budget of \$13,466,026, we believe our request is reasonable and proportional to the level of economic impact our organization experienced.

Number Served

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

This has been copied from your LOI. It cannot be changed.

800

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**.

This has been copied from your LOI and cannot be changed.

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.

This has been copied from your LOI and cannot be changed.

Rent vs. Own

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

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?

This has been copied from your LOI.

In line with one of the guiding principles of this fund, ATP serves one of the most vulnerable priority populations, the chronically homeless who experience the unfortunate cycles of substance use disorders, mental health issues, and criminal recidivism inherent in the lives of those experiencing entrenched and persistent poverty. The National Institute on Drug Abuse reports that individuals with substance use disorder are 1.5 times more likely to contract COVID-19 (<https://www.drugabuse.gov/drug-topics/comorbidity/covid-19-substance-use>). Public health agencies have widely reported increased mental health needs related to depression and anxiety exasperated by pandemic-related financial stress and isolation. Research published in The Lancet Psychiatry ([https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30462-4/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30462-4/fulltext)) indicates that 18.1 percent of individuals diagnosed with COVID-19 also have a psychiatric diagnosis within three months, 5.8 percent of which is a first psychiatric diagnosis.

Additionally, a third of ATP's clients are Black who are persistently overrepresented in the criminal justice system. Many program participants are recruited from Florida's Sixth Judicial Circuit Drug Courts (Pinellas and Pasco Counties), including Veterans Treatment Court. WCGC specializes in serving populations with high vulnerability including individuals experiencing or at risk of homelessness and individuals with substance misuse and co-occurring disorders, Veterans, and adults involved in the criminal justice system who are disproportionately represented from underserved Black communities. As the only inebriate receiving emergency shelter in Pinellas County, the clients served at ATP are all men and women who are homeless and have low/moderate income. Based on tracked program data, at least 90% of clients are in the 30% Area Median Income (AMI) bracket, and the other 10% of clients are in the 50% and 80% AMI bracket.

Organizational Sustainability*

How does this purchase contribute to the long-term sustainability of your organization and the work it does? That is, what impact will this project have on your organization and/or its clients over the long-term?

Examples include increased service capacity, reduced cost of delivering services over time, higher-quality or more equitable service delivery, and increased lifespan/quality of property.

Quantifiable numbers will strengthen your answer.

1. The ATP project responds to a State-funding priority. By completing the renovations and upgrades to the ATP facility, WCGC effectively positions our expansion of services to include ASAM 3.7 medically managed withdrawal. WCGC will then potentially receive State of Florida funding from the Department of Children and Families (DCF) which has stated that this level of vital services is a funding priority in our service area.
2. A capital improvement would reduce ongoing facility repair costs. ATP is an aging building that is in continual service to the public 24/7/365. Renovations will reduce the need to use operating costs for repairs and will increase the lifespan and quality of the property.
3. Increased service capacity is a result of strategic ATP renovations for ASAM 3.7. WCGC has been awarded \$200,000/year for 3 years from BayCare Health System, Inc. BayCare's award supports services to WCGC clients who have been referred from BayCare. With this linkage in place, individuals in crisis who would otherwise be taken to BayCare for treatment may be triaged and assessed for medically managed withdrawal at ATP.

Permits*

Please describe any permits necessary for the successful completion of this proposed project. Be sure to include any permits already obtained or in progress, and/or what the timeline is to acquire permits.

Building permits from local and state building, planning, and fire/life safety are required. Applicant has recent site surveys and preliminary architectural drawings in CADD format that will be revised to include the new scopes of work and any recent code upgrade requirements. These plans will be submitted to the governing authorities for approval and issuance of building permits. All required inspections will be scheduled as the project progresses toward the final Certificate of Completion/Occupancy.

Plan Set*

Do you have a plan set for this project?

A plan set refers to the "batch" of plans, drawings, prints, files, etc., that you receive from an architect that explains what needs to be built, how, and where. **Not all qualifying projects in this process require a plan set.**

If you answer Yes, you will be required to upload the Plan Set later in the application.

No

Plan Set Upload*

If you answered "Yes" above, please upload the Plan Set here. If you have trouble with file size limitations, please reach out to Rose Cervantes at rcervantes@pinellascf.org. If you have any narrative to accompany the plan set, you may write it below.

PDF files are permitted.

We do not have plan sets to upload.

Timeline*

Given a spending deadline of December 31, 2026, give a detailed **and realistic** timeline as to how this large capital project will be executed and completed. If there are phases to this project, indicate so in the narrative below. If you specified that permits were needed for this project above, ensure you include the acquisition time in the timeline.

Please include the following:

1. **How the timeline was developed**
2. **Timeline of planning and execution. Please include start and end dates by month and year. For example, April 2023 - June 2023.**

Example

Better Tomorrow is proposing the expansion of their counseling center. This requires a 2-month planning phase, one month to obtain all necessary permits, and four months to build. Better Tomorrow would list each phase, a brief description of what takes place in each phase, and an estimated start and completion date for each phase.

The six scopes of work (and project cost estimates) provided by FitzHouse Enterprises, Inc. (FitzHouse) for this project can largely be accomplished concurrently. Please refer to the uploaded document: "FitzHouse ATP Project Scopes of Work". The critical path lies in the inter-relationship of the interior painting, flooring, and nurse's station installation. The longest lead item in the schedule is the fabrication and delivery of millwork for the Nurse's station. This is mitigated by a scheduled release of the shop drawings for manufacturing at the earliest date so that installation can begin as soon as the flooring is completed. The start date is controlled by the acceptance and execution of the complete grant, so the calendar dates included are placeholders with "Grant Agreement" being Day One of the project. The complete project will take 293 days from start to finish. Please refer to the uploaded document: "Table 1: Project Timeline".

Team Leadership*

Please describe the following:

1. The team and leaders that will be overseeing this proposed project.
2. Their relationship to your organization
3. Their role in this project
4. Whether or not they have overseen similar projects

1. Darrin Holman is the Senior Vice President of Fitzhouse Enterprises, Inc., which currently maintains 96 WestCare sites across the country that are ADA compliant, licensed by the respective states, and adhere to all required health and safety codes of each state. As Senior VP, he helps to oversee new facility acquisition, facility licensing, facility rehabilitation and renovation, and facility and property maintenance, which includes the continual remodeling and upgrading of licensed commercial kitchens, fire detection and suppression

systems, commercial electric systems, commercial HVAC systems, and replacement and upgrade to green technology for windows, structures, and roofing. With Fitzhouse, Mr. Holman also establishes the priorities for the effective and efficient delivery of multiple projects simultaneously. Additionally, he has worked on projects that have been awarded grants for construction and project renovations through the U.S. Department of Housing and Urban Development (HUD), Community Development Block Grants (CDBG), and Congressional Economic Development Initiatives (EDI – Special Projects). He is a Licensed General Engineer State of California and a Licensed General Building Contractor State of California.

2. Jeramy Salyer, Deputy Administrator FitzHouse Enterprises Inc. and Project Manager. Mr. Salyer has overseen numerous similar projects and has 19 years' experience as a Licensed General Engineering and Building Contractor.

Written Justification - \$1m or Greater

You have requested more than \$1 million in capital expenditures. In order to comply with regulations and reporting requirements of the U.S. Treasury, the below questions are required as part of a Written Justification for the costs. The character limits in this section are set high, but do not feel you need to reach the character limit.

Capital Expenditure Need*

Please explain the following:

- Why are existing capital equipment, property, or facilities not sufficient to address the harm you explained above under "Negative Economic Impact?"
- Why would additional funding to relevant programs or services be insufficient without the corresponding capital expenditures being proposed by your organization?

The existing shelter building is not configured in a way that will allow for additional in-demand services to be provided for homeless individuals with active substance use disorder. Drug use and subsequent rates of overdose have increased significantly during the pandemic, increasing the need for additional medically-managed detoxification shelter beds. While area emergency rooms currently provide these critical medical services, hospitals lack an effective means of providing ongoing medication assisted treatment and often have no other choice than to discharge an individual back to the streets (most traditional shelters will not accept residents with recent / active substance use). While there is potential for funding of these services through partnerships with local hospitals and state agencies, those funds would only cover the cost of program staff and services and would not be sufficient to cover the cost of a full roof replacement or provide for the reconfiguring of the shelter space to offer these additional services in the first place.

Comparison of Alternatives*

According to U.S. Treasury guidance, ARPA-funded capital projects must be the most cost-effective and reasonable option to repair COVID-19's negative economic impact on your organization.

In order to do so, please provide a comparison of the proposed large capital project against two alternative capital projects, and explain why the one you are proposing is superior. When evaluating the superior option, please consider the following:

1. The effectiveness in addressing the harm identified in this application under “Negative Economic Impact” and in the previous question.
2. The total cost of the proposed project vs. the two alternatives

Alternatives are NOT multiple vendors or bids for this project. Rather, they would be entirely different capital project proposals. For example, rather than expanding a currently owned-property, an alternative could be purchasing a bigger property. This would potentially not be more cost-effective or reasonable due to high property costs and the need for additional construction.

Relocation of Clients to an Updated Facility:

Applicant has had continual dialogue with local Real Estate professionals with a view toward relocation of the existing staff and clients to a newer facility. The average cost to purchase an existing facility is \$99.56 per square foot. The current facility is 11,280 square feet. This would be an average purchase price of \$1,123,036.80. In addition to this base cost would be the tenant improvements required to serve the clients and equip the staff. All costs associated with the current grant request would be incorporated into these improvements (new kitchen, painting, life safety, and fenestrations) with the added costs of infrastructure such as HVAC, plumbing, electrical, fire and ADA requirements. In addition, the human cost of relocation, lapse in service, unfamiliarity with the new location and how to access, advertisement to inform clients or potential clients of the new location as well as staff dislocation are all prohibitive to the mission of serving the public purpose.

Demolition and Construction of a New Updated Facility:

Presently the region is in disaster recovery from Hurricane Ian. In this environment price and availability to demolish and construct a new facility are not only cost prohibitive but also irresponsible as a community partner. However, this option is the only other option to consider in the comparative analysis. The average cost to construct a new commercial building is \$361.00 Per Square Foot. This is not adjusted for the current market as the data is not available within the disaster recovery micro-market. The base price to construct a new facility would be \$4,072,080.00 without adjustments and without equipment. All costs associated with this grant application would also apply to this base cost. The same detrimental effects apply to this course of action as with relocation, with added environmental impact to infrastructure and landfill of the demolished building.

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/>

This has been copied from your LOI and cannot be changed.

8800 49th Street N #402 Pinellas Park, FL 33782

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.

This has been copied from your LOI and cannot be changed.

1801 5th Avenue North St. Petersburg, FL 33713

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.

This has been copied from your LOI.

The WCGC ATP facility is physically located along St. Petersburg's QCT northern border. The main proportion of WCGC clients for this program reside within the St. Petersburg QCT.

QCT Determination - Clients

Does this organization's project benefit residents of QCTs?

No

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

Community Representation and Connection*

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

This has been copied from your LOI.

WCGC has a myriad of active connections and referral linkages within the community our proposal seeks to serve. WCGC is an active participant in the HLA CoC. WCGC actively attends meetings and participates in the Provider's Council and Rapid Rehousing, Veterans, and Coordinated Entry Subcommittees. ATP's active partnerships with local law enforcement and street outreach teams make it easier to place homeless individuals who are inebriated at ATP in lieu of jail. ATP also works with area hospitals, including BayCare, so they may refer clients to ATP. These robust collaborations have enabled individuals experiencing homelessness from all parts of the County to receive care and services at ATP. WCGC also works closely with Pinellas and Pasco County Health and Human Services, Pinellas and Pasco County Jails, the Pinellas County Health Department, the Veteran's Administration and others.

WCGC Active and Ongoing Community Partnerships and Linkages:

Pinellas County: Department of Health and Human Services: provides to WCGC Public health services, smoking cessation, wellness programs, nutrition education, mobile medical unit, and warm handoffs to weekly health van for Blue Card system of primary health care. Bay Pines Veteran Homeless Assistance: provides to WCGC VA services available to Veterans, including health and veteran's benefits. Accepts referrals from WCGC for VA assistance and benefits administration. Pinellas County Department of Health: provides to WCGC immunizations and vaccines, COVID-19 care, infectious disease care, TB screenings, VH/STI testing and counseling, HIV confirmatory testing and navigation, counseling, health care and public health services. BayCare Medical Group; BayCare Health System; BayCare Pathways to Hope: provides to WCGC primary care, health coverage & urgent, emergency, specialty and primary care, lab services, and imaging. Pathways to Hope provides SA/MH navigation services. Additional referrals include community-based ARNP for homeless services, St. Anthony Hospital urgent care and medical detox, and referral source for SUD treatment. Pinellas County Sheriff's Office: Pinellas Safe Harbor is an emergency homeless shelter and a jail-diversion program designed to be a safe haven for people who are homeless and require services to get back on their feet. Linkages also include referral sources for individuals requiring SUD treatment services.

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
LGBTQ+

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

None of the above

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
LGBTQ+

Financial Overview

IF A CONTRACTOR HAS NOT BEEN SELECTED, BIDS MUST BE DATED AFTER 8/8/22. If you need assistance compressing files, please email Rose Cervantes at rcervantes@pinellascf.org.

The file attached below should contain current, verifiable bids, estimates, or price lists [from your potential vendor(s)]. Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.

- If your project costs **LESS** than \$75,000, you must upload TWO verifiable bids or estimates for the proposed project.
- If your project is **EQUAL TO** or **MORE THAN** \$75,000, you must upload THREE verifiable bids or estimates for your proposed project.

If you have already selected a contractor for this process and do not have multiple bids to upload, please ensure you answer the narrative question below thoroughly.

Bid/Estimate #1*

PDF files are accepted.

Bid-Estimate 1_FitzHouse.pdf

Bid/Estimate #2

PDF files are accepted.

Bid-Estimate 2_Dade Construction.pdf

Bid/Estimate #3

PDF files are accepted.

Bid-Estimate 3 Holm Court.pdf

Selected Contractor*

If you have not yet selected a contractor and have uploaded multiple bids above, please write N/A below or you will not be able to submit your application.

If your organization has already selected a contractor for this proposed capital project, please describe the process through which this contractor was chosen, and be sure to answer:

1. Was there a competitive bid process? That is, were multiple bids collected in order to evaluate multiple contractors? Describe this process (names of contractors, number of bids collected, prices, and why the contractor was chosen).
2. What personnel members at your organization selected the contractor?
3. Has a contract been executed with this contractor? **If yes, upload the contract here. If no, please describe the status of contract.**

If a contractor has already been selected AND a competitive bidding process was not used, the project will lose points.

N/A

Minority/Woman-Owned Business

Is your selected contractor, or the bid you are going to choose if funded, one of the following:

- Small-business enterprise (SBE)
- Disadvantaged business enterprise (DBE)

- Minority and/or woman-owned business (MWBE)

No

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."

WCGC received project cost estimates from FitzHouse Enterprises, Inc. (FitzHouse). Because WestCare Foundation owns and operates service-related real estate including ATP, FitzHouse was created as a 501c2 to manage all property leasing, acquisition, and construction and renovation-related projects for all WestCare subsidiaries. Maintaining WestCare Foundation facilities includes the continual remodeling and upgrading of licensed commercial kitchens, fire detection and suppression systems, commercial electric systems, commercial HVAC systems, replacement and upgrade to green technology for windows, structures, and roofing. FitzHouse is not bidding on this project and instead is procuring three project estimates from local contracting companies including FitzHouse's estimate as a price-point comparison. FitzHouse does employ contractors for secured and financed construction and renovation projects. To ensure fair and impartial competitive bidding, WestCare utilizes its official "Awards Requirement – Procurement Policy". This document has been attached to the application.

Budget Detail*

Please upload a clear, easily readable budget that breaks out costs for this proposed project. Ensure that it is clear what portion would be paid for through this grant funding and what would be paid for from other sources. **Be sure that the budget includes 10-20% for contingencies and any costs related to performance and payment bonds for construction projects.**

If you are going to request the permitted indirect cost of up to 5%, please be sure this is represented in your budget.

An example budget is available here.

If you have additional notes to add to your budget summary, you may do so in the text box below.

PDF and Excel files are allowed.

ATP Project Budget.xlsx

Other Funding Sources*

Please describe any other funding 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 explain why no additional funding sources have been pursued.

If this answer has changed since submitting your LOI, you may update it below. Please be sure all funding sources below are represented in the budget you have uploaded above.

In general, WestCare uses a project approach rather than a campaign approach to address capital needs. This helps to ensure that any funds received can be fully expended and that projects do not remain incomplete for extended periods of time. The project identified in this application only reflects a part of the capital needs at A Turning Point (ATP), albeit the largest and most extensive part. For example, CDBG funds are currently being used to renovate existing bathroom and shower areas in ATP. That project is not included as a part of the project proposed in this application, although it will enhance the proposed project.

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.

If this answer has changed since submitting your LOI, you may update it below.

This project does not affect operating costs.

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-based grant does not disqualify your organization from applying.

This has been copied from your LOI.

WestCare has an established, internal, administrative fiscal system for the ongoing management of its grants and contracts and manages more than 200 federal, state, local government, and private foundation grants annually. WestCare operates in compliance with standard procedures on cost reimbursements and indirect cost accounting. All costs associated with the management of award contracts – including costs associated with the proposed program – are budgeted and processed in accordance with WestCare's Accounting Manual. WestCare has an annual audit performed that ensures compliance with the standards outlined in The Office of Management and Budget's (OMB) 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and

Audit Requirements for Federal Awards, commonly referred to as The Uniform Guidance. The accounting department uses Blackbaud Financial Edge, which is specifically designed for fund accounting in nonprofit organizations, and for management of grant funds.

Corrective and Investigative Action/Grant Recall*

In the past three (3) years, has your organization had any of the following occur:

1. Been under legal investigation by a local, state, or federal institution?
2. Been placed on a corrective action plan by a funder?
3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. If no, write "N/A"

N/A

Organization Documentation

Organization Budget*

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

WCGC Organization Budget.pdf

Board of Directors List*

Please upload a current list of members of your organization's Board of Directors. Excel, Word, and PDF formats are acceptable.

WestCare GulfCoast Florida Board 6-2022.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.

WCGC - 990_Final Tax Returns.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.

2021 WCGC Financial Statements.pdf

Insurance

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 project. 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.

WCGC Insurance.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 monthly expenditure reports until their project is completed and their contract is closed out.

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

Additional Upload

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

ARPA project timeline_WCGC.pdf

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?

To ensure fair and impartial competitive bidding, WestCare utilizes its official "Awards Requirement – Procurement Policy" document. In brief, this document states that it is the policy of WestCare to follow federal regulations that meet general procurement and competition standards: §200.318, §200.319, §200.320, §200.321, §200.322, §200.323, §200.324, §200.325, and §200.326. This document will be forwarded if requested.

File Attachment Summary

Applicant File Uploads

- Bid-Estimate 1_FitzHouse.pdf
- Bid-Estimate 2_Dade Construction.pdf
- Bid-Estimate 3 Holm Court.pdf
- ATP Project Budget.xlsx
- WCGC Organization Budget.pdf
- WestCare GulfCoast Florida Board 6-2022.pdf
- WCGC - 990_Final Tax Returns.pdf
- 2021 WCGC Financial Statements.pdf
- WCGC Insurance.pdf
- ARPA project timeline_WCGC.pdf

FitzHouse Enterprises, Inc.

207 West Main St
Dandridge TN 37725

SOW Turning Point Exterior Door Replacement (1801 5th Ave North, St Petersburg FL 33713)

Date	Services Performed By:	Services Performed For:
08/29/2022	FitzHouse Enterprises, Inc. 207 West Main St Dandridge, TN 37725	WestCare-Gulf Coast 1801 5th Ave North St Petersburg FL 33713

This Scope of Work (SOW) is issued pursuant to the Charter agreement between WestCare-Gulf Coast (“Client”) and FitzHouse Enterprises, Inc. (“Contractor”), effective 08/29/2022 (the “Agreement”). This SOW is subject to the terms and conditions contained in the Agreement between the parties and is made a part thereof. Any term not otherwise defined herein shall have the meaning specified in the Agreement. In the event of any conflict or inconsistency between the terms of this SOW and the terms of this Agreement, the terms of this SOW shall govern and prevail.

This Scope of Work (hereinafter called the “SOW”), effective as of 08/29/2022, is entered into by and between Contractor and Client, and is subject to the terms and conditions specified below. The Exhibit(s) to this SOW, if any, shall be deemed to be a part hereof. In the event of any inconsistencies between the terms of the body of this SOW and the terms of the Exhibit(s) hereto, the terms of the body of this SOW shall prevail.

Period of Performance

The Services shall commence on execution of grant and shall continue through Completion of project.

Scope of Work

Contractor shall provide the Services and Deliverable(s) as follows:

- 1) Design, selection and installation of Exterior Doors and Hardware.
- 2) Coordination of all onsite activities.
- 3) Manage all design requirements for permitting and construction.

Turning Point Exterior Door Details



New Exterior Doors & Hardware



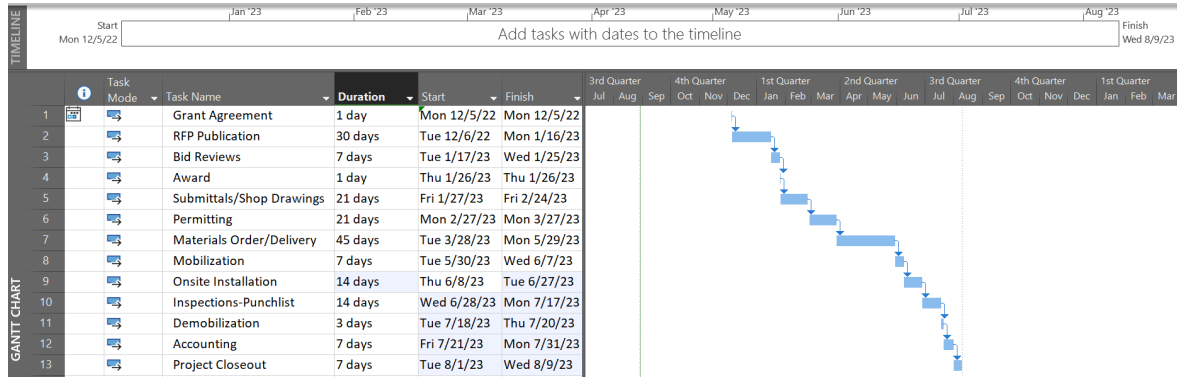
Deliverable Materials



All materials used will be sourced locally if possible.

Installation of Exterior Doors	6	EA	

Exterior Door Installation Timeline



Contractor Responsibilities

The contractor will ensure a timely and workmanlike completion of the work using local labor and suppliers according to the CDBG specifications for current Davis-Bacon wage determinations and time constrictions.

Client Responsibilities

The Client will agree to provide access to the site to complete the work per agreement.

Fee Schedule

FitzHouse Enterprises, as a 501c2 holding company for WestCare exists to support the mission of WestCare and as such does not profit from work it provides as a service to WestCare.

FitzHouse Enterprises, has also designated a contingency fund of \$9,500 to cover incidentals such as bid publication, contract selection and unforeseen costs in the project.

Turning Point Exterior Door Installation		
Targeted Building Costs		
Code	Name	Est
<u>0</u>	Procurement and Contracting Require	
	Conditions of Contract	\$ 4,820.00
<u>1</u>	General Requirements	
	Admin Req	\$ 3,985.00
	Execution & Close Out	\$ 2,894.00
<u>3</u>	Concrete	.
	Floor Preparation	
<u>5</u>	Metals	
	Cold Formed Metal Framing	
	Fabrications	
	Structural Metal Framing	
<u>8</u>	Openings	
	Doors & Frames	\$ 26,900.00
<u>9</u>	Finishes	
	Metal Framing & Gypsum Board	
	Painting & Coating	\$ 3,891.00
	New Ceiling Assembly	
	Flooring Installed	
<u>10</u>	Specialties	
	Hardware	\$ 8,952.00
<u>12</u>	Furnishings	
	New Stove	
	New Walk In Cooler	
	New Grease Trap	
	New Dishwasher	
<u>22</u>	Plumbing	
	Remove, Cap and Route	
23	HVAC	
	Remove and Replace Area HVAC	
<u>26</u>	Electrical	
	Demo, Plugs and Lighting	
	Total Building Costs	\$ 51,442.00
Targeted Non Building Costs		
Code	Name	
<u>2</u>	Existing Conditions	
	Demolition	\$ 4,952.00
	Total Non Building Costs	\$ 4,952.00
	Total Project Costs	\$ 56,394.00

IN WITNESS WHEREOF, the parties hereto have caused this SOW to be effective as of the day, month and year first written above.

WestCare-Gulf Coast

FitzHouse Enterprises, Inc.

By: _____
Name:
Title:

By: _____
Name:
Title:

FitzHouse Enterprises, Inc.

207 West Main St
Dandridge TN 37725

SOW Turning Point Flooring Installation (1801 5th Ave North, St Petersburg FL 33713)

Date	Services Performed By:	Services Performed For:
08/29/2022	FitzHouse Enterprises, Inc. 207 West Main St Dandridge, TN 37725	WestCare-Gulf Coast 1801 5th Ave North St Petersburg FL 33713

This Scope of Work (SOW) is issued pursuant to the Charter agreement between WestCare-Gulf Coast (“Client”) and FitzHouse Enterprises, Inc. (“Contractor”), effective 08/29/2022 (the “Agreement”). This SOW is subject to the terms and conditions contained in the Agreement between the parties and is made a part thereof. Any term not otherwise defined herein shall have the meaning specified in the Agreement. In the event of any conflict or inconsistency between the terms of this SOW and the terms of this Agreement, the terms of this SOW shall govern and prevail.

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Period of Performance

The Services shall commence on execution of grant and shall continue through Completion of project.

Scope of Work

Contractor shall provide the Services and Deliverable(s) as follows:

- 1) Design, selection and installation of Facility flooring.
- 2) Coordination of all onsite activities.
- 3) Manage all design requirements for permitting and construction.

Turning Point Flooring Details

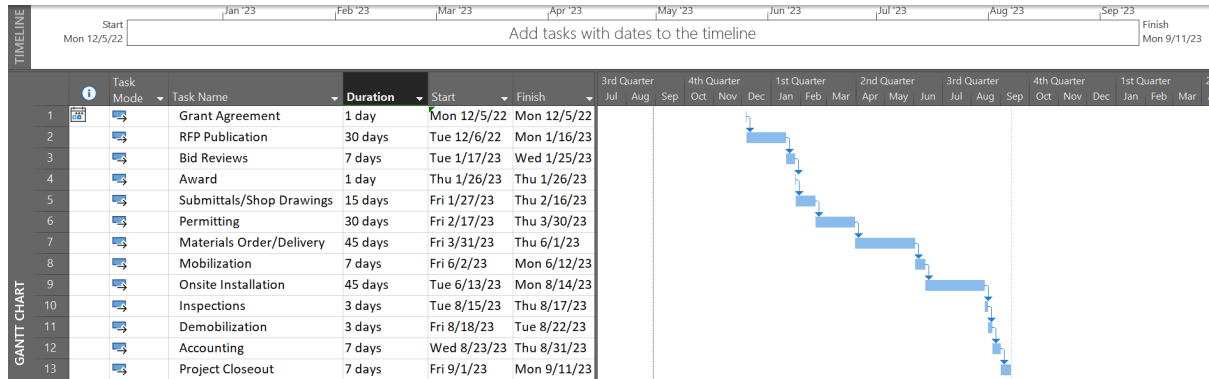


Deliverable Materials

All materials used will be sourced locally if possible.

Installation of New Flooring	10903	SF

Flooring Installation Timeline



Contractor Responsibilities

The contractor will ensure a timely and workmanlike completion of the work using local labor and suppliers according to the CDBG specifications for current Davis-Bacon wage determinations and time constrictions.

Client Responsibilities

The Client will agree to provide access to the site to complete the work per agreement.

Fee Schedule

FitzHouse Enterprises, as a 501c2 holding company for WestCare exists to support the mission of WestCare and as such does not profit from work it provides as a service to WestCare.

FitzHouse Enterprises, has also designated a contingency fund of \$9,500 to cover incidentals such as bid publication, contract selection and unforeseen costs in the project.

Turning Point Flooring Installation

Targeted Building Costs

Code	Name	Est
<u>0</u>	Procurement and Contracting Require	
	Conditions of Contract	\$ 14,575.00
<u>1</u>	General Requirements	
	Admin Req	\$ 24,892.00
	Execution & Close Out	\$ 8,851.00
<u>3</u>	Concrete	
	Floor Preparation	\$ 28,956.00
<u>5</u>	Metals	
	Cold Formed Metal Framing	
	Fabrications	
	Structural Metal Framing	
<u>8</u>	Openings	
	Doors & Frames	
<u>9</u>	Finishes	
	Metal Framing & Gypsum Board	
	Painting & Coating	
	New Ceiling Assembly	
	Flooring Installed	\$ 239,866.00
<u>10</u>	Specialties	
	Millwork & Shelving	
<u>12</u>	Furnishings	
	New Stove	
	New Walk In Cooler	
	New Grease Trap	
	New Dishwasher	
<u>22</u>	Plumbing	
	Remove, Cap and Route	
23	HVAC	
	Remove and Replace Area HVAC	
<u>26</u>	Electrical	
	Demo, Plugs and Lighting	
	Total Building Costs	\$ 317,140.00
Targeted Non Building Costs		
Code	Name	
<u>2</u>	Existing Conditions	
	Moving and Storage	\$ 31,450.00
	Total Non Building Costs	\$ 31,450.00
	Total Project Costs	\$ 348,590.00

IN WITNESS WHEREOF, the parties hereto have caused this SOW to be effective as of the day, month and year first written above.

WestCare-Gulf Coast

FitzHouse Enterprises, Inc.

By: _____
Name:
Title:

By: _____
Name:
Title:

FitzHouse Enterprises, Inc.

207 West Main St
Dandridge TN 37725

SOW Turning Point Interior Painting & Ceiling Tile Replacement (1801 5th Ave North, St Petersburg FL 33713)

Date	Services Performed By:	Services Performed For:
08/29/2022	FitzHouse Enterprises, Inc. 207 West Main St Dandridge, TN 37725	WestCare-Gulf Coast 1801 5th Ave North St Petersburg FL 33713

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Period of Performance

The Services shall commence on execution of grant and shall continue through Completion of project.

Scope of Work

Contractor shall provide the Services and Deliverable(s) as follows:

- 1) Design, selection, preparation and application of Interior Paint.
- 2) Remove and replace existing ceiling tile with new.
- 3) Coordination of all onsite activities.
- 4) Manage all design requirements for permitting and construction.

Turning Point Interior Paint & Ceiling Tile Details



PART 1 - GENERAL

1.1 RELATED DOCUMENTS

- A. Drawings and general provisions of the Contract, including General and Supplementary Conditions and Division 01 Specification Sections, apply to this Section.

1.2 SUMMARY

- A. Section includes surface preparation and the application of paint systems on [**interior substrates.**] [**the following interior substrates:**]

1. Concrete.
2. Clay masonry.
3. Concrete masonry units (CMU).
4. Steel.
5. Cast iron.
6. Galvanized metal.
7. Aluminum (not anodized or otherwise coated).
8. Wood.
9. Gypsum board.
10. Plaster.
11. Spray-textured ceilings.
12. Cotton or canvas insulation covering.
13. ASJ insulation covering.

B. Related Requirements:

1. Section 051200 "Structural Steel Framing" for shop priming of metal substrates with primers specified in this section.
2. Section 099113 "Exterior Painting" for surface preparation and the application of paint systems on exterior substrates.
3. Section 099300 "Staining and Transparent Finishing" for surface preparation and the application of wood stains and transparent finishes on interior wood substrates.
4. Section 099600 "High-Performance Coatings" for tile-like coatings.

1.3 ACTION SUBMITTALS

A. Product Data: For each type of product. Include preparation requirements and application instructions.

1. Indicate VOC content.

B. Sustainable Design Submittals:

1. Product Data for LEED 2009 Credit EQ 4.2: For paints and coatings, showing printed statement of VOC content.
2. Laboratory Test Reports: For paints and coatings, indicating compliance with LEED 2009 Credit EQ 4.2 requirements for low-emitting materials.

C. Samples for Initial Selection: For each type of topcoat product.

D. Samples for Verification: For each type of paint system and in each color and gloss of topcoat.

1. Submit Samples on rigid backing, 8 inches (200 mm) square.
2. Label each coat of each Sample.
3. Label each Sample for location and application area.

E. Product List: For each product indicated, include the following:

1. Cross-reference to paint system and locations of application areas. Use same designations indicated on Drawings and in schedules.
2. Indicate VOC content.

1.4 CLOSEOUT SUBMITTALS

1. Coating Maintenance Manual: Provide coating maintenance manual including area summary with finish schedule, area detail designating location where each product/color/finish was used, product data pages, material safety data sheets, care and cleaning instructions, touch-up procedures, and color samples of each color and finish used.

1.5 MAINTENANCE MATERIAL SUBMITTALS

- A. Furnish extra materials[, **from the same product run,**] that match products installed and that are packaged with protective covering for storage and identified with labels describing contents.

1. Paint: [**1 gal. (3.8 L)**] <Insert value> of each material and color applied.

1.6 QUALITY ASSURANCE

- A. Mockups: Apply mockups of each paint system indicated and each color and finish selected to verify preliminary selections made under Sample submittals and to demonstrate aesthetic effects and set quality standards for materials and execution.

1. Architect will select one surface to represent surfaces and conditions for application of each paint system specified in Part 3.
 - a. Vertical and Horizontal Surfaces: Provide samples of at least **100 sq. ft. (9 sq. m)**.
 - b. Other Items: Architect will designate items or areas required.
2. Final approval of color selections will be based on mockups.
 - a. If preliminary color selections are not approved, apply additional mockups of additional colors selected by Architect at no added cost to Owner.
3. Approval of mockups does not constitute approval of deviations from the Contract Documents contained in mockups unless Architect specifically approves such deviations in writing.
4. Subject to compliance with requirements, approved mockups may become part of the completed Work if undisturbed at time of Substantial Completion.

1.7 DELIVERY, STORAGE, AND HANDLING

- A. Delivery and Handling: Deliver products to Project site in an undamaged condition in manufacturer's original sealed containers, complete with labels and instructions for handling, storing, unpacking, protecting, and installing. Packaging shall bear the manufacturer's label with the following information:
1. Product name and type (description).
 2. Batch date.
 3. Color number.
 4. VOC content.
 5. Environmental handling requirements.
 6. Surface preparation requirements.
 7. Application instructions.
- B. Store materials not in use in tightly covered containers in well-ventilated areas with ambient temperatures continuously maintained at not less than **45 deg F (7 deg C)**.
1. Maintain containers in clean condition, free of foreign materials and residue.
 2. Remove rags and waste from storage areas daily.

1.8 FIELD CONDITIONS

- A. Apply paints only when temperature of surfaces to be painted and ambient air temperatures are between **50 and 95 deg F (10 and 35 deg C)**.
- B. Do not apply paints when relative humidity exceeds 85 percent; at temperatures less than **5 deg F (3 deg C)** above the dew point; or to damp or wet surfaces.
- C. Lead Paint: It is not expected that lead paint will be encountered in the Work.
1. If suspected lead paint is encountered, do not disturb; immediately notify Architect and Owner.
- D. Lead Paint: Lead paint **[is]** **[may be]** present in buildings and structures to be painted. A report on the presence of lead paint is on file for review and use. Examine report to become aware of locations where lead paint is present.
1. Do not disturb lead paint or items suspected of containing hazardous materials except under procedures specified.
 2. Perform preparation for painting of substrates known to include lead paint in accordance with EPA Renovation, Repair and Painting Rule and additional requirements of authorities having jurisdiction.

PART 2 - PRODUCTS

2.1 MANUFACTURERS

- A. Basis-of-Design Product: Subject to compliance with requirements, provide Sherwin-Williams Company (The); products indicated or comparable product from one of the following:
1. **<Insert manufacturer's name>**.
- B. Comparable Products: Comparable products of approved manufacturers will be considered in accordance with Section 016000 "Product Requirements," and the following:
1. Products are approved by manufacturer in writing for application specified.
 2. Products meet performance and physical characteristics of basis of design product including published ratio of solids by volume, plus or minus two percent.
- C. Source Limitations: Obtain paint materials from single source from single listed manufacturer.
1. Manufacturer's designations listed on a separate color schedule are for color reference only and do not indicate prior approval.

2.2 PAINT, GENERAL

- A. Material Compatibility:
1. Provide materials for use within each paint system that are compatible with one another and substrates indicated, under conditions of service and application as demonstrated by manufacturer, based on testing and field experience.
 2. For each coat in a paint system, provide products recommended in writing by manufacturers of topcoat for use in paint system and on substrate indicated.
- B. VOC Content: For field applications that are inside the weatherproofing system, paints and coatings shall provide materials that comply with VOC limits of authorities having jurisdiction and for interior paints and coatings applied at Project site, the following VOC limits exclusive of colorants added to a tint base, when calculated according to 40 CFR 59, Subpart D (EPA Method 24):
1. Flat Paints and Coatings: 50 g/L.
 2. Nonflat Paints and Coatings: 150 g/L.
 3. Primers, Sealers, and Undercoaters: 200 g/L.
 4. Anticorrosive and Antirust Paints Applied to Ferrous Metals: 250 g/L.
 5. Floor Coatings: 100 g/L.
 6. Shellacs, Clear: 730 g/L.
 7. Shellacs, Pigmented: 550 g/L.

- C. Low-Emitting Materials: Interior paints and coatings shall comply with the testing and product requirements of the California Department of Health Services' "Standard Practice for the Testing of Volatile Organic Emissions from Various Sources Using Small Scale Environmental Chambers."
- D. Colors: [As selected by Architect from manufacturer's full range] [Match Architect's samples] [As indicated in a color schedule] <Insert requirements>.
 - 1. [10] [20] [30] <Insert number> percent of surface area will be painted with deep tones.

2.3 SOURCE QUALITY CONTROL

- A. Testing of Paint Materials: Owner reserves the right to invoke the following procedure:
 - 1. Owner will engage the services of a qualified testing agency to sample paint materials. Contractor will be notified in advance and may be present when samples are taken. If paint materials have already been delivered to Project site, samples may be taken at Project site. Samples will be identified, sealed, and certified by testing agency.
 - 2. Testing agency will perform tests for compliance with product requirements.
 - 3. Owner may direct Contractor to stop applying coatings if test results show materials being used do not comply with product requirements. Contractor shall remove noncomplying paint materials from Project site, pay for testing, and repaint surfaces painted with rejected materials. Contractor will be required to remove rejected materials from previously painted surfaces if, on repainting with complying materials, the two paints are incompatible.

PART 3 - EXECUTION

3.1 EXAMINATION

- A. Examine substrates and conditions, with Applicator present, for compliance with requirements for maximum moisture content and other conditions affecting performance of the Work. Verify suitability of substrates, including surface conditions and compatibility with existing finishes and primers. Where acceptability of substrate conditions is in question, apply samples and perform in-situ testing to verify compatibility, adhesion, and film integrity of new paint application.
 - 1. Report, in writing, conditions that may affect application, appearance, or performance of paint.
- B. Substrate Conditions:
 - 1. Maximum Moisture Content of Substrates: When measured with an electronic moisture meter as follows:
 - a. Concrete: 12 percent.

- b. Masonry (Clay and CMU): 12 percent.
 - c. Wood: 15 percent.
 - d. Gypsum Board: 12 percent.
 - e. Plaster: 12 percent.
2. Gypsum Board Substrates: Verify that finishing compound is sanded smooth.
 3. Plaster Substrates: Verify that plaster is fully cured.
 4. Spray-Textured Ceiling Substrates: Verify that surfaces are dry.
- C. Proceed with coating application only after unsatisfactory conditions have been corrected; application of coating indicates acceptance of surfaces and conditions.

3.2 PREPARATION

- A. Comply with manufacturer's written instructions and recommendations in "MPI Manual" applicable to substrates indicated.
- B. Remove hardware, covers, plates, and similar items already in place that are removable and are not to be painted. If removal is impractical or impossible because of size or weight of item, provide surface-applied protection before surface preparation and painting.
1. After completing painting operations, use workers skilled in the trades involved to reinstall items that were removed. Remove surface-applied protection if any.
- C. Clean substrates of substances that could impair bond of paints, including dust, dirt, oil, grease, and incompatible paints and encapsulants.
1. Remove incompatible primers and reprime substrate with compatible primers or apply tie coat as required to produce paint systems indicated.
- D. Concrete Substrates: Remove release agents, curing compounds, efflorescence, and chalk. Do not paint surfaces if moisture content or alkalinity of surfaces to be painted exceeds that permitted in manufacturer's written instructions.
1. Concrete Floors: Remove oil, dust, grease, dirt, and other foreign materials. Comply with SSPC-SP-13/NACE 6 or ICRI 03732.
- E. Masonry Substrates: Remove efflorescence and chalk. Do not paint surfaces if moisture content or alkalinity of surfaces or mortar joints exceed that permitted in manufacturer's written instructions.
- F. Steel Substrates: Remove rust, loose mill scale, and shop primer, if any. Clean using methods recommended in writing by paint manufacturer[.] [**but not less than the following:**]
1. SSPC-SP 2, "Hand Tool Cleaning."
 2. SSPC-SP 3, "Power Tool Cleaning."
 3. SSPC-SP 7/NACE No. 4, "Brush-off Blast Cleaning."
 4. SSPC-SP 11, "Power Tool Cleaning to Bare Metal."

- G. Shop-Primed Steel Substrates: Clean field welds, bolted connections, and abraded areas of shop paint, and paint exposed areas with the same material as used for shop priming to comply with SSPC-PA 1 for touching up shop-primed surfaces.
- H. Galvanized-Metal Substrates: Remove grease and oil residue from galvanized sheet metal fabricated from coil stock by mechanical methods to produce clean, lightly etched surfaces that promote adhesion of subsequently applied paints.
- I. Aluminum Substrates: Remove loose surface oxidation.
- J. Wood Substrates:
 - 1. Scrape and clean knots, and apply coat of knot sealer before applying primer.
 - 2. Sand surfaces that will be exposed to view, and dust off.
 - 3. Prime edges, ends, faces, undersides, and backsides of wood.
 - 4. After priming, fill holes and imperfections in the finish surfaces with putty or plastic wood filler. Sand smooth when dried.
- K. Cotton or Canvas Insulation Covering Substrates: Remove dust, dirt, and other foreign material that might impair bond of paints to substrates.

3.3 APPLICATION

- A. Apply paints according to manufacturer's written instructions and to recommendations in "MPI Manual."
 - 1. Use applicators and techniques suited for paint and substrate indicated.
 - 2. Paint surfaces behind movable equipment and furniture same as similar exposed surfaces. Before final installation, paint surfaces behind permanently fixed equipment or furniture with prime coat only.
 - 3. Paint front and backsides of access panels, removable or hinged covers, and similar hinged items to match exposed surfaces.
 - 4. Do not paint over labels of independent testing agencies or equipment name, identification, performance rating, or nomenclature plates.
 - 5. Primers specified in painting schedules may be omitted on items that are factory primed or factory finished if acceptable to topcoat manufacturers.
- B. Tint each undercoat a lighter shade to facilitate identification of each coat if multiple coats of same material are to be applied. Tint undercoats to match color of topcoat, but provide sufficient difference in shade of undercoats to distinguish each separate coat.
- C. If undercoats or other conditions show through topcoat, apply additional coats until cured film has a uniform paint finish, color, and appearance.
- D. Apply paints to produce surface films without cloudiness, spotting, holidays, laps, brush marks, roller tracking, runs, sags, ropiness, or other surface imperfections. Cut in sharp lines and color breaks.

E. Painting Fire Suppression, Plumbing, HVAC, Electrical, Communication, and Electronic Safety and Security Work:

1. Paint the following work where exposed in equipment rooms:
 - a. Equipment, including panelboards[**and switch gear**].
 - b. Uninsulated metal piping.
 - c. Uninsulated plastic piping.
 - d. Pipe hangers and supports.
 - e. Metal conduit.
 - f. Plastic conduit.
 - g. Tanks that do not have factory-applied final finishes.
 - h. Duct, equipment, and pipe insulation having cotton or canvas insulation covering or other paintable jacket material.
 - i. **<Insert mechanical items to be painted>**.
2. Paint the following work where exposed in occupied spaces:
 - a. Equipment, including panelboards.
 - b. Uninsulated metal piping.
 - c. Uninsulated plastic piping.
 - d. Pipe hangers and supports.
 - e. Metal conduit.
 - f. Plastic conduit.
 - g. Duct, equipment, and pipe insulation having cotton or canvas insulation covering or other paintable jacket material.
 - h. Other items as directed by Architect.
 - i. **<Insert mechanical items to be painted>**.
3. Paint portions of internal surfaces of metal ducts, without liner, behind air inlets and outlets that are visible from occupied spaces.

3.4 FIELD QUALITY CONTROL

- A. Dry Film Thickness Testing: Owner may engage the services of a qualified testing and inspecting agency to inspect and test paint for dry film thickness.
1. Contractor shall touch up and restore painted surfaces damaged by testing.
 2. If test results show that dry film thickness of applied paint does not comply with paint manufacturer's written recommendations, Contractor shall pay for testing and apply additional coats as needed to provide dry film thickness that complies with paint manufacturer's written recommendations.

3.5 CLEANING AND PROTECTION

- A. At end of each workday, remove rubbish, empty cans, rags, and other discarded materials from Project site.

- B. After completing paint application, clean spattered surfaces. Remove spattered paints by washing, scraping, or other methods. Do not scratch or damage adjacent finished surfaces.
- C. Protect work of other trades against damage from paint application. Correct damage to work of other trades by cleaning, repairing, replacing, and refinishing, as approved by Architect, and leave in an undamaged condition.
- D. At completion of construction activities of other trades, touch up and restore damaged or defaced painted surfaces.

3.6 INTERIOR MICROBICIDAL PAINTING SCHEDULE

- A. Concrete Substrates, Nontraffic Surfaces[**and Clay Masonry**]:
 - 1. Microbicidal Latex Finish System: With topcoat EPA registered No. 64695-1.
 - a. Prime Coat: Primer sealer, latex, interior:
 - 1) S-W Loxon Concrete & Masonry Primer Sealer, A24W8300, at **8.0 mils (0.203 mm)** wet, **3.2 mils (0.081 mm)** dry.
 - b. First Coat: Microbicidal Latex, interior, matching topcoat.
 - c. Topcoat: Microbicidal Latex, interior, eggshell:
 - 1) S-W Paint Shield Interior Latex Eg-Shel Microbicidal Paint, D12W51, at **4.0 mils (0.102 mm)** wet, **1.8 mils (0.046 mm)** dry, per coat. Brush and roll application only.
- B. CMU Substrates:
 - 1. Microbicidal Latex Finish System: With topcoat EPA registered No. 64695-1.
 - a. Block Filler: [**One or two coats as required:**] Block filler, latex, interior/exterior:
 - 1) S-W Loxon Block Surfacer, A24W200, at **10.0 mils (0.254 mm)** wet, **8.0 mils (0.203 mm)** dry, per coat.
 - b. First Coat: Microbicidal Latex, interior, matching topcoat.
 - c. Topcoat: Microbicidal Latex, interior, eggshell:
 - 1) S-W Paint Shield Interior Latex Eg-Shel Microbicidal Paint, D12W51, at **4.0 mils (0.102 mm)** wet, **1.6 mils (0.041 mm)** dry, per coat. Brush and roll application only.
- C. Wood Substrates: Including exposed wood items not indicated to receive shop-applied finish.
 - 1. Microbicidal Latex Finish System: With topcoat EPA registered No. 64695-1.
 - a. Prime Coat: Primer, latex, interior, anti-microbial:

- 1) S-W PrepRite ProBlock Interior/Exterior Latex Primer/Sealer, at **4.0 mils (0.102 mm)** wet, **1.5 mils (0.038 mm)** dry.
 - b. First Coat: Microbical Latex, interior, matching topcoat.
 - c. Topcoat: Microbical Latex, interior, eggshell:
 - 1) S-W Paint Shield Interior Latex Eg-Shel Microbical Paint, D12W51, at **4.0 mils (0.102 mm)** wet, **1.8 mils (0.046 mm)** dry, per coat. Brush and roll application only.
- D. [Gypsum Board] [Plaster] [and] [Spray-Texture Ceiling] Substrates:
- 1. Microbical Latex Finish System: With topcoat EPA registered No. 64695-1.
 - a. Prime Coat: Primer, latex, interior:
 - 1) S-W ProMar 200 Zero VOC Latex Primer, B28W2600, at **4.0 mils (0.102 mm)** wet, **1.0 mils (0.025 mm)** dry.
 - b. First Coat: Microbical Latex, interior, matching topcoat.
 - c. Topcoat: Microbical Latex, interior, eggshell:
 - 1) S-W Paint Shield Interior Latex Eg-Shel Microbical Paint, D12W51, at **4.0 mils (0.102 mm)** wet, **1.8 mils (0.046 mm)** dry, per coat. Brush and roll application only.

3.7 INTERIOR PAINTING SCHEDULE

- A. Concrete Substrates, Nontraffic Surfaces[**and Clay Masonry**]:
- 1. Latex System:
 - a. Prime Coat: Primer, latex, interior.
 - 1) S-W Loxon Concrete & Masonry Primer Sealer, A24W8300, at **8.0 mils (0.203 mm)** wet, **3.2 mils (0.081 mm)** dry.
 - b. Intermediate Coat: Latex, interior, matching topcoat.
 - c. Topcoat: Latex, interior, flat.
 - 1) S-W ProMar 200 Zero VOC Latex Flat, B30-2600 Series, at **4.0 mils (0.102 mm)** wet, **1.6 mils (0.041 mm)** dry, per coat.
 - d. Topcoat: Latex, interior, low sheen.
 - 1) S-W ProMar 200 Zero VOC Latex Low Sheen Eg-Shel, B24-2600 Series, at **4.0 mils (0.102 mm)** wet, **1.6 mils (0.041 mm)** dry, per coat.
 - e. Topcoat: Latex, interior, eggshell.

- 1) S-W ProMar 200 Zero VOC Latex Eg-Shel, B20-2600 Series, at **4.0 mils (0.102 mm)** wet, **1.7 mils (0.043 mm)** dry, per coat .
- f. Topcoat: Latex, interior, semi-gloss.
 - 1) S-W ProMar 200 Zero VOC Latex Semi-Gloss, B31-2600 Series, at **4.0 mils (0.102 mm)** wet, **1.6 mils (0.041 mm)** dry, per coat .
- g. Topcoat: Latex, interior, gloss.
 - 1) S-W ProMar 200 Zero VOC Gloss, B21-12650 Series, at **4.0 mils (0.102 mm)** wet, **1.4 mils (0.036 mm)** dry, per coat.
2. Water-Based Light Industrial Coating System:
 - a. Prime Coat: Primer sealer, latex, interior:
 - 1) S-W Loxon Concrete & Masonry Primer Sealer, A24W8300, at **8.0 mils (0.203 mm)** wet, **3.2 mils (0.081 mm)** dry.
 - b. Intermediate Coat: Light industrial coating, interior, water based, matching topcoat.
 - c. Topcoat: Light industrial coating, interior, water based, eggshell:
 - 1) S-W Pro Industrial Pre-Catalyzed Water Based Epoxy, K45-151 Series, at **4.0 mils (0.102 mm)** wet, **1.5 mils (0.038 mm)** dry, per coat.
 - d. Topcoat: Light industrial coating, interior, water based, semi-gloss:
 - 1) S-W Pro Industrial Pre-Catalyzed Water Based Epoxy, K46-151 Series, at **4.0 mils (0.102 mm)** wet, **1.5 mils (0.038 mm)** dry, per coat.
3. Two-Component Epoxy and Epoxy High Build Systems for Non-Traffic Surfaces: Refer to Section 099600 "High-Performance Coatings."
4. Concrete Stain System (Water-based) for Vertical Surfaces:
 - a. First Coat:
 - 1) S-W H&C Colortop Water-Based Solid Color Concrete Stain, at **50 to 300 sq. ft. per gal. (1.23 to 7.36 sq. m per liter)**.
 - b. Second Coat:
 - 1) S-W H&C Colortop Water-Based Solid Color Concrete Stain, at **50 to 300 sq. ft. per gal. (1.23 to 7.36 sq. m per liter)**.
- B. Concrete Substrates, Pedestrian Traffic Surfaces:
 1. Latex Floor Enamel System:
 - a. First Coat: Floor paint, latex, slip-resistant, matching topcoat.
 - b. Topcoat: Floor paint, latex, slip-resistant, low gloss: S-W ArmorSeal Tread-Plex, B90 Series, at **1.5 to 2.0 mils (0.038 to 0.051 mm)** dry per coat.

2. Clear Acrylic System, Gloss Finish:
 - a. First Coat:
 - 1) S-W H&C Clarishield Water-Based Wet-Look Concrete Sealer, at **100 to 200 sq. ft. per gal.** (2.45 to 4.91 sq. m per liter).
 - b. Second Coat:
 - 1) S-W H&C Clarishield Water-Based Wet-Look Concrete Sealer, at **100 to 200 sq. ft. per gal.** (2.45 to 4.91 sq. m per liter).
 3. Concrete Stain System (Water-based):
 - a. First Coat: Low-luster opaque finish:
 - 1) S-W H&C Colortop Water-Based Solid Color Concrete Stain, at **50 to 300 sq. ft. per gal.** (1.23 to 7.36 sq. m per liter).
 - b. Second Coat: Low-luster opaque finish:
 - 1) S-W H&C Colortop Water-Based Solid Color Concrete Stain, at **50 to 300 sq. ft. per gal.** (1.23 to 7.36 sq. m per liter).
 4. Epoxy and Urethane Coatings: Refer to Section 099600 "High-Performance Coatings."
 5. Epoxy- and Urethane- Based Aggregate-Filled Floor Surfacing: Refer to Section 09 67 23 "Resinous Flooring."
- C. CMU Substrates:
1. Latex System:
 - a. Block Filler: Block filler, latex, interior/exterior:
 - 1) S-W PrepRite Block Filler, B25W25, at **75-125 sq. ft. per gal.** (1.84 to 3.07 sq. m per liter).
 - b. Intermediate Coat: Latex, interior, matching topcoat.
 - c. Topcoat: Latex, interior, flat:
 - 1) S-W ProMar 200 Zero VOC Latex Flat, B30-2600 Series, at **4.0 mils (0.102 mm)** wet, **1.6 mils (0.041 mm)** dry, per coat.
 - d. Topcoat: Latex, interior, low sheen:
 - 1) S-W ProMar 200 Zero VOC Latex Low Sheen Enamel, B24-2600 Series, at **4.0 mils (0.102 mm)** wet, **1.6 mils (0.041 mm)** dry, per coat.
 - e. Topcoat: Latex, interior, eggshell:
 - 1) S-W ProMar 200 Zero VOC Latex Eg-Shel, B20-2600 Series, at **4.0 mils (0.102 mm)** wet, **1.7 mils (0.043 mm)** dry, per coat.

- f. Topcoat: Latex, interior, semi-gloss:
 - 1) S-W ProMar 200 Zero VOC Latex Semi-Gloss, B31-2600 Series, at **4.0 mils (0.102 mm)** wet, **1.6 mils (0.041 mm)** dry, per coat.
- g. Topcoat: Latex, interior, gloss:
 - 1) S-W ProMar 200 Zero VOC Gloss, B21-12650 Series, at **4.0 mils (0.102 mm)** wet, **1.5 mils (0.038 mm)** dry, per coat.
- 2. Water-Based Light Industrial Coating System:
 - a. Block Filler: Block filler, latex, interior/exterior:
 - 1) S-W PrepRite Block Filler, B25W25, at **75-125 sq. ft. per gal. (1.84 to 3.07 sq. m per liter)**.
 - b. Intermediate Coat: Light industrial coating, interior, water based, matching topcoat.
 - c. Topcoat: Light industrial coating, interior, water based, eggshell:
 - 1) S-W Pro Industrial Pre-Catalyzed Water Based Epoxy, K45-151 Series, at **4.0 mils (0.102 mm)** wet, **1.5 mils (0.038 mm)** dry, per coat.
 - d. Topcoat: Light industrial coating, interior, water based, semi-gloss:
 - 1) S-W Pro Industrial Pre-Catalyzed Water Based Epoxy, K46-151 Series, at **4.0 mils (0.102 mm)** wet, **1.5 mils (0.038 mm)** dry, per coat.
- 3. Concrete Stain System (Water-based):
 - a. First Coat:
 - 1) S-W H&C Colortop Water-Based Solid Color Concrete Stain, at **50 to 300 sq. ft. per gal. (1.23 to 7.36 sq. m per liter)**.
 - b. Second Coat:
 - 1) S-W H&C Colortop Water-Based Solid Color Concrete Stain, at **50 to 300 sq. ft. per gal. (1.23 to 7.36 sq. m per liter)**.
- 4. Two-Component Epoxy and Epoxy High Build Systems for Non-Traffic Surfaces: Refer to Section 099600 "High-Performance Coatings."
- 5. Epoxy and Urethane Coatings: Refer to Section 099600 "High-Performance Coatings."
- D. Metal Substrates (Aluminum, Steel, Galvanized Steel):
 - 1. Latex System:
 - a. Prime Coat: Primer, rust-inhibitive, water based:
 - 1) S-W Pro Industrial Pro-Cryl Universal Primer, B66-310 Series, at **5.0 to 10 mils (0.127 to 0.254 mm)** wet, **2.0 to 4.0 mils (0.051 to 0.102 mm)** dry.

- b. Intermediate Coat: Water-based acrylic, interior, matching topcoat.
 - c. Topcoat: Water-based acrylic, semi-gloss:
 - 1) S-W Pro Industrial Acrylic Semi-Gloss Coating, B66-650 Series, at **2.5 to 4.0 mils (0.064 to 0.102 mm)** dry, per coat.
 - d. Topcoat: Water-based acrylic, gloss:
 - 1) S-W Pro Industrial Acrylic Gloss Coating, B66-660 Series, at **2.5 to 4.0 mils (0.064 to 0.102 mm)** dry, per coat.
2. Water-Based Dry-Fall System:
- a. Top Coat: Dry-fall latex, flat:
 - 1) S-W Pro Industrial Waterborne Acrylic Dryfall Flat, B42-181 Series, at **6.0 mils (0.152 mm)** wet, **1.5 mils (0.038 mm)** dry.
 - b. Top Coat: Dry-fall latex, eggshell:
 - 1) S-W Pro Industrial Waterborne Acrylic DryFall Eg-Shel, B42-82, at **6.0 mils (0.152 mm)** wet, **1.9 mils (0.048 mm)** dry.
 - c. Top Coat: Dry-fall latex, semi-gloss:
 - 1) S-W Pro Industrial Waterborne Acrylic DryFall Semi-Gloss, B42-83, at **5.8 mils (0.147 mm)** wet, **2.3 mils (0.058 mm)** dry.
3. Water-Based Light Industrial Coating System:
- a. Prime Coat: Primer, rust-inhibitive, water based:
 - 1) S-W Pro Industrial Pro-Cryl Universal Primer, B66-310 Series, at **5.0 to 10 mils (0.127 to 0.254 mm)** wet, **2.0 to 4.0 mils (0.051 to 0.102 mm)** dry.
 - b. Intermediate Coat: Light industrial coating, interior, water based, matching topcoat.
 - c. Topcoat: Light industrial coating, interior, water based, eggshell:
 - 1) S-W Pro Industrial Pre-Catalyzed Water Based Epoxy, K45-151 Series, at **4.0 mils (0.102 mm)** wet, **1.5 mils (0.038 mm)** dry, per coat.
 - d. Topcoat: Light industrial coating, interior, water based, semi-gloss:
 - 1) S-W Pro Industrial Pre-Catalyzed Water Based Epoxy, K46-151 Series, at **4.0 mils (0.102 mm)** wet, **1.5 mils (0.038 mm)** dry, per coat.
4. Two-Component Epoxy and Epoxy High Build Systems: Refer to Section 099600 "High-Performance Coatings."
5. Waterbased/Alkyd Urethane System:
- a. Prime Coat:

- 1) S-W Pro Industrial Pro-Cryl Universal Primer, B66-310 Series, at **5.0 to 10 mils (0.127 to 0.254 mm)** wet, **2.0 to 4.0 mils (0.051 to 0.102 mm)** dry.
 - b. Intermediate Coat: Water-based acrylic-alkyd, interior, matching topcoat.
 - c. Topcoat: Water-based alkyd-urethane, semi-gloss, interior:
 - 1) S-W Pro Industrial Waterbased Alkyd Urethane Semi-Gloss, B53-1150 Series, at **4.0 mils (0.102 mm)** wet, **1.4 mils (0.036 mm)** dry, per coat.
 - d. Topcoat: Water-based alkyd-urethane, gloss, interior:
 - 1) S-W Pro Industrial Waterbased Alkyd Urethane Gloss, B53-1050 Series, at **4.0 mils (0.102 mm)** wet, **1.4 mils (0.036 mm)** dry, per coat.
- E. Wood Substrates: Including exposed wood items not indicated to receive shop-applied finish.
- 1. Latex System:
 - a. Prime Coat: Primer sealer, latex, interior:
 - 1) S-W PrepRite ProBlock Primer Sealer, B51-620 Series, at **4.0 mils (0.102 mm)** wet, **1.4 mils (0.036 mm)** dry.
 - b. Intermediate Coat: Latex, interior, matching topcoat.
 - c. Topcoat: Latex, interior, eggshell:
 - 1) S-W ProMar 200 Zero VOC Latex Eg-Shel, B20-2600 Series, at **4.0 mils (0.102 mm)** wet, **1.7 mils (0.043 mm)** dry, per coat.
 - d. Topcoat: Latex, interior, semi-gloss:
 - 1) S-W ProMar 200 Zero VOC Latex Semi-Gloss, B31-2600 Series, at **4.0 mils (0.102 mm)** wet, **1.6 mils (0.041 mm)** dry, per coat.
 - e. Topcoat: Latex, interior, gloss:
 - 1) S-W ProMar 200 Zero VOC Gloss, B21-12650 Series, at **4.0 mils (0.102 mm)** wet, **1.5 mils (0.038 mm)** dry, per coat.
 - 2. Waterbased/Alkyd Urethane System:
 - a. Prime Coat: Primer sealer, latex, interior:
 - 1) S-W Premium Wall & Wood Primer, B28W8111, at **4.0 mils (0.102 mm)** wet, **1.8 mils (0.046 mm)** dry.
 - b. Intermediate Coat: Water-based alkyd-urethane, interior, matching topcoat.
 - c. Topcoat: Water-based alkyd-urethane, semi-gloss, interior:
 - 1) S-W Pro Industrial Waterbased Alkyd Urethane Semi-Gloss, B53-1150 Series, at **4.0 mils (0.102 mm)** wet, **1.4 mils (0.036 mm)** dry, per coat.

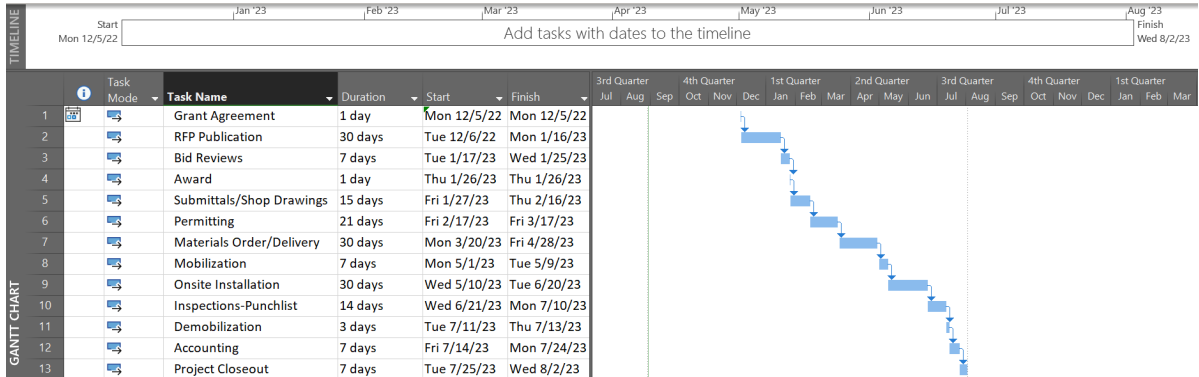
- d. Topcoat: Water-based alkyd-urethane, gloss, interior:
 - 1) S-W Pro Industrial Waterbased Alkyd Urethane Gloss, B53-1050 Series, at **4.0 mils (0.102 mm)** wet, **1.4 mils (0.036 mm)** dry, per coat.
- 3. Water-Based Light Industrial Coating System:
 - a. Prime Coat: Primer sealer, latex, interior:
 - 1) S-W PrepRite ProBlock Primer Sealer, B51-620 Series, at **4.0 mils (0.102 mm)** wet, **1.4 mils (0.036 mm)** dry.
 - b. Intermediate Coat: Light industrial coating, interior, water based, matching topcoat.
 - c. Topcoat: Light industrial coating, interior, water based, eggshell:
 - 1) S-W Pro Industrial Pre-Catalyzed Water Based Epoxy, K45-151 Series, at **4.0 mils (0.102 mm)** wet, **1.5 mils (0.038 mm)** dry, per coat.
 - d. Topcoat: Light industrial coating, interior, water based, semi-gloss:
 - 1) S-W Pro Industrial Pre-Catalyzed Water Based Epoxy, K46-151 Series, at **4.0 mils (0.102 mm)** wet, **1.5 mils (0.038 mm)** dry, per coat.
- 4. Two-Component Epoxy and Epoxy High Build Systems: Refer to Section 099600 "High-Performance Coatings."
- F. Wood Substrates, Pedestrian Traffic Surfaces:
 - 1. Latex Floor Enamel System:
 - a. First Coat: Floor paint, latex, slip-resistant, matching topcoat.
 - b. Topcoat: Floor paint, latex, slip-resistant, low gloss:
 - 1) S-W ArmorSeal Tread-Plex, B90 Series, at **1.5 to 2.0 mils (0.038 to 0.051 mm)** dry per coat.
- G. [Gypsum Board] [Plaster] [and] [Spray-Texture Ceiling] Substrates:
 - 1. Latex System:
 - a. Prime Coat: Primer, latex, interior:
 - 1) S-W ProMar 200 Zero VOC Latex Primer, B28W2600, at **4.0 mils (0.102 mm)** wet, **1.0 mils (0.025 mm)** dry.
 - b. Intermediate Coat: Latex, interior, matching topcoat.
 - c. Topcoat: Latex, interior, flat:
 - 1) S-W ProMar 200 Zero VOC Latex Flat, B30-2600 Series, at **4.0 mils (0.102 mm)** wet, **1.6 mils (0.041 mm)** dry, per coat.
 - d. Topcoat: Latex, interior, low sheen:

- 1) S-W ProMar 200 Zero VOC Latex Low Sheen Enamel, B24-2600 Series, at 4.0 mils (0.102 mm) wet, 1.6 mils (0.041 mm) dry, per coat.
- e. Topcoat: Latex, interior, eggshell:
 - 1) S-W ProMar 200 Zero VOC Latex Eg-Shel, B20-2600 Series, at 4.0 mils (0.102 mm) wet, 1.7 mils (0.043 mm) dry, per coat.
- f. Topcoat: Latex, interior, semi-gloss:
 - 1) S-W ProMar 200 Zero VOC Latex Semi-Gloss, B31-2600 Series, at 4.0 mils (0.102 mm) wet, 1.6 mils (0.041 mm) dry, per coat.
- g. Topcoat: Latex, interior, gloss:
 - 1) S-W ProMar 200 Zero VOC Gloss, B21-12650 Series, at 4.0 mils (0.102 mm) wet, 1.5 mils (0.038 mm) dry, per coat.
2. Water-Based Light Industrial Coating System:
 - a. Prime Coat: Primer sealer, latex, interior:
 - 1) S-W ProMar 200 Zero VOC Latex Primer, B28W2600, at 4.0 mils (0.102 mm) wet, 1.0 mils (0.025 mm) dry.
 - b. Intermediate Coat: Light industrial coating, interior, water based, matching topcoat.
 - c. Topcoat: Light industrial coating, interior, water based, eggshell:
 - 1) S-W Pro Industrial Pre-Catalyzed Waterbased Epoxy, K45-151 Series, at 4.0 mils (0.102 mm) wet, 1.5 mils (0.038 mm) dry, per coat.
 - d. Topcoat: Light industrial coating, interior, water based, semi-gloss:
 - 1) S-W Pro Industrial Pre-Catalyzed Waterbased Epoxy, K46-151 Series, at 4.0 mils (0.102 mm) wet, 1.5 mils (0.038 mm) dry, per coat.
3. Two-Component Epoxy and Epoxy High Build Systems for Non-Traffic Surfaces: Refer to Section 099600 "High-Performance Coatings."

END OF SECTION 099123

Deliverable Materials

All materials used will be sourced locally if possible.



Contractor Responsibilities

The contractor will ensure a timely and workmanlike completion of the work using local labor and suppliers according to the CDBG specifications for current Davis-Bacon wage determinations and time constrictions.

Client Responsibilities

The Client will agree to provide access to the site to complete the work per agreement.

Fee Schedule

FitzHouse Enterprises, as a 501c2 holding company for WestCare exists to support the mission of WestCare and as such does not profit from work it provides as a service to WestCare.

FitzHouse Enterprises, has also designated a contingency fund of \$9,500 to cover incidentals such as bid publication, contract selection and unforeseen costs in the project.

Interior Paint	11820	SF
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Turning Point Interior Paint		
Targeted Building Costs		
Code	Name	Est
<u>0</u>	Procurement and Contracting Require	
	Conditions of Contract	\$ 7,485.00
<u>1</u>	General Requirements	
	Admin Req	\$ 16,356.00
	Execution & Close Out	\$ 5,784.00
<u>3</u>	Concrete	
	Floor Preparation	
<u>5</u>	Metals	
	Cold Formed Metal Framing	
	Fabrications	
	Structural Metal Framing	
<u>8</u>	Openings	
	Doors & Frames	
<u>9</u>	Finishes	
	Metal Framing & Gypsum Board	
	Painting & Coating	\$ 112,800.00
	New Ceiling Tiles	\$ 23,125.00
	Flooring Installed	
<u>10</u>	Specialties	
	Hardware	
<u>12</u>	Furnishings	
	New Stove	
	New Walk In Cooler	
	New Grease Trap	
	New Dishwasher	
<u>22</u>	Plumbing	
	Remove, Cap and Route	
23	HVAC	
	Remove and Replace Area HVAC	
<u>26</u>	Electrical	
	Demo, Plugs and Lighting	
	Total Building Costs	\$ 165,550.00
Targeted Non Building Costs		
Code	Name	
<u>2</u>	Existing Conditions	
	Demolition of Existing Ceiling Tiles	\$ 8,865.00
	Total Non Building Costs	\$ 8,865.00
	Total Project Costs	\$ 174,415.00

IN WITNESS WHEREOF, the parties hereto have caused this SOW to be effective as of the day, month and year first written above.

WestCare-Gulf Coast

FitzHouse Enterprises, Inc.

By: _____
Name:
Title:

By: _____
Name:
Title:

FitzHouse Enterprises, Inc.

207 West Main St
Dandridge TN 37725

SOW Turning Point Kitchen Renovation (1801 5th Ave North, St Petersburg FL 33713)

Date	Services Performed By:	Services Performed For:
08/29/2022	FitzHouse Enterprises, Inc. 207 West Main St Dandridge, TN 37725	WestCare-Gulf Coast 1801 5th Ave North St Petersburg FL 33713

This Scope of Work (SOW) is issued pursuant to the Charter agreement between WestCare-Gulf Coast (“Client”) and FitzHouse Enterprises, Inc. (“Contractor”), effective 08/29/2022 (the “Agreement”). This SOW is subject to the terms and conditions contained in the Agreement between the parties and is made a part thereof. Any term not otherwise defined herein shall have the meaning specified in the Agreement. In the event of any conflict or inconsistency between the terms of this SOW and the terms of this Agreement, the terms of this SOW shall govern and prevail.

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Period of Performance

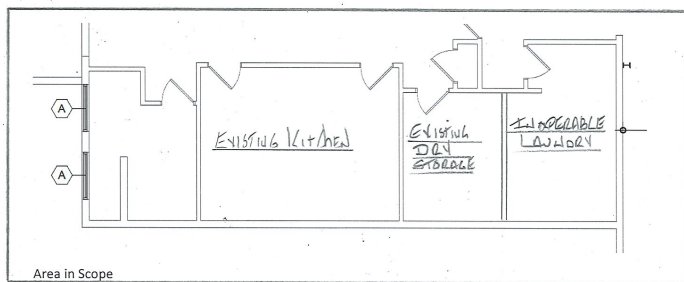
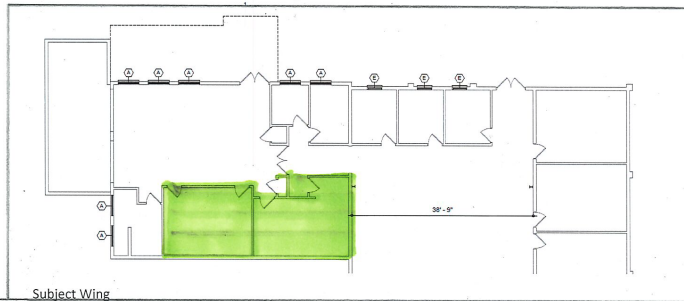
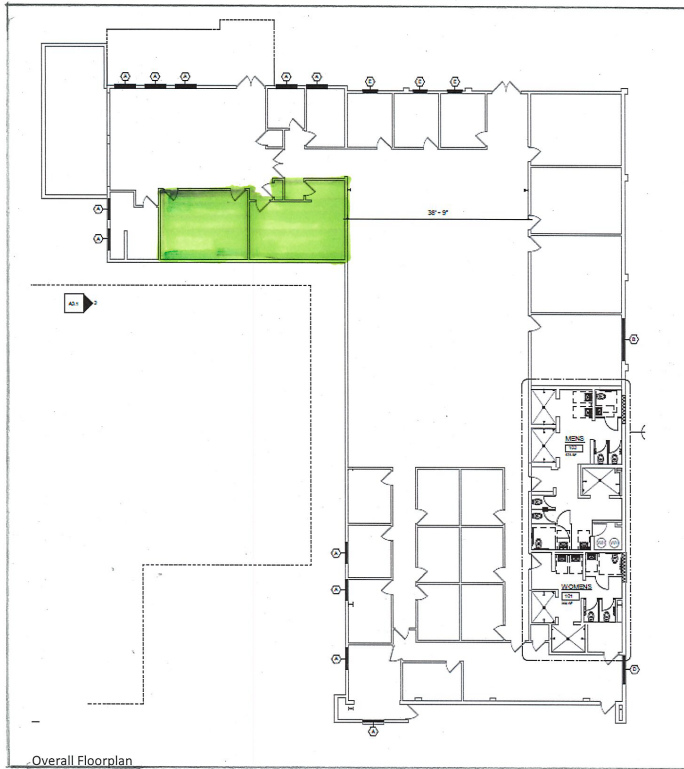
The Services shall commence on execution of grant and shall continue through Completion of project.

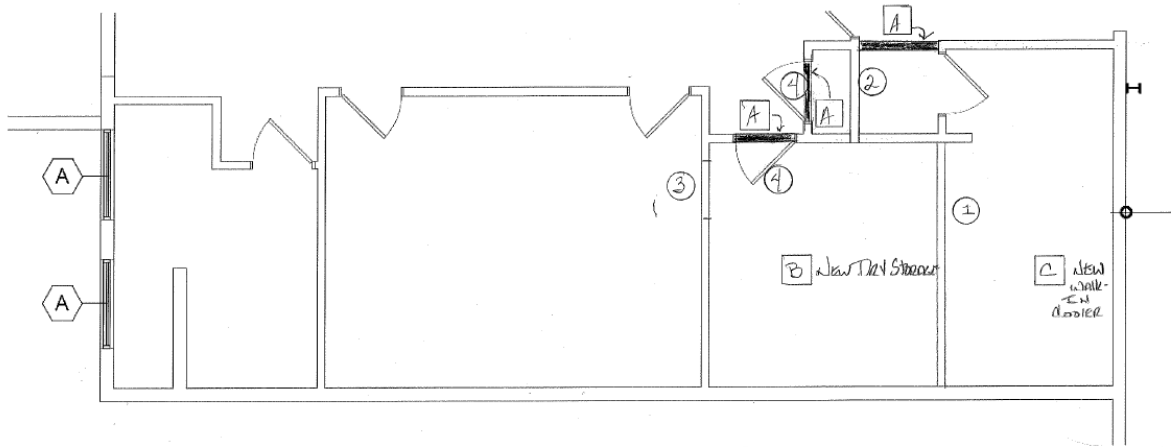
Scope of Work

Contractor shall provide the Services and Deliverable(s) as follows:

- 1) Design and construction of Kitchen renovation
- 2) Coordination of all onsite activities.
- 3) Manage all design requirements for permitting and construction.

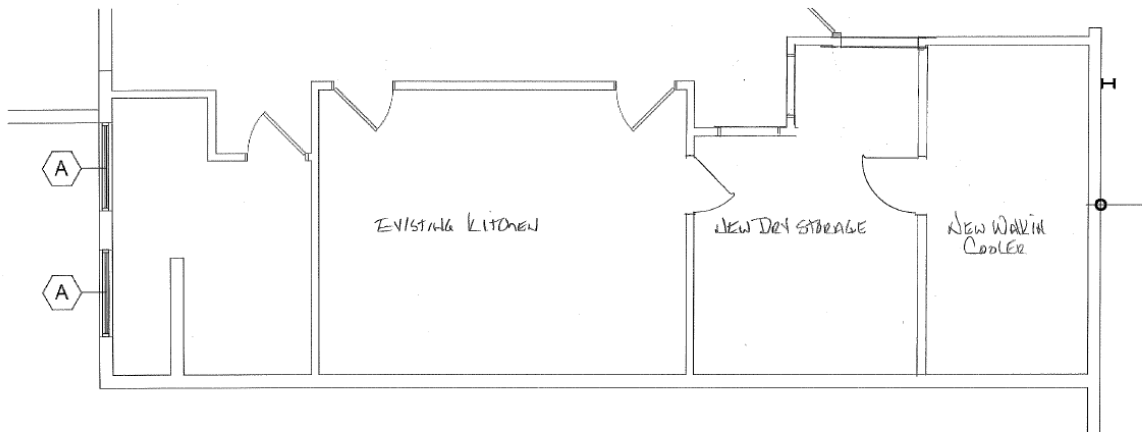
Turning Point Kitchen Details





- ① REMOVE EXISTING PLUMBING & FIXTURES
- ② REMOVE EXISTING WALL (SELECTIVE)
- ③ REMOVE PROVIDE NEW DOOR OPENING
- Ⓐ REMOVE EXISTING DOOR

- Ⓐ NEW FRAMED WALL ASSEMBLY
- Ⓑ NEW DEN STORAGE
- Ⓒ NEW WALK-IN COOLER

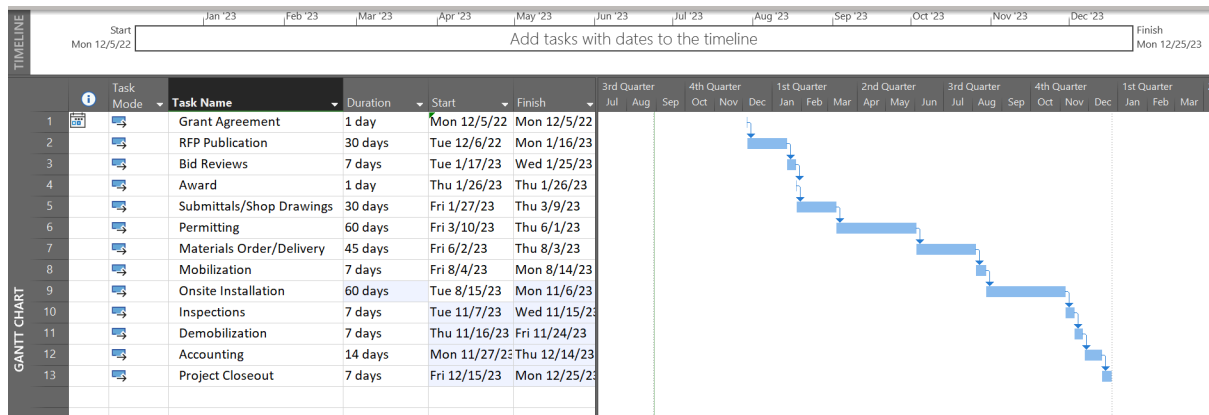


Deliverable Materials

All materials used will be sourced locally if possible.

New Walk In Cooler	162	SF
New Dry Storage	220	SF
New Stove	1	EA
New HVAC	1	EA
Electrical	1	LS
Plumbing	1	LS
New Tile Flooring	632	SF
New Dishwasher	1	EA

Kitchen Renovation Timeline



Contractor Responsibilities

The contractor will ensure a timely and workmanlike completion of the work using local labor and suppliers according to the CDBG specifications for current Davis-Bacon wage determinations and time restrictions.

Client Responsibilities

The Client will agree to provide access to the site to complete the work per agreement.

Fee Schedule

FitzHouse Enterprises, as a 501c2 holding company for WestCare exists to support the mission of WestCare and as such does not profit from work it provides as a service to WestCare.

FitzHouse Enterprises, has also designated a contingency fund of \$9,500 to cover incidentals such as bid publication, contract selection and unforeseen costs in the project.

Turning Point Kitchen Renovation

Targeted Building Costs

Code	Name	Est
<u>0</u>	Procurement and Contracting Require	
	Conditions of Contract	\$ 18,659.00
<u>1</u>	General Requirements	
	Admin Req	\$ 11,542.00
	Execution & Close Out	\$ 9,654.00
<u>3</u>	Concrete	
	Tile Floor Preparation	\$ 2,117.20
<u>5</u>	Metals	
	Cold Formed Metal Framing	\$ 3,150.00
	Fabrications	
	Structural Metal Framing	
<u>8</u>	Openings	
	Doors & Frames	\$ 5,400.00
<u>9</u>	Finishes	
	Metal Framing & Gypsum Board	\$ 19,862.00
	Painting & Coating	\$ 7,614.00
	New Ceiling Assembly	\$ 22,120.00
	Tiling	\$ 12,640.00
<u>10</u>	Specialties	
	Millwork & Shelving	\$ 16,482.00
<u>12</u>	Furnishings	
	New Stove	\$ 11,257.00
	New Walk In Cooler	\$ 63,215.00
	New Grease Trap	\$ 24,580.00
	New Dishwasher	\$ 23,686.00
<u>22</u>	Plumbing	
	Remove, Cap and Route	\$ 26,632.00
23	HVAC	
	Remove and Replace Area HVAC	\$ 19,878.00
<u>26</u>	Electrical	
	Demo, Plugs and Lighting	\$ 36,541.00
	Total Building Costs	\$ 335,029.20

Targeted Non Building Costs

Code	Name	Est
<u>2</u>	Existing Conditions	
	Selective Demo	\$ 16,250.00
	Total Non Building Costs	\$ 16,250.00
	Total Project Costs	\$ 351,279.20

IN WITNESS WHEREOF, the parties hereto have caused this SOW to be effective as of the day, month and year first written above.

WestCare-Gulf Coast

FitzHouse Enterprises, Inc.

By: _____
Name:
Title:

By: _____
Name:
Title:

FitzHouse Enterprises, Inc.

207 West Main St
Dandridge TN 37725

SOW Turning Point Roof (1801 5th Ave North, St Petersburg FL 33713)

Date	Services Performed By:	Services Performed For:
08/29/2022	FitzHouse Enterprises, Inc. 207 West Main St Dandridge, TN 37725	WestCare-Gulf Coast 1801 5th Ave North St Petersburg FL 33713

This Scope of Work (SOW) is issued pursuant to the Charter agreement between WestCare-Gulf Coast (“Client”) and FitzHouse Enterprises, Inc. (“Contractor”), effective 08/29/2022 (the “Agreement”). This SOW is subject to the terms and conditions contained in the Agreement between the parties and is made a part thereof. Any term not otherwise defined herein shall have the meaning specified in the Agreement. In the event of any conflict or inconsistency between the terms of this SOW and the terms of this Agreement, the terms of this SOW shall govern and prevail.

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Period of Performance

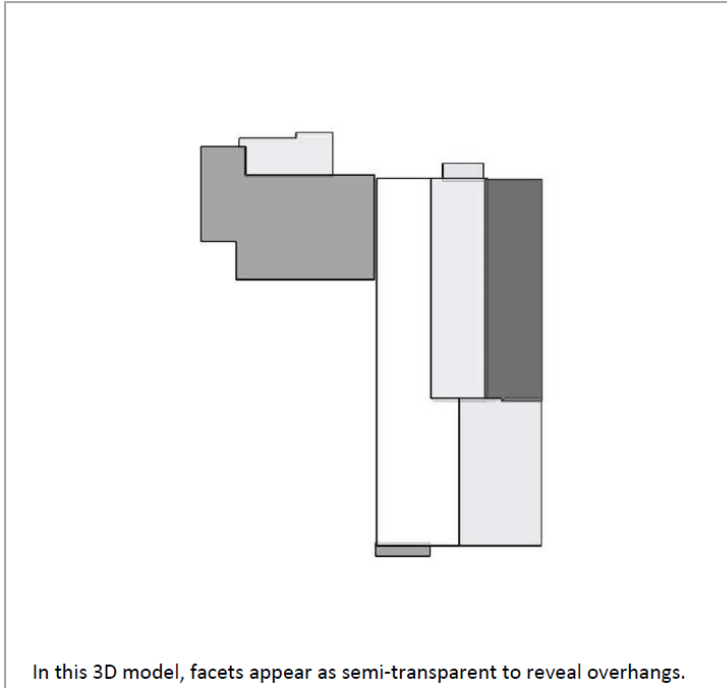
The Services shall commence on execution of grant and shall continue through Completion of project.

Scope of Work

Contractor shall provide the Services and Deliverable(s) as follows:

- 1) Remove and replace existing roofing and gutter system.
- 2) Coordination of all onsite activities.
- 3) Manage all design requirements for permitting and construction.

Turning Point Roof Details

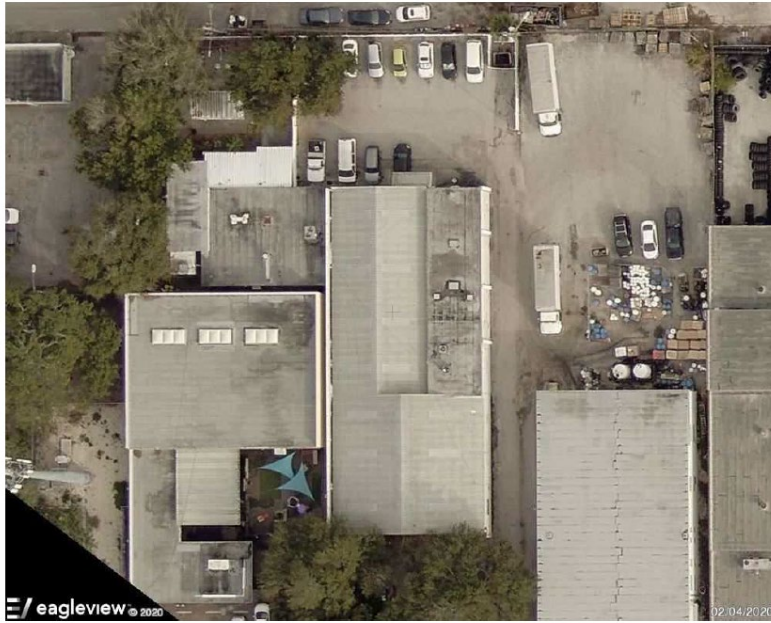


MEASUREMENTS

Total Roof Area =11,820 sq ft
Total Roof Facets =8
Predominant Pitch =4/12
Number of Stories >1
Total Ridges/Hips =136 ft
Total Valleys =0 ft
Total Rakes =170 ft
Total Eaves =521 ft
Total Penetrations =12
Total Penetrations Perimeter = 143 ft
Total Penetrations Area = 122 sq ft

The following aerial images show different angles of this structure for your reference.

Top View



North Side



South Side



East Side



West Side



LENGTH DIAGRAM

Total Line Lengths:
Ridges = 136 ft
 Hips = 0 ft

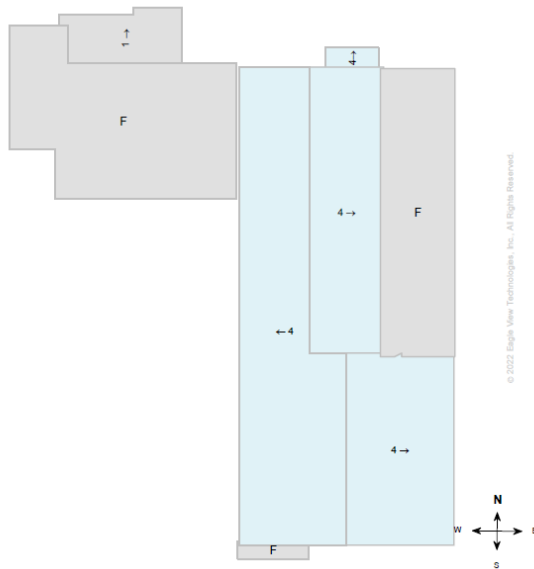
Valleys = 0 ft
 Rakes = 170 ft
 Eaves = 521 ft

Flashing = 332 ft
 Step flashing = 49 ft
 Parapets = 0 ft



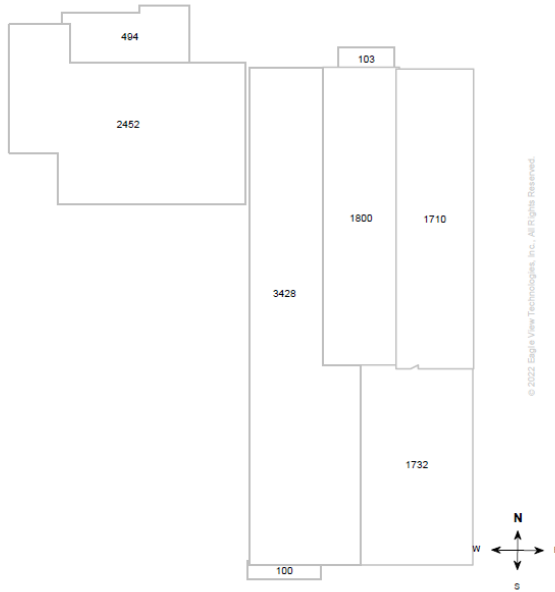
PITCH DIAGRAM

Pitch values are shown in inches per foot, and arrows indicate slope direction. The predominant pitch on this roof is 4/12



AREA DIAGRAM

Total Area = 11,820 sq ft, with 8 facets.



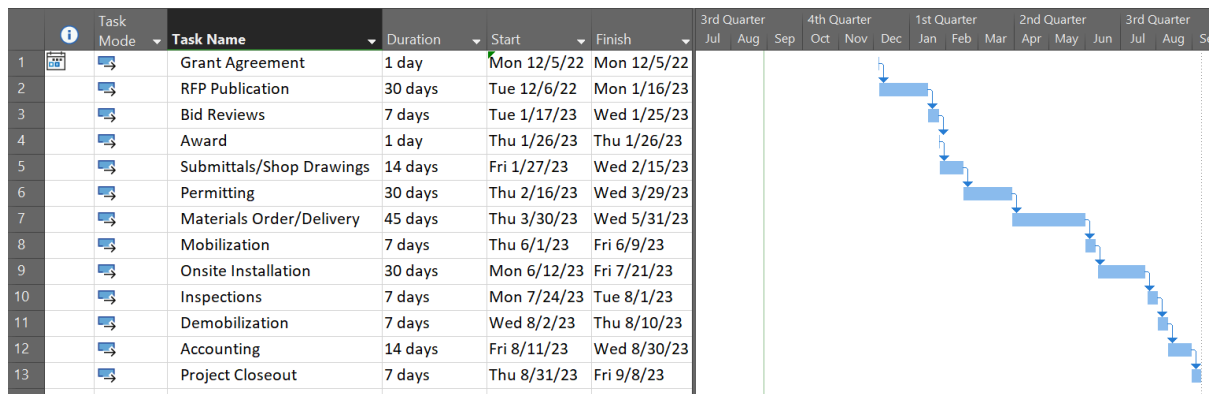
Deliverable Materials

All materials used will be sourced locally if possible.

New Roof Area	11820	SF
Integrated Gutter	216	LF

Ridge	136	LF
Rakes	170	LF
Eaves	521	LF
Flashing	332	LF
Step Flashing	49	LF
Penetrations	12	EA
Penetrations Area	122	SF

Nurses Station Timeline



Contractor Responsibilities

The contractor will ensure a timely and workmanlike completion of the work using local labor and suppliers according to the CDBG specifications for current Davis-Bacon wage determinations and time constrictions.

Client Responsibilities

The Client will agree to provide access to the site to complete the work per agreement.

Fee Schedule

FitzHouse Enterprises, as a 501c2 holding company for WestCare exists to support the mission of WestCare and as such does not profit from work it provides as a service to WestCare.

FitzHouse Enterprises, has also designated a contingency fund of \$9,500 to cover incidentals such as bid publication, contract selection and unforeseen costs in the project.

Turning Point Roof Replacement

Targeted Building Costs

Code	Name	Est
<u>0</u>	Procurement and Contracting Require	
	Conditions of Contract	\$ 12,564.00
<u>1</u>	General Requirements	
	Admin Req	\$ 6,598.00
	Execution & Close Out	\$ 6,245.00
<u>3</u>	Concrete	
	Underlayment and Waterproofing	
<u>5</u>	Metals	
	Cold Formed Metal Framing	
	Fabrications	\$ 236,000.00
	Structural Metal Framing	
<u>8</u>	Openings	
	Doors & Frames	
<u>9</u>	Finishes	
	Metal Framing & Gypsum Board	
	Painting & Coating	
	Tiling	
<u>10</u>	Specialties	
	Millwork	
<u>12</u>	Furnishings	
	Countertops	
<u>22</u>	Plumbing	
	Remove and Re-Install Equipment	
	Fixtures	
	Piping	
<u>26</u>	Electrical	
	Lighting	
	Total Building Costs	\$ 261,407.00

Targeted Non Building Costs

Code	Name	Est
<u>2</u>	Existing Conditions	
	Selective Demo	\$ 18,000.00
	Total Non Building Costs	\$ 18,000.00

Total Project Costs \$ 279,407.00

IN WITNESS WHEREOF, the parties hereto have caused this SOW to be effective as of the day, month and year first written above.

WestCare-Gulf Coast

FitzHouse Enterprises, Inc.

By: _____
Name:
Title:

By: _____
Name:
Title:

FitzHouse Enterprises, Inc.

207 West Main St
Dandridge TN 37725

SOW Turning Point Nurse’s Station (1801 5th Ave North, St Petersburg FL 33713)

Date	Services Performed By:	Services Performed For:
08/29/2022	FitzHouse Enterprises, Inc. 207 West Main St Dandridge, TN 37725	WestCare-Gulf Coast 1801 5th Ave North St Petersburg FL 33713

This Scope of Work (SOW) is issued pursuant to the Charter agreement between WestCare-Gulf Coast (“Client”) and FitzHouse Enterprises, Inc. (“Contractor”), effective 08/29/2022 (the “Agreement”). This SOW is subject to the terms and conditions contained in the Agreement between the parties and is made a part thereof. Any term not otherwise defined herein shall have the meaning specified in the Agreement. In the event of any conflict or inconsistency between the terms of this SOW and the terms of this Agreement, the terms of this SOW shall govern and prevail.

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Period of Performance

The Services shall commence on execution of grant and shall continue through Completion of project.

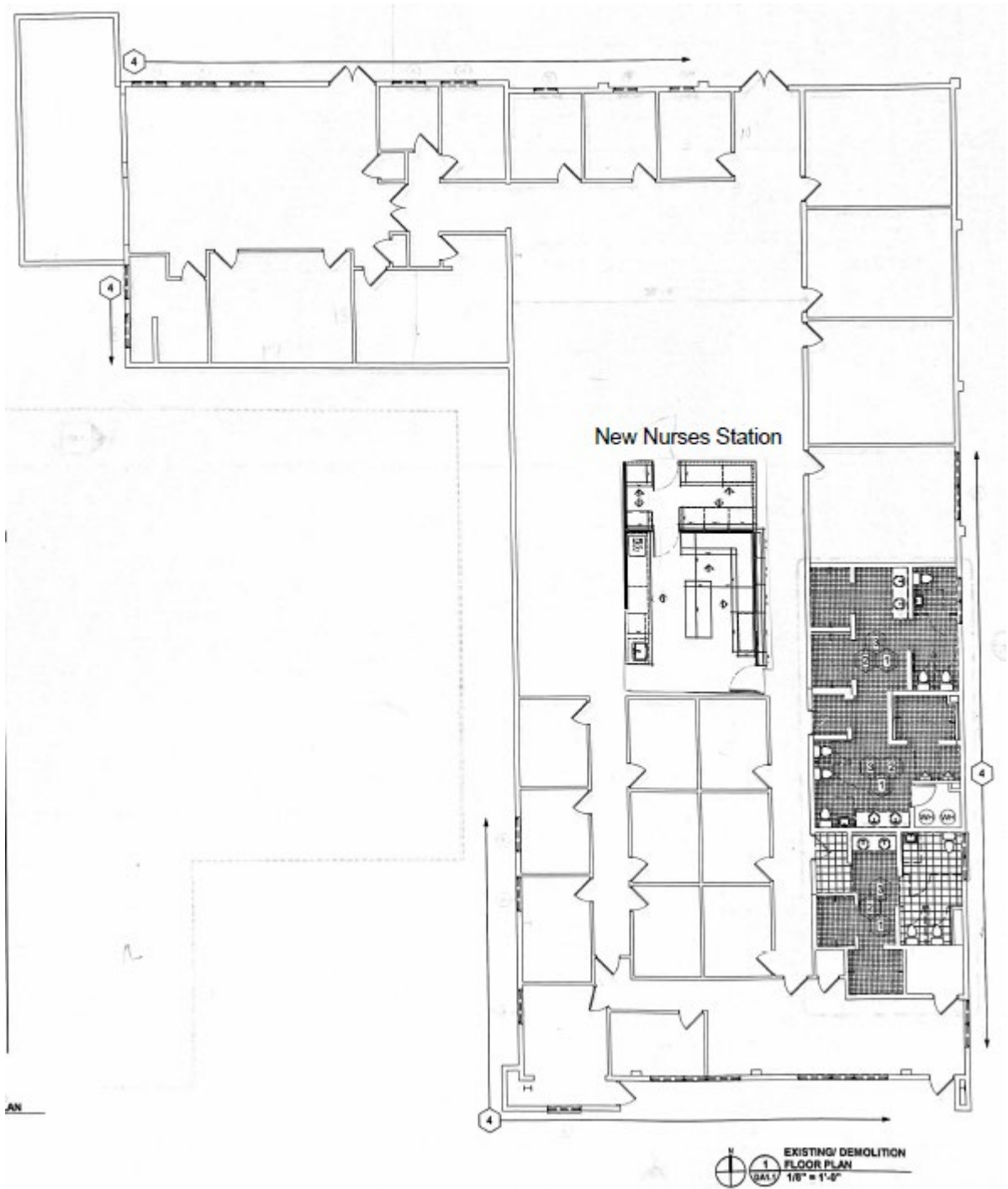
Scope of Work

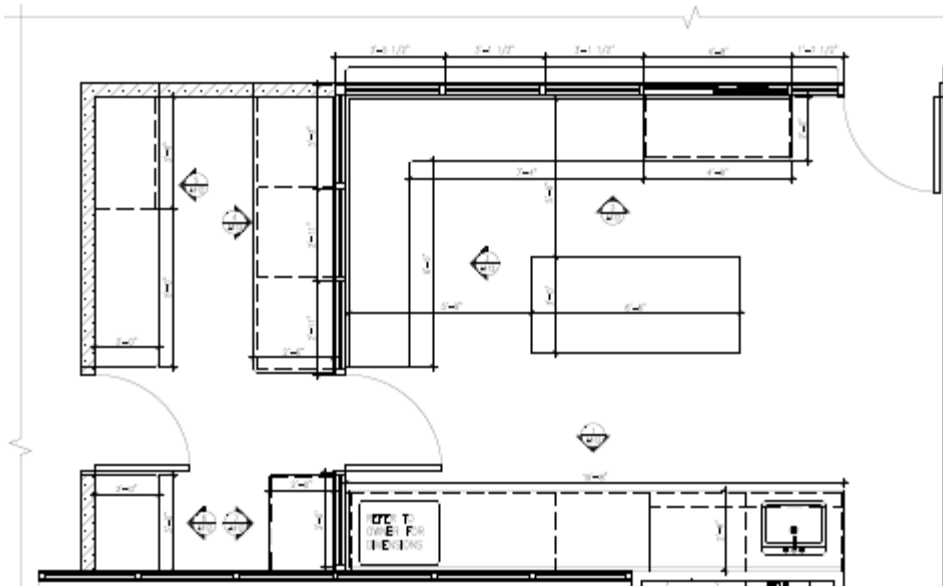
Contractor shall provide the Services and Deliverable(s) as follows:

- 1) Design and construction of new nurses station.

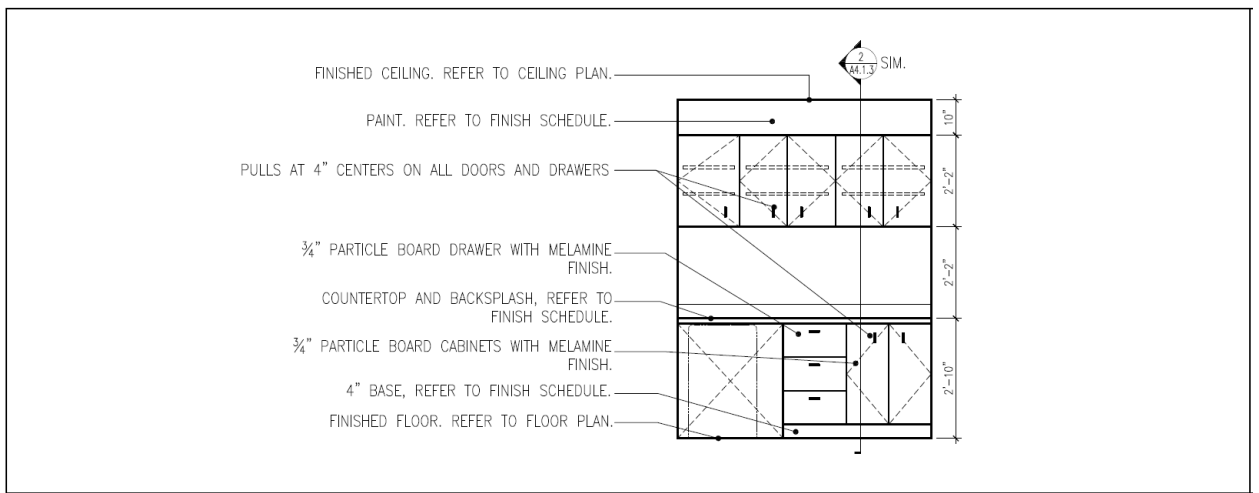
- 2) Coordination of all onsite activities.
- 3) Manage all design requirements for permitting and construction.

Nurse's Station Design Concept

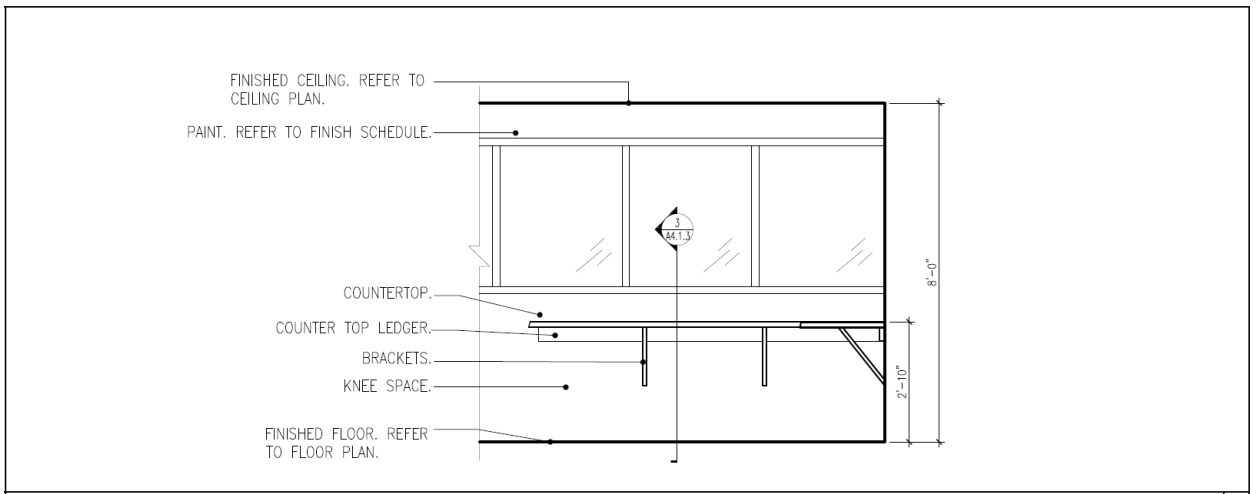




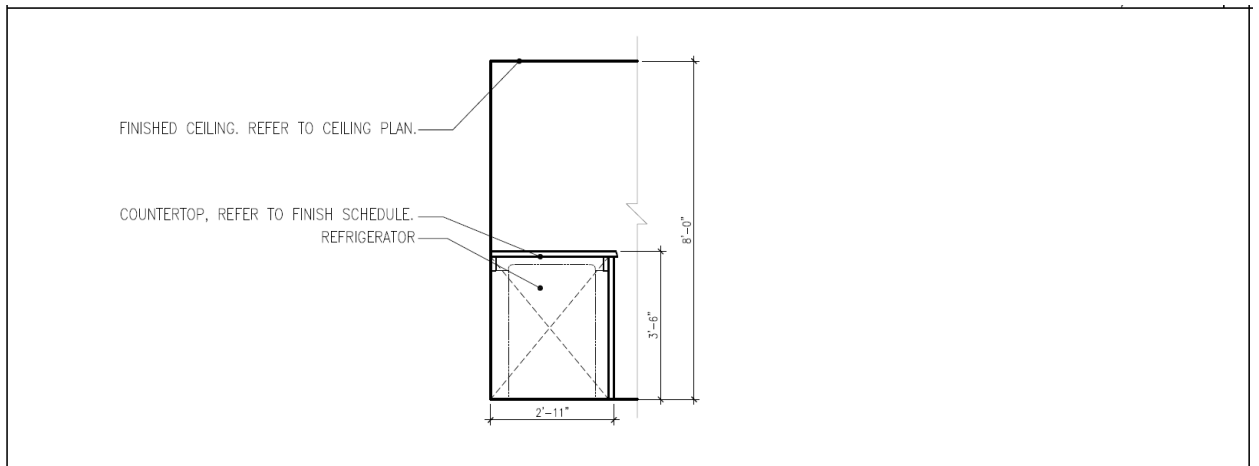
Enlarged Plan View



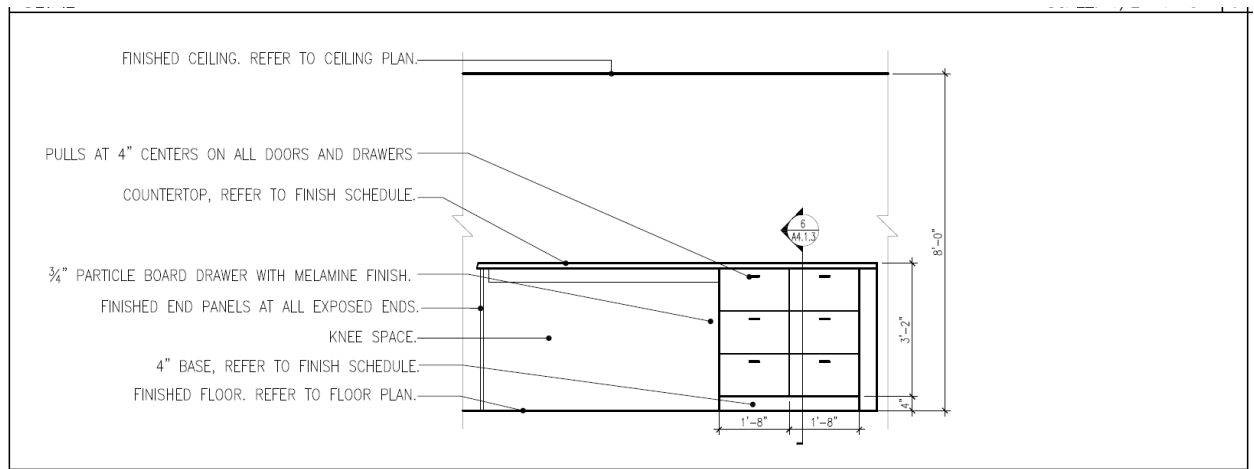
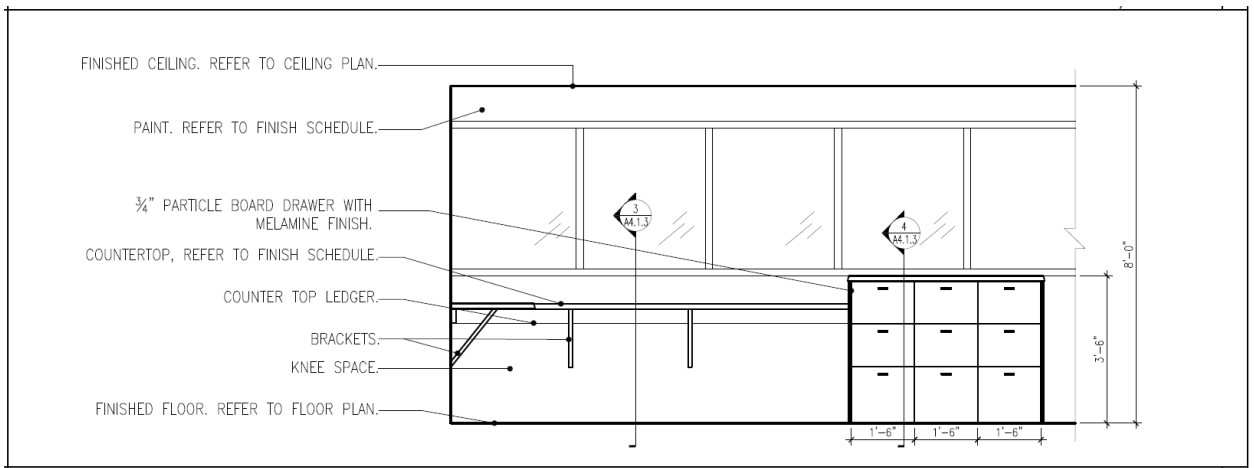
Cabinet Detail



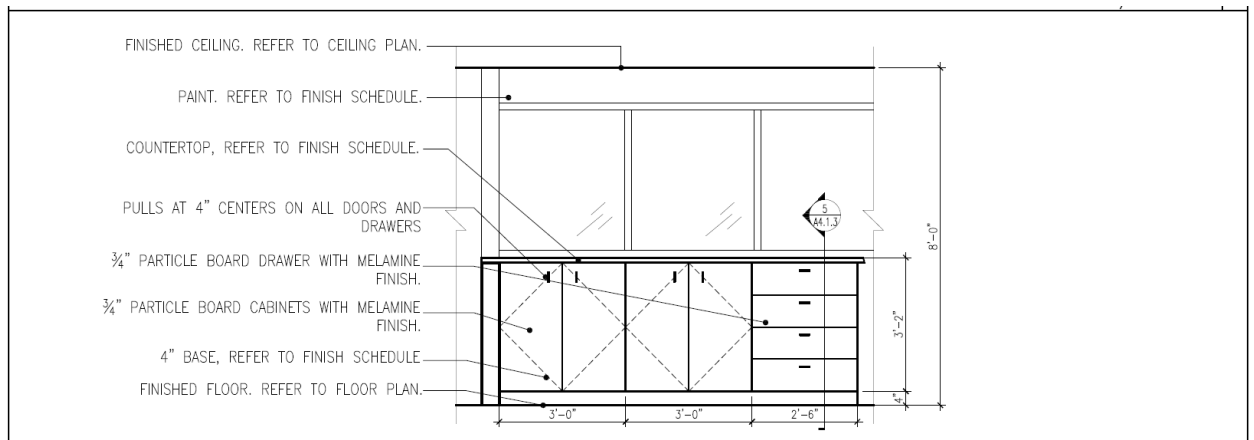
Cabinet Detail



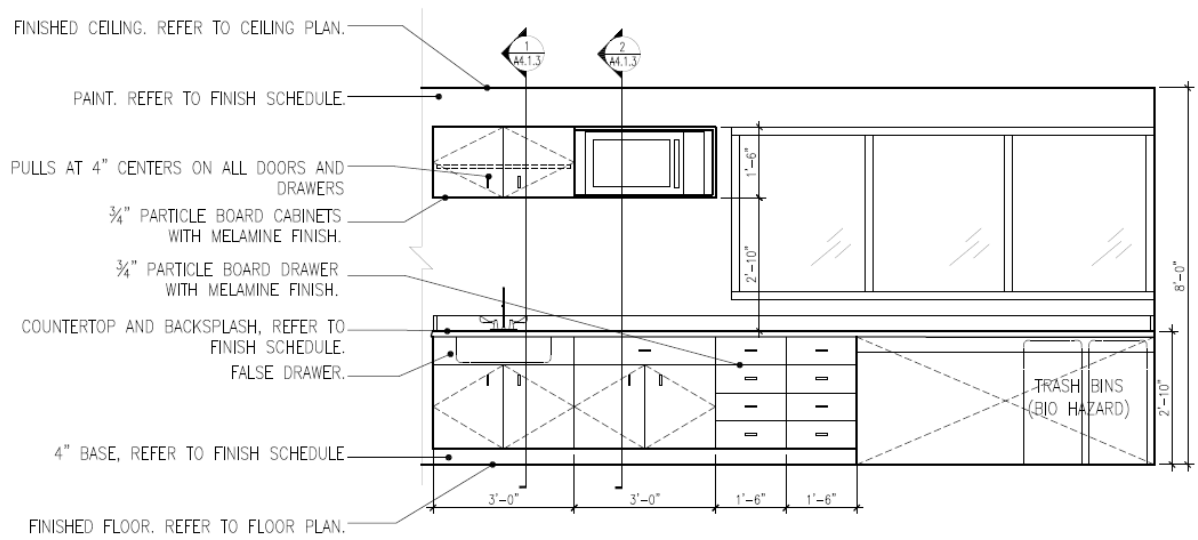
Cabinet and Observation Windows Detail



Cabinet Detail



Cabinet and Observation Windows Detail

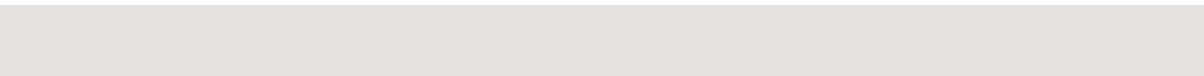


Cabinet and Observation Windows Detail

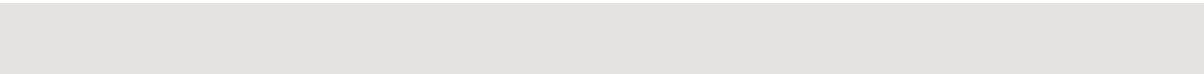
FINISH SCHEDULE LEGEND					
FLOOR					
NOTE	DESCRIPTION	MANUFACTURER	STYLE/MODEL	COLOR	REMARKS
VCT	12"x12" RESILIENT FLOOR TILE	ARMSTRONG	BY OWNER	BY OWNER	MONOLITHIC INSTALLATION
BASE					
NOTE	DESCRIPTION	MANUFACTURER	STYLE/MODEL	COLOR	REMARKS
RB	4" RUBBER BASE	JOHNSONITE	BY OWNER	BY OWNER	
WALLS					
NOTE	DESCRIPTION	MANUFACTURER	STYLE/MODEL	COLOR	REMARKS
PTD 1	PAINTED, EGGSHELL FINISH	SHERWIN WILLIAMS	BY OWNER	BY OWNER	OVERALL PAINT
PTD 2	PAINTED, EGGSHELL FINISH	SHERWIN WILLIAMS	BY OWNER	BY OWNER	ACCENT PAINT—KNEE WALLS
CEILING					
NOTE	DESCRIPTION	MANUFACTURER	STYLE/MODEL	COLOR	REMARKS
GYP	GYPSUM BOARD, PAINTED WHITE, FLAT FINISH	SHERWIN WILLIAMS	SW 7757	HIGH REFLECTIVE WHITE	
ACT-1	24" x 48" LAY IN CEILING TILE — WASHABLE	ARMSTRONG	ULTIMA 1938	WHITE	MEDICAL AREAS
ACT -2	24" x 48" LAY IN CEILING TILE	ARMSTRONG	DUNE 1773	WHITE	HALLWAY
MISC.					
NOTE	DESCRIPTION	MANUFACTURER	STYLE/MODEL	COLOR	REMARKS
STN	DOOR STAIN		BY OWNER	BY OWNER	
QUARTZ	QUARTZ COUNTERTOPS	WILSONART	BY OWNER	BY OWNER	
FINISH SCHEDULE					
ROOM NAME	FLOOR	BASE	WALLS	CEILING	REMARKS
NURSE'S STATION	VCT	RB	PTD 1 / PTD 2	ACT 1	PTD-2 ON KNEEWALLS
RESTROOM	VCT	RB	PTD 1	GYP	
MEDICAL PASS	VCT	RB	PTD 1	ACT 1	
HALLWAY	VCT	RB	PTD 1	ACT 2	

NOTE:

1. "CONTRACTOR SHALL SUBMIT ALL FINISH SAMPLES, WHETHER INTERIOR OR EXTERIOR, AT THE SAME TIME SO A UNIFORMED, FINAL COLOR AND TEXTURE SELECTION / COORDINATION MAY OCCUR. IF FINISH SAMPLES ARE NOT SUBMITTED AT ONE TIME THEY SHALL BE HELD UNTIL SUCH TIME THAT ALL FINISH SELECTION CAN BE MADE. NOTE: IF CONTRACTOR FAILS TO SUBMIT FINISH SAMPLES IN A TIMELY, COHESIVE FASHION AND CAUSES DELAY IN MATERIAL ORDERING, IT SHALL NOT BE GROUNDS FOR CONTRACT EXTENSION OR REQUEST FOR ADDITIONAL FUNDING BY CONTRACTOR NOR REPRESENTS ANY NEGLIGENT ACT, ERROR, OR OMISSION BY DESIGN PROFESSIONAL. THE CONTRACTOR IS SOLELY LIABLE FOR DELAYS OR MATERIAL COST INCREASES."



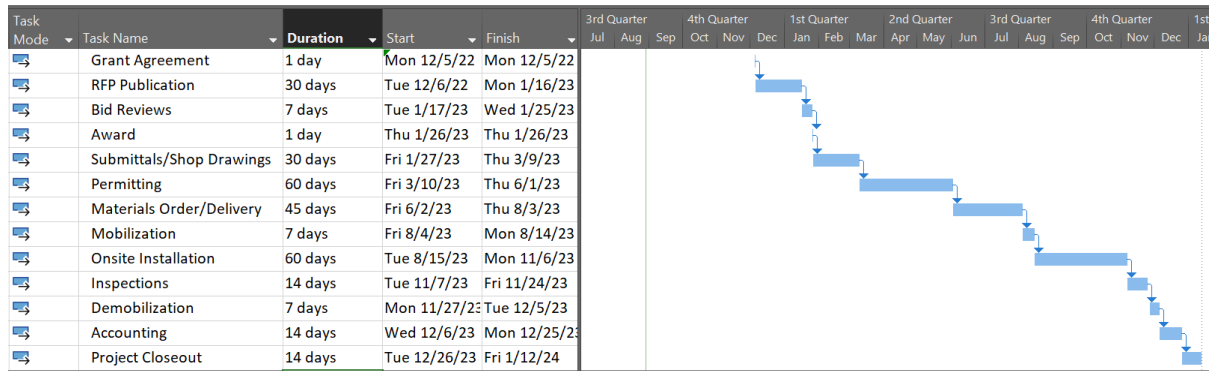
Deliverable Materials



All materials used will be sourced locally if possible.

New Construction Area	680	SF

Nurses Station Timeline



Contractor Responsibilities

The contractor will ensure a timely and workmanlike completion of the work using local labor and suppliers according to the CDBG specifications for current Davis-Bacon wage determinations and time constrictions.

Client Responsibilities

The Client will agree to provide access to the site to complete the work per agreement.

Fee Schedule

FitzHouse Enterprises, as a 501c2 holding company for WestCare exists to support the mission of WestCare and as such does not profit from work it provides as a service to WestCare.

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Turning Point Nurses Station

Targeted Building Costs

Code	Name	Est
<u>0</u>	Procurement and Contracting Require	
	Conditions of Contract	\$ 13,589.00
<u>1</u>	General Requirements	
	Admin Req	\$ 8,760.00
	Execution & Close Out	\$ 6,458.00
<u>3</u>	Concrete	
	Underlayment and Waterproofing	
<u>5</u>	Metals	
	Cold Formed Metal Framing	\$ 19,236.00
	Fabrications	\$ 16,543.00
	Structural Metal Framing	
<u>8</u>	Openings	
	Doors & Frames	\$ 35,842.00
<u>9</u>	Finishes	
	Metal Framing & Gypsum Board	\$ 13,524.00
	Painting & Coating	\$ 7,258.00
	Tiling	\$ 6,800.00
<u>10</u>	Specialties	
	Millwork	\$ 63,890.00
<u>12</u>	Furnishings	
	Countertops	\$ 21,521.00
<u>22</u>	Plumbing	
	Remove and Re-Install Equipment	
	Fixtures	\$ 2,654.00
	Piping	
<u>26</u>	Electrical	
	Lighting	\$ 29,865.00
	Total Building Costs	\$ 245,940.00

Targeted Non Building Costs

Code	Name	Est
<u>2</u>	Existing Conditions	
	Selective Demo	\$ 4,500.00
	Total Non Building Costs	\$ 4,500.00

Total Project Costs \$ 250,440.00

IN WITNESS WHEREOF, the parties hereto have caused this SOW to be effective as of the day, month and year first written above.

WestCare-Gulf Coast

FitzHouse Enterprises, Inc.

By: _____
Name:
Title:

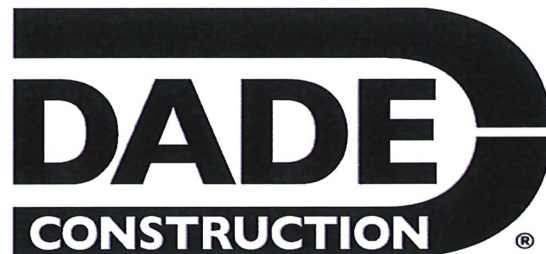
By: _____
Name:
Title:

Building Renovations for WestCare Rehabilitation

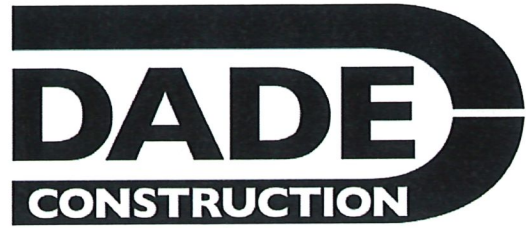
**WestCare Gulf Coast
1801 5th Ave North
St. Petersburg FL, 33713**



**Dade Construction Corp.
12240 S.W. 131 Ave | Miami Fl 33186
Direct:305.298.5952 Fax:786.362.7113
WWW.DADECONSTRUCTION.COM**

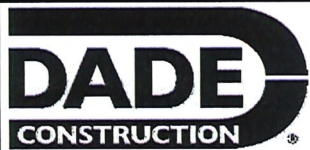


Project Name: WestCare Gulf Coast
 Project Location: St. Petersburg, Florida
 Date of Report: 12/01/2022
 Scope Areas: 12, 000SF



CONSTRUCTION PROPOSAL

SUMMARY		
Description	Total	Comments
Division 1 General Requirements	\$231,700.00	
Division 2 Sitework	\$113,000.00	
Division 3 Concrete	\$0.00	
Division 4 Masonry	\$0.00	
Division 5 Metals	\$0.00	
Division 6 Wood & Plastics	\$268,550.00	
Division 7 Them & Moist Protect.	\$290,320.00	
Division 8 Door and Windows	\$65,200.00	
Division 9 Finishing	\$457,950.00	
Division 10 Specialties	\$0.00	
Division 11 Equipment	\$0.00	
Division 12 Furnishings	\$0.00	
Division 13 Special Construction	\$0.00	
Division 14 Conveying Systems	\$0.00	
Division 15 Plumbing	\$15,000.00	
Division 15 H V A C	\$13,500.00	
Division 16 Electrical	\$10,000.00	
Overhead	\$44,542.69	3%
Profit	\$29,304.40	3%
Total	\$1,539,067.09	\$148.80
DADE CONSTRUCTION CORP.		



Owner Name: WestCare
 Location: 1801 5th Ave North St. Petersburg FL, 33713
 Project Name: WestCare-Gulf Coast

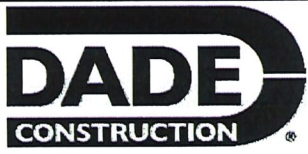
BUDGET # 001

SF 12,000
 Prepared by: Jonathan Cuesta
 N/A
 (date/time): 12/1/2022

#	CSI Code	Trade Description	Quantity	U/M	Unit Cost	Budget Value	Cost Per SQFT 90,000	Comment
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DIVISION 1 - GENERAL REQUIREMENTS

1.1 General Items for Building								
1.11	Owner Direct Expenses							
1.12	Building Permit Fees		1	ea.	\$0.00	\$0.00	\$0.00	BY OWNER
1.13	Impact Fees		1	ea.	\$0.00	\$0.00	\$0.00	BY OWNER
1.14	FPL Connection Fees		1	ea.	\$0.00	\$0.00	\$0.00	BY OWNER
1.15	Derm & WASA		1	ea.	\$0.00	\$0.00	\$0.00	BY OWNER
1.16	Certificate of Occupancy Fees		1	ea.	\$0.00	\$0.00	\$0.00	BY OWNER
1.17	Gas Meter		1	ea.	\$0.00	\$0.00	\$0.00	BY OWNER
1.18	Water Meters		1	ea.	\$0.00	\$0.00	\$0.00	BY OWNER
1.19	Subcontractor Permit Fee Allowance		1	ea.	\$10,000.00	\$10,000.00	\$0.11	
1.20	Permit Expediting for subcontractors		1	ea.	\$5,000.00	\$5,000.00	\$0.06	
1.21	On Site Team							
1.22	Supervisor		20	wks.	\$2,000.00	\$40,000.00	\$0.44	
1.23	Foreman		20	wks.	\$1,250.00	\$25,000.00	\$0.28	
1.24	Labor # 1		20	wks.	\$900.00	\$18,000.00	\$0.20	
1.25	Labor # 2			wks.	\$1,100.00	\$0.00	\$0.00	
1.26	Labor # 3		0	wks.	\$1,100.00	\$0.00	\$0.00	
1.27	Labor # 4		0	wks.	\$1,100.00	\$0.00	\$0.00	
1.28	Project Manager		20	wks.	\$1,500.00	\$30,000.00	\$0.33	
1.29	Assistant Project Manager		20	wks.	\$1,000.00	\$20,000.00	\$0.22	
1.30	Provisions for Construction							
1.31	Dumpster for Construction		1	ea.	\$3,000.00	\$3,000.00	\$0.03	
1.32	Windows removal and Reinstall for Trash chute			ea.	\$2,500.00	\$0.00	\$0.00	
1.33	Blue prints		1	ea.	\$1,500.00	\$1,500.00	\$0.02	
1.34	Trash Chute (Rental)			ea.	\$5,500.00	\$0.00	\$0.00	
1.35	Install/Remove Chute			ea.	\$3,000.00	\$0.00	\$0.00	
1.36	Lull/Crane/Boom lift for Lifting Materials			ea.	\$3,500.00	\$0.00	\$0.00	
1.37	Storage container # 1		12	ea.	\$1,000.00	\$12,000.00	\$0.13	
1.38	Storage container # 2			ea.	\$1,000.00	\$0.00	\$0.00	
1.39	Storage container # 3			ea.	\$1,000.00	\$0.00	\$0.00	
1.40	Storage container # 4			ea.	\$1,000.00	\$0.00	\$0.00	
1.41	Office Trailer double wide with bathroom			ea.	\$5,000.00	\$0.00	\$0.00	
1.42	Miscellaneous materials		1	ea.	\$8,000.00	\$8,000.00	\$0.09	
1.43	Temporary Construction Fence		1	ea.	\$10,000.00	\$10,000.00	\$0.11	
1.43	Protection of Finished Floors		12000	sf	\$0.50	\$6,000.00	\$0.07	
1.44	Scaffold and Lifts		1	ea.	\$15,000.00	\$15,000.00	\$0.17	

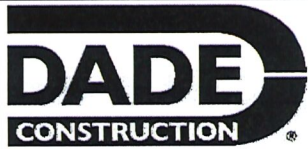


Owner Name: WestCare
 Location: 1801 5th Ave North St. Petersburg FL, 33713
 Project Name: WestCare-Gulf Coast

BUDGET # 001

SF 12,000
 Prepared by: Jonathan Cuesta
 N/A
 (date/time): 12/1/2022

#	CSI Code	Trade Description	Quantity	U/M	Unit Cost	Budget Value	Cost Per SQFT 90,000	Comment
1.45		Temp. Toilet	1	ea.	\$6,000.00	\$6,000.00	\$0.07	
1.46		Final Cleaning					\$0.00	
1.47		Clean Team	1	sf	\$16,200.00	\$16,200.00	\$0.18	
1.48		Site Final Cleaning (Sweeper & Pressure Wash)	1	ls	\$6,000.00	\$6,000.00	\$0.07	
						\$231,700.00	General Requirements	
GENERAL REQUIREMENTS SUBTOTAL						\$231,700.00	\$2.57	
2.1 Demolition								
2.11		Interior Demolition						
2.12		Complete Interior Demolition per plan	1	ea.	\$36,000.00	\$36,000.00	\$0.40	
2.14		Dumpsters for Demolition	5	ea.	\$1,000.00	\$5,000.00	\$0.06	
2.15		HVAC Safety Off Cut and Cap Piping for future	1	ea.	\$5,000.00	\$5,000.00	\$0.06	
2.17		Electrical Safety Off for Demolition	1	ea.	\$5,000.00	\$5,000.00	\$0.06	
2.19		Plumbing Disconnect and Cap for Demolition	1	ea.	\$3,000.00	\$3,000.00	\$0.03	
2.22		Asbestos Certification "Independent Lab Testing" ALLOWANCE	1	ea.	\$10,000.00	\$10,000.00	\$0.11	
						\$64,000.00	Demolition	
DEMO SUBTOTAL						\$64,000.00	\$0.71	
2.2 Landscaping and Hardscape								
2.21		Landscape & Irrigation:						
2.22		Landscape Package	1	ea.	\$15,000.00	\$15,000.00	\$0.17	
2.23		Irrigation ALLOWANCE	1	ea.	\$10,000.00	\$10,000.00	\$0.11	
						\$25,000.00	Landscaping and Hardscape	
2.3 Sitework Package								
2.31		Site Work:						
2.35		Asphalt/Parking Lot	1	ea.	\$8,000.00	\$8,000.00	\$0.09	
2.36		Striping/Signage	1	ea.	\$5,000.00	\$5,000.00	\$0.06	
2.37		Sidewalks and Concrete Work	1	ea.	\$5,000.00	\$5,000.00	\$0.06	
2.38		Mobilization/MOT/Dewatering	1	ea.	\$6,000.00	\$6,000.00	\$0.07	
						\$24,000.00	Sitework Package	
SITE WORK SUBTOTAL						\$113,000.00	\$1.26	
DIVISION 3 - CONCRETE								
3.1 CIP CONCRETE ONLY								
3.11		Concrete:N/A						
						\$0.00	CIP CONCRETE ONLY	
CONCRETE SUBTOTAL						\$0.00	\$0.00	

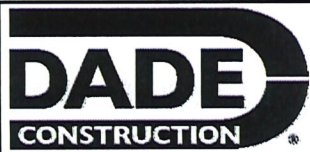


Owner Name: WestCare
 Location: 1801 5th Ave North St. Petersburg FL, 33713
 Project Name: WestCare-Gulf Coast

BUDGET # 001

SF 12,000
 Prepared by: Jonathan Cuesta
 (date/time): N/A
12/1/2022

#	CSI Code	Trade Description	Quantity	U/M	Unit Cost	Budget Value	Cost Per SQFT 90,000	Comment
DIVISION 4 - MASONRY								
4.1 Masonry								
	4.11	Infill Masonry: N/A		ea.		\$0.00	\$0.00	
						\$0	Masonry	
MASONRY SUBTOTAL						\$0.00	\$0.00	
DIVISION 5 - METALS								
5.1 Misc. Metals, Ornamental Metals								
	5.11	Metal: N/A		ea.		\$0.00	\$0.00	
						\$0.00	Misc. Metals, Ornamental Metals	
METALS SUBTOTAL						\$0.00	\$0.00	
DIVISION 6 - WOODS AND PLASTICS								
6.3 Millwork								
	6.31	Cabinetry: Stations	1	ls	\$268,550.00	\$268,550	\$2.98	
	6.32	Metal	1	ea.	in above	\$0.00	\$0.00	
	6.33	Millwork	1	ea.	in above	\$0.00	\$0.00	
	6.34	Countertops	1	ea.	in above	\$0.00	\$0.00	
						\$268,550.00	Millwork	
WOOD AND PLASTICS SUBTOTAL						\$268,550.00	\$2.98	
DIVISION 7 - THERMAL AND MOISTURE PROTECTION								
7.2 Roofing & Sheet Metal								
	7.21	Roof Package:						
	7.22	TPO Roof System with demolition	1	ea.	\$290,320.00	\$290,320.00	\$3.23	
	7.23	Fire Stopping and Caulking		ea.	in above		\$0.00	
	7.24	Roof cutting for penetrations		ea.	in above		\$0.00	
	7.25	Temp dry in		ea.	in above		\$0.00	
						\$290,320.00	Roofing & Sheet Metal	
THERMAL AND MOISTURE PROTECTION SUBTOTAL						\$290,320.00	\$3.23	
DIVISION 8 - DOORS AND WINDOWS								
8.1 Doors, Frames & Hardware								
	8.11	Door Package and hardware	1	ea.	\$65,200.00	\$65,200.00	\$0.72	
						\$65,200.00	Doors, Frames & Hardware	
DOORS AND WINDOWS SUBTOTAL						\$65,200.00	\$0.72	



Owner Name: WestCare
 Location: 1801 5th Ave North St. Petersburg FL, 33713
 Project Name: WestCare-Gulf Coast

BUDGET # 001

SF 12,000
 Prepared by: Jonathan Cuesta
 N/A
 (date/time): 12/1/2022

#	CSI Code	Trade Description	Quantity	U/M	Unit Cost	Budget Value	Cost Per SQFT 90,000	Comment
DIVISION 9 - FINISHES								
9.1 Drywall								
9.10	N/A			ea.		\$0.00	\$0.00	
						\$0.00		Drywall
9.2 Acoustical Ceilings								
9.21	ACT		1	ls	\$30,000.00	\$30,000.00	\$0.33	
						\$30,000.00		Acoustical Ceilings
9.3 Flooring								
9.31	Flooring Package:		1	ea.	\$339,450.00	\$339,450.00	\$3.77	
9.42	Moisture test		1	ea.	\$2,500.00	\$2,500.00	\$0.03	
9.43	Floor Leveling ALLOWANCE		1	ea.	\$15,000.00	\$15,000.00	\$0.17	
						\$356,950.00		Flooring
9.4 Painting								
9.41	Painting Package		1					
9.42	Interior Package		1	ea.	\$31,000.00	\$31,000.00	\$0.34	
9.43	Exterior Package		1	ea.	\$40,000.00	\$40,000.00	\$0.44	
						\$71,000.00		Painting
FINISHES SUBTOTAL						\$457,950.00		\$5.09
DIVISION 10 - SPECIALTIES								
10.1 Special Materials								
10.12	Special Materials: N/A			ea.		\$0.00	\$0.00	
						\$0.00		Specialties
SPECIALTIES SUBTOTAL						\$0.00		\$0.00
DIVISION 11 - EQUIPMENT								
11.1 Equipment								
11.11	Equipment: N/A			ls		\$0.00	\$0.00	
						\$0.00		Equipment
EQUIPMENT SUBTOTAL						\$0.00		\$0.00
DIVISION 12 - FURNISHINGS								
12.1 Furnishings								
12.10	Window treatment: N/A		1	ea.	\$0.00	\$0.00	\$0.00	SEE ADD ALTERNATE

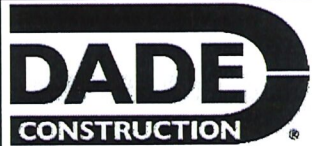


Owner Name: WestCare
 Location: 1801 5th Ave North St. Petersburg FL, 33713
 Project Name: WestCare-Gulf Coast

BUDGET # 001

Prepared by: Jonathan Cuesta
 (date/time): 12/1/2022
 SF 12,000
 N/A

#	CSI Code	Trade Description	Quantity	U/M	Unit Cost	Budget Value	Cost Per SQFT 90,000	Comment
						\$0.00		Furnishings
FURNISHINGS SUBTOTAL						\$0.00	\$0.00	
DIVISION 13 - SPECIAL CONSTRUCTION								
13.1 Pools & Fountains								
	N/A		0	ls	\$0.00	\$0	\$0.00	
						\$0		Pools & Fountains
Pools & Fountains						\$0	\$0.00	
DIVISION 14 - CONVEYING SYSTEM								
14.1 Conveying Systems								
	14.1	Elevators:N/A						
						\$0		Conveying Systems
CONVEYING SYSTEM SUBTOTAL						\$0	\$0	
DIVISION 15 - MECHANICAL								
15.1 Plumbing								
	15.12	Plumbing Package Roof	1	ea.	\$15,000.00	\$15,000.00	\$0.17	
						\$15,000.00		Plumbing
15.2 Fire Protection								
	15.21	Fire Protection						
	15.22	Fire Stopping & Caulking (Roof Penetrations)	1	ls	\$5,000.00	\$5,000.00	\$0.06	
						\$5,000.00		Fire Protection
15.3 HVAC								
	15.31	Complete HVAC Package: Roof Disconnects	1	ea.	\$8,500.00	\$8,500.00	\$0.09	
						\$8,500.00		HVAC
MECHANICAL SUBTOTAL						\$28,500.00	\$0.32	
DIVISION 16 - ELECTRICAL								
16.1 Electrical								
	16.11	Electrical Package: Roof Disconnects	1	ea.	\$10,000.00	\$10,000.00		
						\$10,000.00		Electrical
16.2 Fire Alarm								
	16.21	Fire Alarm: N/A						
						\$0.00		Fire Alarm



Owner Name: WestCare
 Location: 1801 5th Ave North St. Petersburg FL, 33713
 Project Name: WestCAre-Gulf Coast

BUDGET # 001

SF 12,000
 Prepared by: Jonathan Cuesta
 (date/time): N/A
12/11/2022

#	CSI Code	Trade Description	Quantity	U/M	Unit Cost	Budget Value	Cost Per SQFT 90,000	Comment
ELECTRICAL SUBTOTAL						\$10,000.00	\$0.11	
DIRECT COSTS						\$1,465,220.00	\$16.28	
CONTRACTOR RELATED COSTS								
	2.00%	Profit	1	ls	\$29,304.40	\$29,304.40	\$0.33	2.00%
	2.00%	Overhead	1	ls	\$29,304.40	\$29,304.40	\$0.33	2.00%
	1.00%	Builder's Risk	1	ls	\$15,238.29	\$15,238.29	\$0.17	1.00%
CONSTRUCTION GRAND TOTAL						\$1,539,067.09	\$17.10	



Building Renovations for WestCare Rehabilitation Cost Estimate Agreement

December 21, 2022

WestCare Gulf Coast
1801 5th Ave. North
St. Petersburg FL, 33713

Re: A Turning Point Facility Renovations

Dear Mr. Holman,

Thank you for bringing to our attention the proposed renovation project for A Turning Point with potential funding from the Pinellas Community Foundation. We understand that the totality of the project contains six construction components with a proposed budget for the entire project of \$1.53 million.

As a licensed general contractor, we have reviewed the budget and the scopes of work for the A Turning Point project and agree that our company could potentially complete this project for the cost estimate of \$1.53 million.

We understand that this letter does not constitute a bid on the project and that the open bidding process will proceed upon funding of the project.

Sincerely,

A handwritten signature in blue ink, appearing to read "N. Holm".

Nathan Holm, President
Holm Court, LLC
865-577-7036

**WestCare Gulfcoast Florida, Inc
Pinellas Community Foundation
ARPA Nonprofit Capital Project Fund
Large Capital Projects Application**

Description	Top Priority			
	Roof	Nurse's station	Kitchen	Interior ceiling & paint
General Requirements	\$ 12,843	\$ 15,218	\$ 21,196	\$ 22,140
Sitework	\$ -	\$ -	\$ -	\$ -
Concrete	\$ -	\$ -	\$ 5,117	\$ -
Masonry	\$ -	\$ -	\$ -	\$ -
Metals	\$ 266,000	\$ 35,779	\$ 5,150	\$ -
Wood & Plastics	\$ -	\$ -	\$ -	\$ -
Thermal & Moisture Protection	\$ -	\$ -	\$ -	\$ -
Door & Windows	\$ -	\$ 35,842	\$ 5,400	\$ -
Finishing	\$ -	\$ 27,582	\$ 62,236	\$ -
Specialties	\$ -	\$ 63,890	\$ 16,482	\$ -
Equipment	\$ -	\$ -	\$ 128,738	\$ -
Furnishings	\$ -	\$ 21,521	\$ -	\$ 135,925
Special Construction	\$ -	\$ -	\$ -	\$ -
Conveying Systems	\$ -	\$ -	\$ -	\$ -
Plumbing	\$ -	\$ 4,205	\$ 30,632	\$ -
HVAC	\$ -	\$ -	\$ 25,878	\$ -
Electrical	\$ -	\$ 33,865	\$ 39,541	\$ -
Contingency	\$ 12,564	\$ 13,589	\$ 18,659	\$ 7,485
Demolition	\$ 21,000	\$ 4,500	\$ 19,225	\$ 8,865
Total Project	\$ 312,407	\$ 255,991	\$ 378,254	\$ 174,415
Funding Source				
Pinellas ARPA	\$ 312,407	\$ 255,991	\$ 378,254	\$ 174,415

		Exterior		
	Flooring	Doors		Totals
\$	33,743	\$ 6,879	\$	112,019
\$	-	\$ -	\$	-
\$	31,956	\$ -	\$	37,073
\$	-	\$ -	\$	-
\$	-	\$ -	\$	306,929
\$	-	\$ -	\$	-
\$	-	\$ -	\$	-
\$	-	\$ 29,900	\$	71,142
\$	239,866	\$ 3,891	\$	333,575
\$	-	\$ 8,952	\$	89,324
\$	-	\$ -	\$	128,738
\$	-	\$ -	\$	157,446
\$	-	\$ -	\$	-
\$	-	\$ -	\$	-
\$	-	\$ -	\$	34,837
\$	-	\$ -	\$	25,878
\$	-	\$ -	\$	73,406
\$	14,375	\$ 4,820	\$	71,492
\$	33,150	\$ 4,952	\$	91,692
\$	353,090	\$ 59,394	\$	1,533,551
\$	353,090	\$ 59,394	\$	1,533,551

WestCare Gulfcoast Florida
FY23 Budget

Funding Source	FY23 Budget
Federal Funding	2,943,227
State Funding	6,908,559
SASCA Aftercare	-
County Funding	1,601,386
City Funding	344,862
Other Grant	438,008
Client Fees	1,191,900
Fund Development	38,084
In-Kind Donations	24,000
Other Revenue	6,000
Revenue Total	<u>\$ 13,496,026</u>

Expense Category	FY23 Budget
Salary	5,996,890
Benefits	1,504,223
In-kind Donations	24,000
Food Service	819,918
Occupancy	866,776
Prgm Maint/Supplies	1,433,546
Purchased After Care	-
Consulting	388,021
Travel	92,201
Furniture & Equipment	91,622
Repair & Maintenance	157,677
Vehicles	55,598
Office/Advertising/Insurance	517,166
Interest & Taxes	-
Management/Administration	1,405,864
Amortization/Depreciation	142,524
Expense Total	<u>\$ 13,496,026</u>

Net Fund Balance \$ -



WestCare GulfCoast Florida, Inc.
2022 Board of Directors and Officers

At-Large Directors

Rick Ramsay ~ Chair
Monroe County Sheriff's Office
5525 College Road
Key West, FL 33040
(305) 292-7001 Work (Direct)
rramsay@keysso.net
Law Enforcement
Community Service
White
Male

Markus Hughes ~ Vice Chair
3251 70th Way North
St. Petersburg, FL 33710
(727) 459-2592 Cell
(727) 422-3602 Work Cell
markus.hughes@stpete.org
Law Enforcement
Community Service
White
Male

Executive Committee Directors

James (Jim) L. Wadhams
Black & Wadhams Attorneys
10777 West Twain Ave., Ste 300
Las Vegas, NV 89135
(702) 869-8801 Work
jlwadhams@blackwadhams.law
Attorney
Business Law
White
Male

Doris Hope Michaux
3440 Stembler Ridge
Douglasville, GA 30135
(559) 287-8699 Cell
dorismichaux@hotmail.com
Retired- Social Services
African American
Female

Thomas (Tom) J. Walsh, II
180 28th Ave. North
St. Petersburg, FL 33704
(727) 552-1947 Work
tom.walsh@westcare.com
Attorney
Government/Business Law
White
Male

Ramón (Ray) A. Abadin
2333 Ponce De Leon Blvd.
BAC Colonnade, Suite 314
Coral Gables, FL 33134
(305) 321-4496 Cell
rabadin@abadinlaw.com
Attorney
Business Law
Hispanic
Male

Mary A.Y. Okada
PO Box 3566
Hagatna, Guam 96932
(671) 735-5700 Work
(671) 777-3216 Cell
mary.okada@guamcc.edu
Pres. Guam Community College
Education/Business
Islander
Female

William (Bill) Ekstrom, Jr.
1516 S. Paloma Blanca Pl.
Kingman, AZ 86401
(928) 753-5942 Home
(928) 308-7434 Cell
wjekstromjr@gmail.com
Retired-Attorney
Government/Business Law
White
Male

Executive Committee Directors

Richard (Dick) E. Steinberg ~
President
PO Box 94738
Las Vegas, NV 89193
(702) 385-2090 Work
rsteinberg@westcare.com
President, WestCare Foundation
White
Male

Non-Director Ex-Officio Officers

Ken Ortals, Treasurer and Secretary
of WestCare Florida, Inc.
PO Box 94738
Las Vegas, NV 89193
(702) 385-2090 Work
ken.ortals@westcare.com
CEO, WestCare Foundation
White
Male

2020 TAX RETURN

Client Copy

Client: 9285RR

Prepared for: WESTCARE GULFCOAST FLORIDA INC.
P.O. BOX 94738
LAS VEGAS, NV 89193-4738
(702) 385-2090

Prepared by: ROLAND M. ROOS
ROOS AND MCNABB CPAS A PROFESSIONAL CORPORATION
4384 E ASHLAN AVE, STE 107
FRESNO, CA 93726
(559) 226-2209

Date: January 6, 2022

Comments:

Route to: _____

ROOS AND MCNABB CPAS A PROFESSIONAL CORPORATION
4384 E ASHLAN AVE, STE 107
FRESNO, CA 93726
(559) 226-2209

January 6, 2022

WESTCARE GULFCOAST FLORIDA INC.
P.O. BOX 94738
LAS VEGAS, NV 89193-4738

Dear Client:

Your 2020 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

ROLAND M. ROOS

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 202021

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

Taxpayer identification number

WESTCARE GULFCOAST FLORIDA INC.

59-3714627

Name and title of officer or person subject to tax

KEN ORTBALS

CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1 a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b <u>9,953,890.</u>
2 a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b _____
3 a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5 b _____
6 a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6 b _____
7 a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7 b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize ROOS AND MCNABB CPAS A PROFESSIONAL CORPO to enter my PIN 92858 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency (ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 77311093720
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ROLAND M. ROOS Date _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **7/01**, **2020**, and ending **6/30**, **2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C WESTCARE GULFCOAST FLORIDA INC. P.O. BOX 94738 LAS VEGAS, NV 89193-4738	D Employer identification number 59-3714627	E Telephone number (702) 385-2090
F Name and address of principal officer: RICHARD STEINBERG Same As C Above		G Gross receipts \$ 9,953,890.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
J Website: www.westcare.com		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2001	M State of legal domicile: FL

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE TREATMENT & PREVENTION OF SUBSTANCE ABUSE.</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	158
	6 Total number of volunteers (estimate if necessary)	6	25
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,026,231.	9,093,984.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	976,285.	854,256.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,437.	5,650.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,013,953.	9,953,890.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,907,042.	5,405,607.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,254,119.	5,131,970.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,161,161.	10,537,577.	
19 Revenue less expenses. Subtract line 18 from line 12	-147,208.	-583,687.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,719,918.	2,977,893.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,434,663.	5,276,325.
		-1,714,745.	-2,298,432.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	
	▶ KEN ORTBALS		CFO
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	ROLAND M. ROOS	ROLAND M. ROOS	
	Firm's name ▶ ROOS AND MCNABB CPAS A PROFESSIONAL CORPORATION	Check <input checked="" type="checkbox"/> if self-employed PTIN P00024256	
	Firm's address ▶ 4384 E ASHLAN AVE, STE 107 FRESNO, CA 93726	Firm's EIN ▶ 85-3902793 Phone no. (559) 226-2209	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO PROVIDE TREATMENT & PREVENTION OF SUBSTANCE ABUSE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 8,614,447. including grants of \$ 9,086,880.) (Revenue \$ 9,953,890.)

TO PROMOTE PUBLIC AWARENESS ABOUT CHEMICAL DEPENDENCY AND RELATED ISSUES AND PROBLEMS; AND, TO PROMOTE RECOVERY FROM CHEMICAL DEPENDENCY AND OR RELATED ILLNESSES, THROUGH DEVELOPING, ESTABLISHING AND/OR MAINTAINING OF CENTERS FOR THE REHABILITATION OF INDIVIDUALS AND THEIR FAMILIES; AND TO PROMOTE THE HEALTH AND WELL-BEING OF ALL CITIZENS. THE ORGANIZATION PROVIDES RESIDENTIAL AND OUT-PATIENT REHABILITATION PROGRAMS, CRIMINAL JUSTICE PROGRAMS, HEALTH RELATED AND A VARIETY OF PREVENTION PROGRAMS AND SERVICES ALL OF WHICH ARE RELATED TO THE PURPOSES FOR WHICH IT IS ESTABLISHED.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 8,614,447.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?.....		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I.</i> See instructions.....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b	A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 158		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI.

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1 b	Enter the number of voting members included on line 1a, above, who are independent. 1 b 7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	X	
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule O.	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	The organization's CEO, Executive Director, or top management official. See Schedule O.	X	
15 b	Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ None
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
KEN ORTBALS, CFO P.O. BOX 94738 LAS VEGAS NV 89193-4738 702-385-2090

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICIA SALMERON NURSE PRACTITIONER	40 0					X	104,580.	0.	0.	
(2) JAMES WADHAMS Director	1 0	X					0.	0.	0.	
(3) RICHARD STEINBERG President & CEO	1 0	X		X			0.	0.	0.	
(4) RICHARD RAMSAY Chairman	1 0	X		X			0.	0.	0.	
(5) MARKUS HUGHES VICE CHAIR	1 0	X					0.	0.	0.	
(6) RAMON ABADIN Director	1 0	X					0.	0.	0.	
(7) DERRICK BOAZMAN Director	1 0	X					0.	0.	0.	
(8) MARY OKADA Director	1 0	X					0.	0.	0.	
(9) TOM WALSH, II Director	1 0	X					0.	0.	0.	
(10) WILLIAM EKSTROM JR. Director	0 0	X					0.	0.	0.	
(11) KEN ORTBALS Treasurer	1 0			X			0.	0.	0.	
(12) SCOTT BURNS Psychiatrist	40 0					X	0.	0.	0.	
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

1 b Subtotal	104,580.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	104,580.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 9,086,880.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 7,104.				
	g Noncash contributions included in lines 1a-1f	1 g				
	h Total. Add lines 1a-1f		9,093,984.			
Program Service Revenue	2 a CLIENT FEES	Business Code 624100	854,256.		854,256.	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		854,256.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		6 b Less: rental expenses				
		6 c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7 b Less: cost or other basis and sales expenses				
		7 c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8 a				
b Less: direct expenses	8 b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	9 a					
b Less: direct expenses	9 b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10 a					
b Less: cost of goods sold	10 b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code 900099	5,650.	5,650.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		5,650.			
12 Total revenue. See instructions		9,953,890.	5,650.	0.	854,256.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	4,283,346.	4,040,127.	243,219.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,122,261.	1,058,536.	63,725.	
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	330,593.	307,161.	23,432.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	826,553.	800,090.	26,463.	
17 Travel	35,564.	30,208.	5,356.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	1,098,774.		1,098,774.	
22 Depreciation, depletion, and amortization	104,354.	8,810.	95,544.	
23 Insurance	274,983.	36,000.	238,983.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>MEDICAL AND PHARMACY</u>	1,201,360.	1,201,210.	150.	
b <u>OPERATING SUPPLIES</u>	622,965.	518,043.	104,922.	
c <u>PROGRAM FOOD</u>	483,290.	483,290.		
d <u>FURNITURE & EQUIPMENT</u>	153,534.	130,972.	22,562.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	10,537,577.	8,614,447.	1,923,130.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year	
Assets	1	Cash – non-interest-bearing	900.	1	192,542.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,078,229.	4	1,950,940.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	42,893.	9	43,969.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,210,776.		
	b	Less: accumulated depreciation	10b 1,509,768.	10c	701,008.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	74,589.	15	89,434.
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,719,918.	16	2,977,893.	
Liabilities	17	Accounts payable and accrued expenses	614,808.	17	703,927.
	18	Grants payable		18	
	19	Deferred revenue	934,715.	19	889,376.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,885,140.	25	3,683,022.
	26	Total liabilities. Add lines 17 through 25	3,434,663.	26	5,276,325.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	-1,714,745.	27	-2,298,432.
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances.	-1,714,745.	32	-2,298,432.	
33	Total liabilities and net assets/fund balances.	1,719,918.	33	2,977,893.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,953,890.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,537,577.
3	Revenue less expenses. Subtract line 2 from line 1	3	-583,687.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,714,745.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-2,298,432.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis			
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization WESTCARE GULFCOAST FLORIDA INC.	Employer identification number 59-3714627
--------------------------------------------------------------------	-----------------------------------------------------

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	7,576,975.	7,641,601.	7,485,583.	9,026,231.	9,093,984.	40,824,374.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	7,576,975.	7,641,601.	7,485,583.	9,026,231.	9,093,984.	40,824,374.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						40,824,374.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	7,576,975.	7,641,601.	7,485,583.	9,026,231.	9,093,984.	40,824,374.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.	25,656.	80,393.	15,406.	11,437.	5,650.	138,542.
11 Total support. Add lines 7 through 10.						40,962,916.
12 Gross receipts from related activities, etc. (see instructions)					12	3,463,815.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).	14	99.66 %
15 Public support percentage from 2019 Schedule A, Part II, line 14.	15	0.00 %

16a **33-1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b **33-1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described in line 11a above?	11b	
c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

BAA

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income

<u>Nature and Source</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>
OTHER REVENUE	\$ 5,650.	\$ 11,437.	\$ 15,406.	\$ 80,393.	\$ 25,656.
Total	<u>\$ 5,650.</u>	<u>\$ 11,437.</u>	<u>\$ 15,406.</u>	<u>\$ 80,393.</u>	<u>\$ 25,656.</u>

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

WESTCARE GULFCOAST FLORIDA INC.

59-3714627

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements		1,641,156.		1,641,156.
d Equipment		531,363.		531,363.
e Other		38,257.	1,509,768.	-1,471,511.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 701,008.

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTER COMPANY TRANSFERS	3,612,662.
(3) RESTRICTED CLINET FUNDS	70,358.
(4) Rounding	2.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	3,683,022.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	9,953,890.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2 a	
	b Donated services and use of facilities	2 b	
	c Recoveries of prior year grants	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	9,953,890.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)	5	9,953,890.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	10,537,577.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2 a	
	b Prior year adjustments	2 b	
	c Other losses	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	10,537,577.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)	5	10,537,577.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

WESTCARE GULFCOAST FLORIDA INC.

Employer identification number

59-3714627

Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is reviewed by the CFO.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Board reviews any potential conflict at their Annual Board meeting.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Executive Committee reviews comparative data annually to determine compensation for all Executives.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Form 990 and the Annual Audited Financial Statements are available upon request at the corporate office.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 - ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

WESTCARE GULFCOAST FLORIDA INC.

Employer identification number

59-3714627

Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) WESTCARE FOUNDATION, INC. 1711 WHITNEY MESA DR. ----- HENDERSON, NV 89014 ----- 86-0852629	SUPPORTING ORGANIZATION	NV	501 (c) 3	9	N/A		X
(2) FITZHOUSE ENTERPRISES 1711 WHITNEY MESA DR. ----- HENDERSON, NV 89014 ----- 37-1440598	REAL ESTATE HOLDING COMPANY	NV	501 (c) 2		N/A		X
(3) ----- ----- -----							
(4) ----- ----- -----							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WESTCARE FOUNDATION, INC.	p	1,098,774	MANAGEMENT FEE
(2) WESTCARE FOUNDATION, INC.	s	1,745,306	OPERATING FUND
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment
Sequence No. **179**

Name(s) shown on return

WESTCARE GULFCOAST FLORIDA INC.

Identifying number

59-3714627

Business or activity to which this form relates

Form 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	104,354.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

Section B – Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	104,354.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812L 07/07/20

Form **4562** (2020)

WESTCARE GULFCOAST-FLORIDA, INC.

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**

JUNE 30, 2021

WESTCARE GULFCOAST-FLORIDA, INC.
REPORT ON FINANCIAL STATEMENTS
JUNE 30, 2021

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ROOS & MCNABB CPA'S
A PROFESSIONAL CORPORATION

INDEPENDENT AUDITOR'S REPORT

The Board of Directors
WestCare GulfCoast-Florida, Inc.

Report on the Financial Statements

We have audited the accompanying financial statements of WestCare GulfCoast-Florida, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2021, and the related statements of activities, cash flows, and functional expenses for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of WestCare GulfCoast-Florida, Inc. as of June 30, 2021 and the change in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Supplemental and Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedules of expenditures of federal awards and state financial assistance, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*; and Chapter 10.650, Rules of the Auditor General is presented for purposes of additional analysis and is not a required part of the financial statements. The schedule of state earnings, schedule of bed-day availability payments, schedule of related party transaction adjustments, and program/cost center actual expenses and revenues schedule, are also presented for purposes of additional analysis and not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 29, 2021, on our consideration of WestCare GulfCoast-Florida, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of WestCare GulfCoast-Florida, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering WestCare GulfCoast-Florida, Inc.'s internal control over financial reporting and compliance.

Roos & McNabb CPA's PC

Fresno, California
November 29, 2021

WESTCARE GULF COAST-FLORIDA, INC.
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2021

ASSETS

Cash and Cash Equivalents	\$ 900	
Grant Contracts Receivable	1,950,940	
Prepaid Expenses	43,969	
Cash Restricted for Client Funds	192,542	
Property and Equipment, Net	<u>790,443</u>	
Total Assets		<u>\$2,978,794</u>

LIABILITIES

Accounts Payable and Accrued Expenses	\$ 280,254	
Accrued Salaries and Related Expenses	424,574	
Due to Clients (Contra)	70,358	
Due to Related Organization	3,612,662	
Deferred Revenue – SBA Loan/Grant	491,034	
Deferred Revenue	<u>398,342</u>	
Total Liabilities		\$5,277,224

NET ASSETS

Without Donor Restrictions	<u>(2,298,430)</u>	
Total Net Assets		<u>(2,298,430)</u>
Total Liabilities and Net Assets		<u>\$2,978,794</u>

See accompanying notes to financial statements

WESTCARE GULFCOAST-FLORIDA, INC.
STATEMENT OF ACTIVITIES
For the Year Ended June 30, 2021

Change in Net Assets Without Donor Restrictions

Revenues and Other Support	
Federal Contract Revenue	\$ 2,003,103
State Contract Revenue	3,725,810
County Contract Revenue	1,443,470
City Contract Revenue	486,240
Other Contract Revenue	475,360
Client Fees	854,255
Donations and Gifts	7,104
PPP Funds	952,897
Other Revenue	<u>5,653</u>
Total Revenues and Other Support Without Donor Restrictions	 \$ 9,953,892
Expenses	
Program Services	
Grants and Program Support	<u>8,614,448</u>
Total Program Services	<u>8,614,448</u>
Supporting Services	
General and Administrative	<u>1,923,130</u>
Total Supporting Services	<u>1,923,130</u>
Total Expenses	<u>10,537,578</u>
Change in Net Assets Without Donor Restrictions	(583,686)
Net Assets, Beginning of Year	<u>(1,714,744)</u>
Net Assets, End of Year	<u>\$(2,298,430)</u>

See accompanying notes to financial statements

WESTCARE GULF COAST-FLORIDA, INC.
STATEMENT OF CASH FLOWS
JUNE 30, 2021

CASH FLOWS FROM OPERATING ACTIVITIES:

Change in Net Assets Without Donor Restrictions	\$(583,686)
Adjustments to Reconcile Change in Net Assets To Net Cash Provided by Operating Activities:	
Depreciation	104,354
(Increase) or Decrease in:	
Grants Receivable	(872,711)
Prepaid Expenses	(1,076)
Increase or (Decrease) in:	
Accounts Payable and Accrued Expenses	59,043
Accrued Salaries and Related Expenses	30,978
Clients Funds (Contra)	52,575
Deferred Revenue – SBA Loan/Grant	(134,507)
Deferred Revenue	<u>89,168</u>
Net Cash Provided/(Used) in Operating Activities	\$(1,255,862)

CASH FLOWS FROM INVESTING ACTIVITIES:

Purchase of Property and Equipment	<u>(326,095)</u>
Net Cash Provided/(Used) in Investing Activities	(326,095)

CASH FLOWS FROM FINANCING ACTIVITIES:

Advances from Related Organization	<u>1,745,306</u>
Net Cash Provided/(Used) in Financing Activities	<u>1,745,306</u>
Net Increase (Decrease) in Cash, Cash Equivalents, and Restricted Cash	163,349
Beginning Cash, Cash Equivalents, and Restricted Cash	<u>30,093</u>
Ending Cash, Cash Equivalents, and Restricted Cash	<u>\$ 193,442</u>
Supplemental Disclosure:	
Interest Paid	<u>\$ -</u>

See accompanying notes to financial statements

WestCare Gulfcoast Florida, Inc.
Statement of Functional Expenses
Year Ended June 30, 2021

Program Services								
	Federal Grants	State Grants	Local Grants	Other Grants	Program Support	Toal Program	General and Adminstrative	Total
Salaries and Related Expenses								
Salaries & Wages	\$ 898,343	\$ 1,861,660	\$ 1,063,659	\$ 1,250	\$ 215,215	\$ 4,040,127	\$ 243,219	\$ 4,283,346
Payroll taxes and employee benefits	235,371	487,765	278,685	328	56,388	1,058,536	63,725	1,122,261
Total Salaries and Related Expenses	<u>1,133,714</u>	<u>2,349,425</u>	<u>1,342,344</u>	<u>1,578</u>	<u>271,603</u>	<u>5,098,663</u>	<u>306,944</u>	<u>5,405,607</u>
Other Expenses								
Building Occupancy	84,551	413,714	205,918	-	95,907	800,090	26,463	826,553
Travel	7,690	17,218	4,819	-	481	30,208	5,356	35,564
Equipment Costs	42,512	36,981	37,820	9,380	4,279	130,972	22,562	153,534
Food Costs	19,374	360,885	31,045	20	71,966	483,290	-	483,290
Medical & Pharmacy	38,617	962,254	16,018	184,191	131	1,201,211	150	1,201,361
Subcontracted Services	-	-	-	-	-	-	-	-
Insurance	12,000	12,000	6,000	3,000	3,000	36,000	238,983	274,983
Operating Supplies and Expenses	135,440	229,108	106,391	9,213	37,891	518,043	104,922	622,965
Professional Services	39,543	233,910	800	32,908	-	307,161	23,432	330,593
Donated Goods and Services	-	-	-	-	-	-	-	-
Management Fees	-	-	-	-	-	-	1,098,774	1,098,774
Total Other Expenses	<u>379,727</u>	<u>2,266,070</u>	<u>408,811</u>	<u>238,712</u>	<u>213,655</u>	<u>3,506,975</u>	<u>1,520,642</u>	<u>5,027,617</u>
Total Expenses Before Depreciation	1,513,441	4,615,495	1,751,154	240,290	485,258	8,605,638	1,827,586	10,433,224
Depreciation	-	4,710	2,261	-	1,839	8,810	95,544	104,354
Total Expense	<u>1,513,441</u>	<u>4,620,206</u>	<u>1,753,416</u>	<u>240,290</u>	<u>487,097</u>	<u>8,614,448</u>	<u>1,923,130</u>	<u>10,537,578</u>

See accompanying notes to financial statements

WESTCARE GULFCOAST-FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 1 – ORGANIZATION AND NATURE OF ACTIVITIES:

WestCare GulfCoast-Florida, Inc. is a tax exempt, non-profit corporation governed by a volunteer board of directors incorporated in 2001 whose purposes include, but are not limited to the following:

- A. To promote public awareness about chemical dependency and related issues and problems; and,
- B. To promote recovery from chemical dependency and or related illnesses, through developing, establishing and/or maintaining of centers for the rehabilitation of individuals and their families.
- C. To promote the health and well being of all citizens.

The Organization provides residential and out-patient rehabilitation programs, criminal justice programs, health related and a variety of prevention programs and services all of which are related to the purposes for which it is established.

WestCare GulfCoast-Florida, Inc. applied for re-accreditation under CARF (Commission on Accreditation of Rehabilitation Facilities). The process involved completion of an Intent/Application document and a three-day site visit by a team of four CARF surveyors. WestCare GulfCoast-Florida, Inc. was awarded the highest recommendation, a three-year accreditation from January 2021 through January 2024.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting: The accompanying financial statements of the Organization have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America.

Basis of Presentation: Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified as follows:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of Management and the Board of Directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

WESTCARE GULFCOAST-FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued):

Measure of Operations: The statement of activities reports all changes in net assets, including changes in net assets from operating and non-operating activities. Operating activities consist of those items attributable to the Organization's ongoing activities. Non-operating activities are limited to resources that generate return from investments and other activities considered to be of a more unusual or nonrecurring nature.

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures contained in the financial statements. Actual results could differ from those estimates.

Cash and Cash Equivalents: For purposes of the statement of cash flows, the Organization considers investments available for current use with an initial maturity of three months or less to be cash equivalents.

Concentrations of Credit Risk: Financial instruments that potentially subject the Organization to concentration of credit risk are cash and receivables. Concentration of credit risk with respect to receivables is limited because a substantial portion of these balances are due from federal and state governmental agencies. Management believes the Organization is not exposed to any significant credit risk on cash. The Organization maintains its cash in various bank accounts that, at times, may exceed federally insured limits. These accounts have been placed with high credit quality financial institutions. On June 30, 2021, the Organization did not have cash in excess of the FDIC insured limit.

Receivables: Receivables are stated at the amount management expects to collect from balances outstanding at year end. The receivables are primarily contracts and/or grants from funding sources for services performed under cost reimbursement contracts. It is the practice of the Organization to record an allowance for doubtful accounts. Bad debts are charged to the allowance account as incurred. Based on management's assessment of receivables it has concluded that an allowance is not necessary on June 30, 2021. Balances that are still outstanding after management has used reasonable collection efforts are written off to bad debt expense.

Revenue and Revenue Recognition: Revenue is recognized when earned. Program service fees and payments received in advance are deferred to the applicable period in which the related services are performed, or expenditures are incurred, respectively.

Contract Revenue: Revenue under some third-party payor agreements is subject to audit and retroactive adjustments. Provisions for estimated third-party payor settlements are provided in the period the related services are rendered, if determinable.

WESTCARE GULFCOAST-FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued):

Contributions: Contributions are recognized as income at the estimated value at date of receipt as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. No donations with donor-imposed restrictions have been received.

Conditional Promises to Give: Conditional promises to give, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met. Conditional gifts received prior to the satisfaction of conditions are recorded as refundable advances.

Donated Services and In-Kind Contributions: Volunteers contribute significant amounts of time to our program services, administration, and fundraising and development activities; however, the financial statements do not reflect the value of these contributed services because they do not meet recognition criteria prescribed by generally accepted accounting principles. Contributed goods are recorded at fair value at the date of donation. Donated services are recorded at the respective fair values of the services received. No significant contributions of such goods or services were received during the year ended June 30, 2021.

Due to/from related parties: Amounts as due to/from related parties, included in the accompanying statements of financial position, arise principally from the collaborative activities between the affiliates to further the mission of the Organization.

Property and Equipment: The Organization capitalizes property and equipment over \$5,000. Lesser amounts are expensed. Purchased property and equipment is capitalized at cost. Donations of property and equipment are recorded as contributions at their estimated fair value. Such donations are reported as unrestricted contributions unless the donor has restricted the donated assets to a specific purpose. The cost of maintenance and repairs is charged to expense as incurred, significant renewals and betterments are capitalized. Property and equipment are depreciated using the straight-line method over the estimated useful lives of the assets.

Compensated Absences: The Organization's policy allows employees to accumulate vacation and sick leave based on the length of service, position, and other factors. Accrual of vacation time is included in the accompanying financial statements. The total amount accrued for vacation on June 30, 2021 was \$240,834.

Income Taxes: The Organization qualifies as a not-for-profit organization as described in Section 501 (c)(3) of the Internal Revenue Code and is tax exempt from federal and state income taxes, therefore no provisions for income taxes have been made. Management is of the opinion that there is no unrelated business income subject to taxation. Management is also of the opinion that there are no material uncertain tax positions. All tax returns have been appropriately filed by the Organization.

WESTCARE GULFCOAST-FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued):

Functional Expenses: The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The costs of providing the various programs and supporting services have been summarized on a functional basis in the statement of activities. The statement of functional expenses presents the natural classification detail of expenses by function. Such expenses are charged to grant programs and supporting services on the basis of program costs. General and administrative costs include those expenses that are not directly identifiable with any specific program but provide for the overall support of the Organization. Accordingly, certain costs have been allocated among program services and supporting services benefited. Such allocations are determined by management on an equitable basis.

Salaries and benefits are charged directly to the program for which work has been done based on time and effort. Other expenses and overhead costs are based on staff allocation to functional areas.

NOTE 3 – CASH AND CASH EQUIVALENTS:

The following table provides a reconciliation of cash, cash equivalents, and restricted cash reported within the statement of financial position that sum to the amounts shown in the statement of cash flows:

Cash and Cash Equivalents	\$ 900
Cash Restricted for Client Funds	<u>192,542</u>
Total Cash, Cash Equivalents, and Restricted Cash shown in the Statement of Cash Flows	<u>\$193,442</u>

NOTE 4 – RESTRICTIONS ON ASSETS:

Restrictions, if any, on assets as of June 30, 2021, are related to grant awards and/or lending agreements. Such assets must be used in accordance with the purposes established by laws and regulations of the grants or agreements in contrast with unrestricted funds over which the governing board remained full control to use in achieving any of its organizational purposes.

Separate cash accounts are maintained as required by grant and/or lending agreements. The Organization also holds cash in trust for participants in various programs.

**WESTCARE GULF COAST-FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021**

NOTE 5 – LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS:

The following reflects the Organization’s financial assets available within one year of the statement of financial position date. There are no amounts reduced and not available for general use because of donor-imposed restrictions or long-term investments.

Cash and cash equivalents	\$ 900
Grant contracts receivable	<u>1,950,940</u>
Total available for general expenditures	<u>\$1,951,840</u>

As part of the Organization’s liquidity management, it utilizes a zero-balance account (zba) with WestCare Foundation, Inc., a checking account in which a balance of zero is maintained by automatically transferring funds from a master account in an amount only large enough to cover checks presented. This cash pooling system is designed to leave in the current accounts of the subsidiaries the minimum amounts to be able to deal with their debts contracted. The advantage of this system is to centralize the cash to be able to obtain better rates. In addition, the Organization transfers amounts as needed to meet cash flow needs through a related affiliate, WestCare Foundation, Inc.

NOTE 6 – PROPERTY AND EQUIPMENT, NET:

Property and equipment, net consisted of the following on June 30, 2021:

Leasehold Improvements	\$1,641,156
Furniture and Fixtures	38,257
Computer Equipment	9,975
Vehicles	521,388
Construction in Progress	<u>89,435</u>
	2,300,211
Less: Accumulated Depreciation	<u>(1,509,768)</u>
Total Property and Equipment, Net	<u>\$ 790,443</u>

For the year ended June 30, 2021, depreciation expense totaled \$104,354.

NOTE 7 – EMPLOYEE BENEFIT PLAN:

The Organization has a 401(k)-retirement plan covering eligible employees held with Voya Financial with a Safe Harbor Match. The Organization’s match is 3% of each qualified employee’s basic contribution plus an additional \$.50 for each \$1 contributed for the next 2% earnings. Plan contribution by the Organization for the year ended June 30, 2021 was \$63,130.

WESTCARE GULFCOAST-FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 8 – COMMITMENTS AND CONTINGENCIES:

Operating Leases:

As of June 30, 2021, the Organization had entered into various non-cancellable operating lease agreements for real property. The approximate minimum future commitments on an annual basis are as follows: 2021 \$153,925, 2022 \$158,137, 2023 \$82,807, 2024 \$21,400, 2025 \$21,600 and thereafter \$25,200.

In February 2016, the FASB issued ASU No. 2016-02, *Leases* (Topic 842), which requires lessees to recognize leases on the statement of financial position for most leases with a term longer than 12 months. The effective date for this standard has been delayed to reporting periods beginning after December 15, 2021.

Contingencies:

Federal Grants – The Organization receives financial assistance from the federal government in the form of grants and entitlements. Receipt of grants is generally conditioned upon compliance with terms and conditions of the grant agreements and applicable federal laws and regulations, including the expenditure of resources for eligible purposes. Accordingly, expenditures financed by these programs are subject to financial and compliance audits by the grantor agencies, which could result in request for reimbursement by the grantor agencies for expenditures, if disallowed by the granting agencies, cannot be determined at this time. Management believes that such disallowances, if any, will not have a material adverse effect on the financial position of the Organization.

NOTE 9 – ECONOMIC DEPENDENCY:

The Organization receives a significant portion of its support and revenues from contracts and/or agreements with agencies of the Government of the United States. The Organization's ability to continue operating is predicated on the government's continued support and funding of its programs. The continuation of program services in the subsequent year is expected based on contract renewals and continuations received to date. A significant reduction in the level of this funding, if this were to occur, could have an adverse effect on the programs and activities.

NOTE 10 - MATCHING REQUIREMENTS:

The Organization receives a substantial portion of its support from various funding sources which required a local match. These funding sources include: The State of Florida Department of Children and Families, Central Florida Behavioral Health Network, Inc., U.S. Department of Housing and Urban Development (HUD) under the Supportive Housing Program, and the U.S. Department of Justice. The Organization has satisfied all matching requirements through local grants and by incurring sufficient eligible expenses.

WESTCARE GULFCOAST-FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 11 – RELATED PARTY TRANSACTIONS:

WestCare Foundation, Inc. is a managing and governing oversight organization for WestCare GulfCoast-Florida, Inc. During the year ending June 30, 2021, WestCare Foundation, Inc. received management fees for general and administrative expenses of \$1,098,774 from WestCare GulfCoast-Florida, Inc.

In addition, WestCare Foundation, Inc. has advanced funds as of June 30, 2021 to WestCare GulfCoast-Florida, Inc. for \$3,612,662.

FitzHouse Enterprises, Inc. owns property that is leased to WestCare GulfCoast-Florida, Inc. During the year ended June 30, 2021, FitzHouse Enterprises, Inc. received rental income for the purpose of providing funds for facility maintenance expenses of \$224,244.

NOTE 12 – COVID-19 PANDEMIC:

The COVID-19 pandemic, whose effects first became known in January 2020, is having a broad and negative impact on commerce and financial markets around the world. The United States and global markets experienced significant declines in value resulting from uncertainty caused by the pandemic. The Organization is closely monitoring its liquidity and is actively working to minimize the impact of these declines. The extent of the impact of COVID-19 on the Organization's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak and its impacts on the Organization's customers, employees, and vendors, all of which at present, cannot be determined. Accordingly, the extent to which COVID-19 may impact the Organization's financial position and changes in net assets and cash flows is uncertain and the accompanying financial statements include no adjustments relating to the effects of this pandemic.

NOTE 13 – PAYROLL PROTECTION PROGRAM LOANS:

The Organization was granted \$1,658,472 in loans under the Paycheck Protection Program "PPP" administered by a Small Business Administration (SBA) approved partner. The loans are uncollateralized and are fully guaranteed by the Federal government. The Organization is eligible for loan forgiveness of up to 100% of the loans, upon meeting certain requirements. The Organization initially recorded the loans as refundable advances and subsequently recognized grant revenue in accordance with guidance for conditional contributions; that is, once the measurable performance or other barrier and a right to return of the PPP loans no longer existed or when such conditions are explicitly waived. The Organization has recognized \$952,897 as grant revenue for the year ended June 30, 2021 and \$214,541 in the prior year. The remaining proceeds from the loan are eligible for forgiveness if the Organization maintains employment levels during its 24 weeks covered period and uses the funds for certain payroll, rent, and utility expenses.

**WESTCARE GULFCOAST-FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021**

NOTE 14 – SUBSEQUENT EVENTS:

The Organization has evaluated subsequent events through November 29, 2021, the date which the financial statements were available to be issued and has determined that there were no events occurring during that period that required disclosure to the accompanying financial statements.

END OF NOTES TO THE FINANCIAL STATEMENTS

WESTCARE GULFCOAST-FLORIDA, INC.
SUPPLEMENTARY AND OTHER INFORMATION

WESTCARE GULFCOAST-FLORIDA, INC.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2021

	Pass through Identifying #	Federal CFDA#	Federal Expenditures
CDBG - Entitlement Grants Cluster			
US Department of Housing & Urban Development			
<u>Community Development Block Grants/Entitlement Grants</u>			
Pass Through Award(s):			
City of Clearwater - CDBG	N/A	14.218	10,990
City of Largo - CDBG	B17MC120028 & B20MC120028	14.218	22,847
City of St. Petersburg - ESG / CDBG	E-19-MC-12-0017 & B-20-MC-12-0017	14.218	53,297
City of St. Petersburg - ESG / CDBG - CARES	CARES	14.218	43,346
Pinellas County - CDBG	CD20WCOPS	14.218	28,368
Pasco County - CDBG	B-20-UC-12-0009	14.218	22,428
Pasco County - CDBG - CARES	CD20-0165	14.218	2,450
Total CDBG - Entitlement Grants Cluster			<u>183,726</u>
US Department of Housing & Urban Development			
<u>Emergency Solutions Grant Program</u>			
Pass Through Award(s):			
City of St. Petersburg - ESG / CDBG	E-19-MC-12-0017 & B-20-MC-12-0017	14.231	72,376
Total Emergency Solutions Grant Program			<u>72,376</u>
<u>Supportive Housing Program</u>			
Direct Award(s):			
Supportive Housing Program Rapid Rehousing	FL0446L4H021806	14.235	50,150
Total Supportive Housing Program			<u>50,150</u>
US Department of Justice			
<u>Drug Court Discretionary Grant Program</u>			
Pass Through Award(s):			
Pinellas County - OJDDP Family Dependency Drug Court - Enhancement	2018-DC-BX-0023	16.585	236,578
Pinellas County - BJA Veterans Drug Court - VALOR	2019-VC-BX-0067	16.585	130,914
Pasco County - BJA Neuro Trauma	2020-DC-BX-0142	16.585	48,723
Total Drug Court Discretionary Grant Program			<u>416,215</u>
<u>Edward Byrne Memorial Justice Assistance Grant Program</u>			
Pass Through Award(s):			
Florida Department of Law Enforcement through Pinellas County Health and Community Services	2019-MU-BX-0036/2020-JAGC-3610	16.738	30,000
Total Edward Byrne Memorial Justice Assistance Grant Program			<u>30,000</u>
<u>Office of Justice Programs, Juvenile Justice & Delinquency Prevention</u>			
Pass Through Award(s):			
Pinellas County - Opioid Affected Youth Initiative	2019-YB-FX-K002	16.842	41,136
Total Drug Court Discretionary Grant Program			<u>41,136</u>
US Department of Veterans Affairs			
<u>VA Homeless Providers Grant and Per Diem Program</u>			
Direct Award(s):			
VA Per Diem	WGCF627-0694-516-LD-18-0	64.024	12,882
Total VA Homeless Providers Grant and Per Diem Program			<u>12,882</u>
US Department of Health & Human Services			
<u>Substance Abuse and Mental Health Services Projects of Regional and National Significance</u>			
Direct Award(s):			
SAMHSA Workforce	1H79TI083388	93.243	365,606
Pass Through Award(s):			
Pinellas County SAMHSA - Cooperative Agreement to Benefit Homeless Indi	SM063331	93.243	12,989
Pasco County CSAT Drug Court - Dependency	1H79TI080841	93.243	347,681
Pinellas County Adult Drug Court - Thrive	1H79TI81905	93.243	378,525
Pasco County Adult Drug Court - Thrive	1H79TI082965	93.243	259,849
Total Substance Abuse and Mental Health Services			<u>1,364,650</u>
<u>Block Grants for Prevention and Treatment of Substance Abuse</u>			
Pass Through Award(s):			
DCF - CFBHN - HIV Testing	QB055	93.959	47,842
DCF - CFBHN - Recovery Support & Supplemental SA	QB055	93.959	189,374
DCF - CFBHN - Prevention	QB055	93.959	27,878
Total Block Grants for Prevention and Treatment of Substance Abuse			<u>265,094</u>
<u>Opioid SOR</u>			
Pass Through Award(s):			
DCF - CFBHN - State Opioid Response	QB055	93.788	870,611
Total Block Grants for Community Mental Health Services			<u>870,611</u>
Department of Homeland Security			
<u>Emergency Food and Shelter National Board Program</u>			
Pass Through Award(s):			
United Way	Phase 37 & 38	97.024	74,584
United Way	Phase CARES	97.024	43,487
Total Emergency Food and Shelter National Board Program			<u>118,071</u>
Total Expenditures of Federal Awards			\$ 3,424,911

The accompanying notes are an integral part of this schedule.

WESTCARE GULFCOAST-FLORIDA, INC.
 SCHEDULE OF EXPENDITURES OF STATE FINANCIAL ASSISTANCE
 FOR THE YEAR ENDED JUNE 30, 2021

STATE OF FLORIDA AWARDS:	Contract #	CFSA #	Expenditures
Florida Department of Transportation Passed through from Federal Transit Administration	FY2017/YR42	20.513	-
Florida Department of Transportation	FY2017/YR42	55.001	-
State of Florida Courts System Passed Through Florida Alcohol and Drug Abuse Association, Inc. Opioid Treatment (MAT Services)	N/A	22.022	292,179
Department of Corrections - Focus	C2654	70.016	2,170,393
Department of Corrections - MH Overlay	B56ADF	70.016	141,000
Total Expenditures of State Financial Assistance			\$ 2,603,572

The accompanying notes are an integral part of this schedule.

**WESTCARE GULFCOAST-FLORIDA, INC.
NOTES TO SCHEDULES OF EXPENDITURES
OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE YEAR ENDED JUNE 30, 2021**

NOTE A - BASIS OF PRESENTATION:

The accompanying schedules of expenditures of federal awards and state financial assistance include the federal and state award activity of WestCare Gulfcoast-Florida, Inc. under programs of the federal and state government for the year ended June 30, 2021. The information in the schedules is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and *Florida Single Audit Act, Auditor General Rule 10.650*. Because the Schedules present only a selected portion of the operations of WestCare Gulfcoast-Florida, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of WestCare Gulfcoast-Florida, Inc.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Expenditures reported on the Schedules are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance and Chapter 10.650 Rules of the Auditor General, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

NOTE C – INDIRECT COST RATE:

WestCare Gulfcoast-Florida, Inc. has elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance. WestCare Gulfcoast-Florida, Inc. has a provisional indirect rate agreement for 26% for the year ended June 30, 2021.

**WESTCARE GULFCOAST-FLORIDA, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FEDERAL PROGRAMS AND STATE PROJECTS
FOR THE YEAR ENDED JUNE 30, 2021**

Section I – Summary of Auditor’s Results

Financial Statements

Type of auditor’s report issued on whether the financial statements audited were prepared in accordance with GAAP:	Unmodified
Internal control over financial reporting:	
• Material weakness(es) identified?	No
• Significant deficiency(ies) identified?	None reported
Noncompliance material to financial statements noted?	No

Federal Awards and State Projects

Internal control over major programs:	
• Material weakness(es) identified?	No
• Significant deficiency(ies) identified?	None reported
Types of auditor’s report issued on compliance for major programs:	Unmodified
Any audit findings disclosed that are required to be reported in accordance with CFR 200.516(a) or Chapter 10.656?	No

Identification of major programs:		
<u>Federal Program or Cluster</u>		<u>Federal CFDA No.</u>
Block Grants for Prevention & Treatment of Substance Abuse		93.959
Opioid SOR		93.788
 <u>State Project</u>		 <u>State CFDA/CFSA No.</u>
Department of Corrections – Focus		70.016

Dollar threshold used to distinguish between type A & type B Programs:	
Federal Programs:	\$750,000
State Programs:	\$750,000
Auditee qualified as low-risk auditee pursuant to Uniform Guidance: (Not applicable for State Projects)	Yes

Section II – Financial Statement Findings

None reported

Section III – Federal/State Award Findings and Questioned Costs

None reported

Section IV – Other Issues/Prior Year Audit Findings

No management letter is required because there were no findings required to be reported in the management letter.
No Summary Schedule of Prior Audit Findings is required because there were no prior audit findings.
No Corrective Action Plan is required because there were no findings required to be reported.

WESTCARE GULFCOAST-FLORIDA, INC.
Schedule of State Earnings for
Fiscal Year 7/1/20 - 6/30/21

1	Total Expenditures	10,537,578.00
2	Less Other State and Federal Funds	(5,728,913.00)
3	Less Non-Match SAMH Funds	(1,929,710.00)
4	Less Unallowable Costs per 65E-14, F.A.C.	0.00
5	Total Allowable Expenditures (Sum of lines 1, 2, 3, and 4)	2,878,955.00
6	Maximum Available Earnings (Line 5 times 75%)	2,159,216.25
7	Amount of State Funds Requiring Match	122,530.00
8	Amount Due to Department (Subtract line 7 from line 6)	2,036,686.25

AUDIT SCHEDULE
WestCare Gulfcoast Florida, Inc.
Schedule of Bed-Day Availability Payments
For Fiscal Year Ending 6/30/21

Program	Cost Center	State Contracted Rate	Total Units of Service Provided	Total Units of Service Paid for by 3rd Party Contracts, Local Govt. or Other State Agencies	Maximum # of Units Eligible for Payment by Department (D-E)	Amount Paid for Services by the Department	Maximum \$ Value of Units in Column F (F x C)	Amount Owed to Department (G-H or \$0, whichever is greater)
A	B	C	D	E	F	G	H	I
Children's MH	Crisis Stabilization Unit				0		\$0.00	\$0.00
Adult MH	Crisis Stabilization Unit				0		\$0.00	\$0.00
Children's SA	Substance Abuse Detox				0		\$0.00	\$0.00
Adult SA	Substance Abuse Detox				0		\$0.00	\$0.00
Adult MH	Short-term Residential Treatment				0		\$0.00	\$0.00
					0		\$0.00	\$0.00
	This Schedule N/A				0		\$0.00	\$0.00
					0		\$0.00	\$0.00
					0		\$0.00	\$0.00
Total Amount Owed to Department =								\$0.00

AUDIT SCHEDULE
WestCare Gulfcoast Florida, Inc.
Schedule of Related Party Transaction Adjustments
for the Fiscal Year Ending 6/30/2021

	Related Party	Allocation of Related Party Transactions Adjustment				
		State-Designated Cost Centers				
		1	2	3	Total
Revenues From Grantee						
Rent	XXX					
Services	XXX					
Interest	XXX					
Other	<u>XXX</u>					
Total Revenue From Grantee	XXX	This Schedule N/A				
Expenses Associated with Grantee Transactions						
Personnel Services	YYY					
Depreciation	YYY					
Interest	YYY					
Other	<u>YYY</u>					
Total Associated Expenses	YYY					
Related Party Transaction Adjustment	<u>ZZZ</u>	<u>ZZZ</u>	<u>ZZZ</u>	<u>ZZZ</u>	<u>ZZZ</u>	<u>ZZZ</u>

AUDIT SCHEDULE
SUBSTANCE ABUSE & MENTAL HEALTH SERVICES
PROGRAM / COST CENTER ACTUAL EXPENSES AND REVENUES SCHEDULE

AGENCY: WestCare Gulfcoast Florida, Inc.

DATE PREPARED: 10/12/2021

CONTRACT #: QG055

BUDGET PERIOD: FROM 7/1/2020 TO 6/30/2021

PART I: ACTUAL FUNDING SOURCES & REVENUES

FUNDING SOURCES & REVENUES A	STATE-DESIGNATED SAMH COST CENTERS											
	STATE SAMH-FUNDED COST CENTERS										Non-SAMH Cost Center G	Total Funding (F+G) H
	Program 1 - Adult					Program 2 - Children						
	Treatment & Aftercare B _{1-a}	MAT B _{1-b}	Total for Program 1 (B _{1-a} +...+B _{1-x}) C ₁	Prevention B _{2-a}	(CC name) B _{2-b}	Total for Program 2 (B _{2-a} +...+B _{2-x}) C ₂	Total for State SAMH-Funded Cost Centers (C ₁ +...+C _x) D	Total for Non-State-Funded SAMH Cost Centers E	Tot. for All State-Designated SAMH Cost Centers (D+E) F			
IA. STATE SAMH FUNDING												
(1) CFBHN - HIV	\$ 47,842	\$ -	\$ 47,842	\$ -	\$ -	\$ -	\$ 47,842	xxxxxxxx	\$ 47,842	xxxxxxxx	\$ 47,842	
(2) CFBHN - Recovery Support	\$ 189,374	\$ -	\$ 189,374	\$ -	\$ -	\$ -	\$ 189,374	xxxxxxxx	\$ 189,374	xxxxxxxx	\$ 189,374	
(3) CFBHN - Prevention	\$ -	\$ -	\$ -	\$ 27,878	\$ -	\$ 27,878	\$ 27,878	xxxxxxxx	\$ 27,878	xxxxxxxx	\$ 27,878	
(4) CFBHN - MAT (SOR)	\$ -	\$ 870,611	\$ 870,611	\$ -	\$ -	\$ -	\$ 870,611	xxxxxxxx	\$ 870,611	xxxxxxxx	\$ 870,611	
(5)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	xxxxxxxx	\$ -	xxxxxxxx	\$ -	
(6)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	xxxxxxxx	\$ -	xxxxxxxx	\$ -	
(7) From Other Districts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	xxxxxxxx	\$ -	xxxxxxxx	\$ -	
TOTAL STATE SAMH FUNDING =	\$ 237,216	\$ 870,611	\$ 1,107,827	\$ 27,878	\$ -	\$ 27,878	\$ 1,135,705	xxxxxxxx	\$ 1,135,705	xxxxxxxx	\$ 1,135,705	
IB. OTHER GOVT. FUNDING												
(1) Other State Agency Funding	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ 2,590,105	\$	\$ 2,590,105	
(2) Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ -	\$	\$ -	
(3) Local Government	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ 1,929,710	\$	\$ 1,929,710	
(4) Federal Grants and Contracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ 2,003,103	\$	\$ 2,003,103	
(5) In-kind from local govt. only	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ -	\$	\$ -	
TOT. OTHER GOVT. FUNDING =	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ 6,522,918	\$	\$ 6,522,918	
IC. ALL OTHER REVENUES												
(1) 1st & 2nd Party Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ -	\$	\$ -	
(2) 3rd Party Payments (except Medicare)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ 854,256	\$	\$ 854,256	
(3) Medicare	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ -	\$	\$ -	
(4) Contributions and Donations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ 7,104	\$	\$ 7,104	
(5) Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ 1,433,907	\$	\$ 1,433,907	
(6) In-kind	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ -	\$	\$ -	
TOT. ALL OTHER REVENUES =	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ 2,295,267	\$	\$ 2,295,267	
TOTAL FUNDING =	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ 8,818,185	\$	\$ 9,953,890	

AUDIT SCHEDULE
SUBSTANCE ABUSE & MENTAL HEALTH SERVICES
PROGRAM / COST CENTER ACTUAL EXPENSES AND REVENUES SCHEDULE

AGENCY: WestCare Gulfcoast Florida, Inc.

DATE PREPARED: 10/12/2021

CONTRACT #: QG055

BUDGET PERIOD: FROM 7/1/2020 TO 6/30/2021

PART II: ACTUAL EXPENSES

EXPENSE CATEGORIES A	STATE-DESIGNATED SAMH COST CENTERS										Non-SAMH Cost Center G	Other Support Costs (optional) H	Administration I	Total Expenses (F+G+H+I*) J
	STATE SAMH-FUNDED COST CENTERS						Total for State-Funded AMH Cost Centers (C ₁ +...+C _n) D	Total for Non-State-Funded SAMH Cost Centers E	Tot. for All State-Designated SAMH Cost Centers (D+E) F					
	Program 1			Program 2										
	Treatment & Aftercare B _{1-a}	MAT B _{1-b}	Program 1 Total (B _{1-a} +...+B _{1-x}) C ₁	Prevention B _{2-a}	(CC name) B _{2-b}	Program 2 Total (B _{2-a} +...+B _{2-x}) C ₂								
*except IIC & IID														
IIA. PERSONNEL EXPENSES														
(1) Salaries	\$ 142,569	\$ 93,160	\$ 235,729	\$ 13,004	\$ -	\$ 13,004	\$ 248,733	\$ -	\$ 248,733	\$ 4,034,613	\$ -	\$ -	\$ 4,283,346	
(2) Fringe Benefits	\$ 37,354	\$ 24,408	\$ 61,762	\$ 3,407	\$ -	\$ 3,407	\$ 65,169	\$ -	\$ 65,169	\$ 1,057,092	\$ -	\$ -	\$ 1,122,261	
TOTAL PERSONNEL EXPENSES =	\$ 179,923	\$ 117,568	\$ 297,491	\$ 16,411	\$ -	\$ 16,411	\$ 313,902	\$ -	\$ 313,902	\$ 5,091,705	\$ -	\$ -	\$ 5,405,607	
IIIB. OTHER EXPENSES														
(1) Building Occupancy	\$ 40,790	\$ 13,346	\$ 54,136	\$ 3,000	\$ -	\$ 3,000	\$ 57,136	\$ -	\$ 57,136	\$ 759,642	\$ -	\$ -	\$ 816,778	
(2) Professional Services	\$ -	\$ 182,450	\$ 182,450	\$ 8,613	\$ -	\$ 8,613	\$ 191,063	\$ -	\$ 191,063	\$ 139,530	\$ -	\$ -	\$ 330,593	
(3) Travel	\$ 94	\$ 5,500	\$ 5,594	\$ 120	\$ -	\$ 120	\$ 5,714	\$ -	\$ 5,714	\$ 29,849	\$ -	\$ -	\$ 35,563	
(4) Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 85,895	\$ -	\$ -	\$ 85,895	
(5) Food Services	\$ 17,971	\$ -	\$ 17,971	\$ -	\$ -	\$ -	\$ 17,971	\$ -	\$ 17,971	\$ 465,319	\$ -	\$ -	\$ 483,290	
(6) Medical and Pharmacy	\$ 1,900	\$ 524,469	\$ 526,369	\$ -	\$ -	\$ -	\$ 526,369	\$ -	\$ 526,369	\$ 674,991	\$ -	\$ -	\$ 1,201,360	
(7) Subcontracted Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(8) Insurance	\$ 10,295	\$ 10,000	\$ 20,295	\$ 1,500	\$ -	\$ 1,500	\$ 21,795	\$ -	\$ 21,795	\$ 253,188	\$ -	\$ -	\$ 274,983	
(9) Interest Paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(10) Operating Supplies & Expenses	\$ 8,959	\$ 4,382	\$ 13,341	\$ 6,891	\$ -	\$ 6,891	\$ 20,232	\$ -	\$ 20,232	\$ 559,935	\$ -	\$ -	\$ 580,167	
(11) Repair & Maintenance	\$ 17,334	\$ 264	\$ 17,598	\$ -	\$ -	\$ -	\$ 17,598	\$ -	\$ 17,598	\$ 206,970	\$ -	\$ -	\$ 224,568	
(12) Donated Items	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(13) Behavioral Health Fee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL OTHER EXPENSES =	\$ 97,343	\$ 740,411	\$ 837,754	\$ 20,124	\$ -	\$ 20,124	\$ 857,878	\$ -	\$ 857,878	\$ 3,175,319	\$ -	\$ -	\$ 4,033,197	
TOT. PERSONNEL & OTH. EXP. =	\$ 277,266	\$ 857,979	\$ 1,135,245	\$ 36,535	\$ -	\$ 36,535	\$ 1,171,780	\$ -	\$ 1,171,780	\$ 8,267,024	\$ -	\$ -	\$ 9,438,804	
IIIC. DISTRIBUTED INDIRECT COSTS														
(a) Other Support Costs (Optional)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(b) Administration	\$ 21,349	\$ 78,355	\$ 99,704	\$ 2,509	\$ -	\$ 2,509	\$ 102,213	\$ -	\$ 102,213	\$ 996,561	\$ -	\$ -	\$ 1,098,774	
TOT. DISTR'D INDIRECT COSTS =	\$ 21,349	\$ 78,355	\$ 99,704	\$ 2,509	\$ -	\$ 2,509	\$ 102,213	\$ -	\$ 102,213	\$ 996,561	\$ -	\$ -	\$ 1,098,774	
TOTAL ACTUAL OPER. EXPENSES =	\$ 298,615	\$ 936,334	\$ 1,234,950	\$ 39,044	\$ -	\$ 39,044	\$ 1,273,994	\$ -	\$ 1,273,994	\$ 9,263,584	\$ -	\$ -	\$ 10,537,578	
IIID. UNALLOWABLE COSTS														
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOT. ALLOWABLE OPER. EXP. =	\$ 298,615	\$ 936,334	\$ 1,234,950	\$ 39,044	\$ -	\$ 39,044	\$ 1,273,994	\$ -	\$ 1,273,994	\$ 9,263,584	\$ -	\$ -	\$ 10,537,578	
IIIE. CAPITAL EXPENDITURES														
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	



INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors
WestCare GulfCoast-Florida, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of WestCare GulfCoast-Florida, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2021, and the related statement of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 29, 2021.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered WestCare GulfCoast-Florida, Inc.'s internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of WestCare GulfCoast-Florida, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of the WestCare GulfCoast-Florida, Inc.'s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements, on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether WestCare GulfCoast-Florida, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Roos & McNabb CPA's PC

Fresno, California
November 29, 2021



INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND STATE PROJECT AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE AND CHAPTER 10.650, RULES OF THE AUDITOR GENERAL

To the Board of Directors
WestCare GulfCoast-Florida, Inc.

Report on Compliance for Each Major Federal Program and State Project

We have audited WestCare GulfCoast-Florida, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement*, and the requirements described in the *Department of Financial Services' State Projects Compliance Supplement*, that could have a direct and material effect on each of WestCare GulfCoast-Florida, Inc.'s major federal programs and state projects for the year ended June 30, 2021. WestCare GulfCoast-Florida, Inc.'s major federal programs and state projects are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal and state statutes, regulations, and the terms and conditions of federal awards and state projects applicable to its federal programs and state projects.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of WestCare GulfCoast-Florida, Inc.'s major federal programs and state projects based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the audit requirements of Title 2 U.S. *Code of Federal Regulations*, Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance); and Chapter 10.650, Rules of the Auditor General. Those standards, the Uniform Guidance, and Chapter 10.650, Rules of the Auditor General, require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program and state project occurred. An audit includes examining, on a test basis, evidence about WestCare GulfCoast-Florida, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program and state project. However, our audit does not provide a legal determination of WestCare GulfCoast-Florida, Inc.'s compliance.

Opinion on Each Major Federal Program and State Project

In our opinion, WestCare GulfCoast-Florida, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs and state projects for the year ended June 30, 2021.

Report on Internal Control Over Compliance

Management of WestCare GulfCoast-Florida, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered WestCare GulfCoast-Florida, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program and state project to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and state project and to test and report on internal control over compliance in accordance with the Uniform Guidance and Chapter 10.650, Rules of the Auditor General, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of WestCare GulfCoast-Florida, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program and state project on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program and state project will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with the type of compliance requirement of a federal program or state project that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and results of that testing based on the requirements of the Uniform Guidance, and Chapter 10.650, Rules of the Auditor General. Accordingly, this report is not suitable for any other purpose.

Roos & McNabb CPA's PC

Fresno, California
November 29, 2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners, Lake Mary 300 Colonial Center Parkway, Suite 270 Lake Mary, FL 32746	CONTACT NAME: Deidre Williams PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: deedee.williams@assuredpartners.com
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Allied World Surplus Lines Insurance Company 24319 INSURER B : Vantapro Specialty Insurance Company 44768 INSURER C : Berkshire Hathaway Homestate 20044 INSURER D : _____ INSURER E : _____ INSURER F : _____

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


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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			5088087803	7/1/2022	7/1/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 20,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			5091019303	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5090022303	7/1/2022	7/1/2023	EACH OCCURRENCE	\$ 3,000,000
							AGGREGATE	\$ 3,000,000
							\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WEWC317351	3/1/2022	3/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Professional Liabili			5088087803	7/1/2022	7/1/2023	Aggregate	3,000,000
A	Professional Liabili			5088087803	7/1/2022	7/1/2023	Occurrence	1,000,000

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

Re: The Following Locations:

1735 Dr. Martin Luther King Jr St S, St. Petersburg, FL 33705
2510 Central Ave, St Petersburg, FL 33712
1801 5th Ave N, St Petersburg, FL 33713
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER FOR INFORMATION ONLY Westcare Gulf Coast Florida	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

**ADDITIONAL REMARKS SCHEDULE**

AGENCY AssuredPartners, Lake Mary		NAMED INSURED WestCare Gulfcoast Florida, Inc. PO Box 94738 Las Vegas, NV 89193-4738	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
700 43rd St S, St Petersburg, FL 33711
6654 44th St #1007 Pinellas Park, FL 33781
8800 49th Street N, Ste 401-406 Pinellas Park, FL 33782
5999 Central Avenue, Ste 401, st. Petersburg, FL 33710
6448 Ridge Road, Port Richey, FL 34668
15000 Citrus Country Dr, Dade City FL 33524

Additional Coverages / Policies:

Coverage: **Workers Compensation Insurance**
Carrier: **Berkshire Hathaway Homestate Insurance Company**
Effective: **02/26/2022 to 03/01/2022**
Policy #**WEWC316778**
Limits: **\$1,000,000 EL Each Accident**
\$1,000,000 EL Disease Each Employee
\$1,000,000 EL Disease- Policy Limit

Coverage: Cyber Liability

INSURER AFFORDING COVERAGE: **Houston Casualty Company**
POLICY NUMBER: **H21NGP210771-01** EFF DATE: **09/21/2021** EXP DATE: **09/21/2022**
TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT:
Network Security Liability Per Claim: **\$5,000,000**
Aggregate: **\$5,000,000**

Coverage: Abuse & Molestation

INSURER AFFORDING COVERAGE: **Allied World Surplus Lines Insurance Company**
POLICY NUMBER: **5088-0878-02** EFF DATE: **07/01/2021** EXP DATE: **07/01/2022**
TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT:
Abuse & Molestation Per Occurrence **\$1,000,000**
Aggregate **\$3,000,000**

2023 – 2024 ARPA Project Timeline: WestCare Gulf Coast, Inc.

Project: A Turning Point

Construction components to run concurrently during the grant award period:

Roof / Nurses Station / Kitchen Renovation / Interior Paint / Flooring Installation / Exterior Doors

The following timeline specifies the time period indicating when each activity will be accomplished upon receipt of grant award.

Construction Component	Activity	Start Date	Completion Date
Roof	Procurement	2/7/23	3/20/23
	Bid reviews	3/21/23	3/29/23
	Shop drawings	3/31/23	4/19/23
	Permitting	4/20/23	5/31/23
	Order materials/Delivery	6/1/23	8/2/23
	Mobilization	8/2/23	8/11/23
	Onsite installation	8/14/23	9/22/23
	Inspections	9/25/23	10/3/23
	Demobilization	10/4/23	10/12/23
	Accounting	10/13/23	11/1/23
	Project closeout	11/2/23	11/10/23
	Construction Component	Activity	Start Date
Nurses Station	Procurement	2/6/23	3/17/23
	Bid reviews	3/20/23	3/28/23
	Shop drawings	3/30/23	5/10/23
	Permitting	5/11/23	6/21/23
	Order materials/Delivery	6/22/23	10/25/23

	Mobilization	10/26/23	11/3/23
	Onsite installation	11/6/23	1/5/24
	Inspections	1/8/24	1/10/24
	Demobilization	1/11/24	1/15/24
	Accounting	1/16/24	1/24/24
	Project closeout	11/25/24	2/2/24

Construction Component	Activity	Start Date	Completion Date
Kitchen Renovation	Procurement	2/7/23	3/20/23
	Bid reviews	3/21/23	3/29/23
	Shop drawings	3/31/23	4/19/23
	Permitting	4/20/23	5/31/23
	Order materials/Delivery	6/1/23	8/2/23
	Mobilization	8/3/23	8/11/23
	Onsite installation	8/14/23	9/22/23
	Inspections	9/25/23	10/3/23
	Demobilization	10/4/23	10/12/23
	Accounting	10/13/23	11/1/23
	Project closeout	11/2/23	11/10/23

Construction Component	Activity	Start Date	Completion Date
Interior Paint	Procurement	2/7/23	3/20/23
	Bid reviews	3/21/23	3/29/23
	Shop drawings	3/31/23	4/20/23
	Permitting	4/21/23	5/19/23
	Order materials/Delivery	5/22/23	6/30/23
	Mobilization	7/3/23	7/11/23
	Onsite installation	7/12/23	8/22/23
	Inspections	8/23/23	9/11/23
	Demobilization	9/12/23	9/14/23
	Accounting	9/15/23	9/25/23

	Project closeout	9/26/23	10/4/23
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Construction Component	Activity	Start Date	Completion Date
Flooring Installation	Procurement	2/7/23	3/20/23
	Bid reviews	3/21/23	3/29/23
	Shop drawings	3/31/23	4/20/23
	Permitting	4/21/23	6/1/23
	Order materials/Delivery	6/2/23	8/3/23
	Mobilization	8/4/23	8/14/23
	Onsite installation	8/15/23	10/16/23
	Inspections	10/17/23	10/19/23
	Demobilization	10/20/23	10/24/23
	Accounting	10/25/23	11/2/23
	Project closeout	11/3/23	11/13/23

Construction Component	Activity	Start Date	Completion Date
Exterior Doors	Procurement	2/7/23	3/20/23
	Bid reviews	3/21/23	3/29/23
	Shop drawings	3/31/23	4/20/23
	Permitting	4/21/23	5/19/23
	Order materials/Delivery	5/22/23	6/30/23
	Mobilization	7/3/23	7/11/23
	Onsite installation	7/12/23	8/22/23
	Inspections	8/23/23	9/11/23
	Demobilization	9/12/23	9/14/23
	Accounting	9/15/23	9/25/23
	Project closeout	9/26/23	10/4/23