



ARPA

**NONPROFIT CAPITAL
PROJECT FUND**

Community Dental Clinic

Small Purchases Contract

SMALL CAPITAL PURCHASE GRANT AGREEMENT

BY AND BETWEEN

PINELLAS COMMUNITY FOUNDATION

AND

COMMUNITY DENTAL CLINIC, INC.

THIS SMALL CAPITAL PURCHASE GRANT AGREEMENT (hereinafter “**Agreement**”), effective upon the last date executed below, by and between **PINELLAS COMMUNITY FOUNDATION**, a public charitable foundation established by Trust Agreement Dated January 1, 1969, as may have been amended from time to time, whose address is 17755 US Highway 19 North, Suite 150, Clearwater Florida 33764, (hereinafter, “**AGENCY**”) and **COMMUNITY DENTAL CLINIC, INC.**, whose address is 1008 Woodlawn Street, Clearwater, Florida 33756 (hereinafter “**GRANTEE BENEFICIARY**”).

WITNESSETH:

WHEREAS, in response to the emergence of a novel coronavirus and the respiratory disease it causes (hereinafter, “**COVID-19**”), the World Health Organization (hereinafter, “**WHO**”) has officially characterized COVID-19 as a pandemic that constitutes a Public Health Emergency of International Concern; and

WHEREAS, the American Rescue Plan Act of 2021 (“**ARPA**”) is a federal emergency legislative package designed to facilitate nationwide recovery from the devastating economic and health impacts of the COVID-19 public health emergency; and

WHEREAS, the Pinellas County Government (“**County**”) received an allocation pursuant to the ARPA State and Local Fiscal Recovery Fund (“**SLFRF**”) and the Board of County

Commissioners (“Board”) approved a Spending Plan for the SLFRF Spending (“Spending Plan”) which includes the Pinellas ARPA Nonprofit Capital Projects Fund (“Project Fund”); and

WHEREAS, the County has contracted with Agency to administer the Project Fund on behalf of the County; and

WHEREAS, **AGENCY** has determined that **GRANTEE BENEFICIARY** has experienced a negative economic impact as a result of the COVID-19 pandemic as evidenced by: a reduction in revenue for 2020 compared to 2019, an increase in demand for services, or a need for additional capital assets to adapt operations to accommodate health and safety guidelines by the Centers for Disease Control and Prevention (CDC);

NOW THEREFORE, the parties hereto, mutually agree as follows:

1. Specific Grant Information:

This project shall be undertaken and accomplished in accordance with the terms and conditions specified herein and the Appendices named below, which are attached hereto and by reference incorporated herein:

a) Grantee Beneficiary Name: **Community Dental Clinic, Inc.**

b) Grantee Beneficiary Contact and Notice Information:

Primary Contact Name: **Theresa White**

Address: **1008 Woodlawn Street, Clearwater, Florida 33756**

Phone Number: **727-216-6155**

Grantee’s Unique Entity Identifier (UEI) : **EPNHW9NDGFD5**

c) Federal Award Identification Number: **SLFRP4653 Direct payment from the Department of the Treasury (“Treasury”) pursuant to Coronavirus State and Local Fiscal Recovery Funds pursuant to the American Rescue Plan Act.**

- d) Federal Award Date: 8/12/2021
- e) Period of Grant Performance, Start and End Date: **May 22, 2023 – April 30, 2025**
- g) Amount of Funds Awarded: **\$148,403.00** (hereinafter, “Awarded Funds”).
- h) Name of Federal Awarding Agency, Pass-Through Entity, and Contact Information for Awarding Official of the Pass-Through Entity:

Federal Awarding Agency:

United States Department of Treasury

Pass-Through Entity:

Pinellas County

Pass-Through Entity:

Pinellas Community Foundation

Contact Information for Awarding Official of the Pass-Through Entity:

Duggan Cooley, CEO, Pinellas Community Foundation

17755 US Highway 19 N, Suite 150

Clearwater, FL 33764

- i) Assistance Listing Number and Name

Assistance Listing Number (at time of disbursement): **21.027**

Assistance Listing Name: Coronavirus State and Local Fiscal Recovery Funds

- j) Indirect Cost Rate for GRANTEE BENEFICIARY portion of the Federal Award:

none

2. Small Capital Purchase :

The **GRANTEE BENEFICIARY**'s small capital purchase is approved IN FULL and will be awarded from the **AGENCY** consistent with the **GRANTEE BENEFICIARY**'s application for award of funds for the small capital purchase (attached as Appendix 5) and which is consistent with the purpose of assisting a non-profit entity that has experienced a negative economic impact as a result of the COVID-19 pandemic in accordance with the applicable criteria set by ARPA and SLFRF.

- a) **GRANTEE BENEFICIARY** shall be awarded \$148,403.00 for the small capital purchase set forth in their application (Appendix 5) and on the time schedule set forth on the estimated purchase schedule in Appendix 6 which is the Pre-Contract Information Form.
- b) **GRANTEE BENEFICIARY** agrees to deliver these funds pursuant to the following requirements:
 - i. Compliance with all rules and guidelines of the ARPA and SLFRF requirements including certifications and/or attestations of compliance as appropriate by ARPA and SLFRF and/or the County or AGENCY.
 - ii. Compliance with Appendix 1 – including, but not limited to, ARPA and SLFRF Guidance and Requirements.
 - iii. Compliance with Appendix 2 – Attestation.
 - iv. Compliance with Appendix 3 – Minimum Reporting Requirements
 - v. Compliance with Appendix 4 – Minimum Insurance Requirements.
 - vi. Compliance with Appendix 5 – Application for Funding.
 - vii. Compliance with Appendix 6 – Pre-Contract Information Form.
 - viii. Attestation to the accuracy of capital project costs and that the capital

project costs are not otherwise reimbursable by a different source and that the costs comply with the ARPA and SLFRF requirements.

- ix. Compliance with all deliverables/benchmarks in compliance with the deadlines set forth in the application as modified by the Pre-Contract Schedule (Appendices 5 & 6). Dates for compliance may be extended upon mutual agreement of the parties in writing provided completion will be accomplished within the timeframes required by the ARPA and SLFRF guidelines. **AGENCY** will not extend any compliance dates that could jeopardize the completion dates required by ARPA and/or SLFRF and it is within the sole discretion of **AGENCY** to require completion well in advance of the dates required by ARPA and/or SLFRF.
- x. Compliance with any other applicable, state, local and federal laws, rules and regulations.

3. Term of Agreement.

This Agreement shall commence upon execution and the Agreement shall expire 60 days after the final purchase set forth on Appendix 5. The expiration date of this Agreement may be extended, by mutual agreement of the parties in writing.

4. Compensation.

a) The **AGENCY** agrees to provide **GRANTEE BENEFICIARY** an amount not to exceed One Hundred Forty Eight Thousand Four Hundred Three Dollars and 00/100 cents (\$148,403.00) as an award of Small Capital Purchase Spending Plan of the County for the purchase as described in Section 2.

b) **GRANTEE BENEFICIARY** shall maintain a Budget Plan and

Benchmark/Deliverables Plan setting forth the time frame for each benchmark/deliverable (Appendix 5 & 6), as approved by **AGENCY**. Time frames for deliverables in the Pre-Contract Information Form (Appendix 6) shall replace time frames in the application for funding (Appendix 5). Any change in date for deliverables/benchmarks must be approved in advance by **AGENCY** in its sole discretion but in no case will any change be approved that is outside the deadline set by ARPA and SLFRF.

c) The **AGENCY** shall determine which expenses in the Budget Plan (Appendix 5) may be paid as an advance to the **GRANTEE BENEFICIARY**, if any, and which expenses will be paid on a cost-reimbursement basis, with the **GRANTEE BENEFICIARY** to submit invoices with supporting documentation to justify the reimbursement of expenses. If any amount is paid as an advance payment to **GRANTEE BENEFICIARY**, the **GRANTEE BENEFICIARY** must provide sufficient documentation of usage of the funds for allowed purposes under this agreement in order to receive any future payments.

d) Any funds expended in violation of this Agreement or in violation of appropriate Federal, State, and **AGENCY** requirements or any unspent funds shall be refunded in full to County. If this Agreement is still in force, future payments shall be withheld by the **AGENCY**.

5. Performance Measures.

The **GRANTEE BENEFICIARY** agrees to submit any and all documentation requested by **AGENCY** to support expenditures and any and all documentation as may be requested by **AGENCY** as needed for ARPA and SLFRF compliance and must provide regular written updates to **AGENCY**, on a schedule provided by **AGENCY**, regarding progress towards project completion including all approved expenditures to date. **GRANTEE BENEFICIARY** must maintain detailed accounting and tracking of all expenditures.

6. Data Sharing.

The **GRANTEE BENEFICIARY** agrees to share data with the **AGENCY** as deemed necessary by **AGENCY**, in its sole discretion, for expenditure validation, trend review, and performance monitoring.

7. Insurance.

GRANTEE BENEFICIARY will be required to maintain appropriate insurance to cover the Small Capital Purchases funded by this Agreement. See Appendix 4 for Minimum Insurance Requirements applicable to this Agreement. **GRANTEE BENEFICIARY** must comply at all applicable times with the insurance required.

8. Monitoring.

GRANTEE BENEFICIARY will work with **AGENCY** to meet the requirements of 2 C.F.R. § 200.329 (Monitoring and reporting program performance). This may include, but is not limited to, the following:

- a) The monitoring requirements set forth in Appendix 3 – Minimum Reporting Requirements.
- b) **GRANTEE BENEFICIARY** will work with the **AGENCY** to establish policies and procedures as required.
- c) **GRANTEE BENEFICIARY** will cooperate in site visits if required by **AGENCY** including, but not limited to, any documentation related to this GRANT, and will provide related information at any reasonable time.
- d) **GRANTEE BENEFICIARY** will submit other reports and information in such formats and at such times as may be prescribed by the **AGENCY**.
- e) All monitoring reports will be as detailed as may be reasonably requested by the

AGENCY and will be deemed incomplete if not satisfactory to the **AGENCY** as determined in its sole reasonable discretion. Reports will contain the information or be in the format as may be requested by the **AGENCY**.

9. Special Situations.

GRANTEE BENEFICIARY agrees to inform **AGENCY** within one (1) business day of any circumstances or events which may reasonably be considered to jeopardize its capability to continue to meet its obligations under the terms of this Agreement. Incidents may include, but are not limited to, those resulting in injury, media coverage or public reaction that may have an impact on the **AGENCY'S** or **GRANTEE BENEFICIARY'S** ability to protect and serve its participants, or other significant effect on the **AGENCY** or **GRANTEE BENEFICIARY**. Incidents shall be reported to the designated **AGENCY** contact below by phone or email only. Incident report information shall not include any identifying information of the participant.

10. Amendment/Modification.

In addition to applicable federal, state and local statutes and regulations, this Agreement expresses the entire understanding of the parties concerning all matters covered herein. No addition to, or alteration of, the terms of this Agreement, whether by written or verbal understanding of the parties, their officers, agents or employees, shall be valid unless made in the form of a written amendment to this Agreement and formally approved by the parties.

11. Closeout

a) Upon termination in whole or in part, the parties hereto remain responsible for compliance with the requirements in 2 C.F.R. Part 200.344 (Closeout) and 2 C.F.R. Part 200.345 (Post-closeout adjustments and continuing responsibilities).

b) This Agreement will not terminate, unless terminated as provided in Section 12, until Closeout is completed consistent with requirements detailed in the Appendices attached hereto, and to the satisfaction of the **AGENCY**. Such requirements shall include but are not limited to submitting final reports and providing program deliverables and closeout information as requested by **AGENCY**, County and/or the US Treasury Department or its authorized representatives, and reconciliation of program funding.

c) All invoices and requests for reimbursement shall be submitted within 30 days following the end of the project and budget period.

d) All un-spent funds must be reimbursed to the **AGENCY or the County as appropriate**, by the **GRANTEE BENEFICIARY** by the expiration date.

e) This provision shall survive the expiration or termination of this Agreement.

12. Termination.

a) If the **GRANTEE BENEFICIARY** fails to fulfill or abide by any of the provisions of this Agreement, **GRANTEE BENEFICIARY** shall be considered in material breach of the Agreement. Where a material breach can be corrected, **GRANTEE BENEFICIARY** shall be given thirty (30) days to cure said breach. If **GRANTEE BENEFICIARY** fails to cure, or if the breach is of the nature that the harm caused cannot be undone, **AGENCY** may immediately terminate this Agreement, with cause, upon notice in writing to the **GRANTEE BENEFICIARY**.

b) In the event the **GRANTEE BENEFICIARY** uses any funds provided by this Agreement for any purpose or program other than authorized under this Agreement, the **GRANTEE BENEFICIARY** must repay such amount to the **AGENCY or County** and may in the **AGENCY'S** sole discretion, be deemed to have waived the right to additional funds under this Agreement.

c) If **GRANTEE BENEFICIARY** fails to comply with the deliverable benchmark dates agreed to and **AGENCY** does not agree to extend the deadlines in its sole discretion, this Agreement will automatically terminate.

d) If the **County** cancels or revokes the Project Fund or revokes its award to **GRANTEE BENEFICIARY** for any reason whatsoever in the **County's** sole discretion, this Agreement will automatically terminate.

e) The **AGENCY** may terminate this Agreement without advance notice and without a cure period for any reason whatsoever as determined in **AGENCY's** sole discretion for any reason or for convenience.

f) The **AGENCY**, **County**, or the United States Department of Treasury may terminate this agreement in accordance with 2 C.F.R. § 200.340 (Termination).

13. Assignment/Subcontracting.

a) This Agreement, and any rights or obligations hereunder, shall not be assigned, transferred or delegated to any other person or entity. Any purported assignment in violation of this section shall be null and void.

b) The **GRANTEE BENEFICIARY** is fully responsible for completion of the Small Capital Purchase required by this Agreement and for completion of all subcontractor work, if authorized as provided herein. The **GRANTEE BENEFICIARY** shall not subcontract any work under this Agreement to any subcontractor other than the subcontractors specified in the proposal and previously approved by the **AGENCY**, without the prior written consent of the **AGENCY**, which shall be determined by the **AGENCY** in its sole discretion.

14. Indemnification.

The **GRANTEE BENEFICIARY** agrees to indemnify, pay the cost of defense, including attorney's fees, and hold harmless the **AGENCY**, its officers, employees and agents from all damages, suits, actions or claims, including reasonable attorney's fees incurred by the **AGENCY**, of any character brought on account of any injuries or damages received or sustained by any person, persons, or property, or in any way relating to or arising from the Agreement; or on account of any act or omission, neglect or misconduct of **GRANTEE BENEFICIARY**; or by, or on account of, any claim or amounts recovered under the Workers' Compensation Law or of any other laws, regulations, ordinance, order or decree; or arising from or by reason of any actual or claimed trademark, patent or copyright infringement or litigation based thereon; except only such injury or damage as shall have been occasioned by the sole negligence of the **AGENCY**.

15. Business Practices.

a) The **GRANTEE BENEFICIARY** must utilize financial procedures in accordance with generally accepted accounting procedures and Florida Statutes, including adequate supporting documents, to account for the use of the funds provided by the **AGENCY**.

b) The **GRANTEE BENEFICIARY** must retain all records (programmatic, property, personnel, and financial) relating to this Agreement for five (5) years after final payment is made.

c) All **GRANTEE BENEFICIARY** records relating to this Agreement are subject to audit by the federal government or its representatives, or the **AGENCY** and its representatives.

d) Prior to beginning work under this Agreement, **GRANTEE BENEFICIARY** must register with and use the E-verify system to verify the work authorization status of all new employees of the **GRANTEE BENEFICIARY** and comply with F.S. 448.095, including, but not limited to all provisions of 449.095(5).

16. Nondiscrimination.

a) The **GRANTEE BENEFICIARY** shall not discriminate against any applicant for employment or employee with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment or against any client because of age, sex, race, ethnicity, color, religion, national origin, disability, marital status, or sexual orientation.

b) The **GRANTEE BENEFICIARY** shall not discriminate against any person on the basis of age, sex, race, ethnicity, color, religion, national origin, disability, marital status or sexual orientation in admission, treatment, or participation in its programs, services and activities.

c) The **GRANTEE BENEFICIARY** shall, during the performance of this Agreement, comply with all applicable provisions of federal, state and local laws and regulations pertaining to prohibited discrimination.

17. Independent Contractor.

It is expressly understood and agreed by the parties that **GRANTEE BENEFICIARY** is at all times hereunder acting and performing as an independent contractor and not as an agent, servant, or employee of the **AGENCY**. No agent, employee, or servant of the **GRANTEE BENEFICIARY** shall be, or shall be deemed to be, the agent or servant of the **AGENCY**. None of the benefits provided by the **AGENCY** to their employees including, but not limited to, Worker's Compensation Insurance and Unemployment Insurance are available from **AGENCY** to the employees, agents, or servants of the **GRANTEE BENEFICIARY**.

18. Additional Funding.

Funds from this Agreement may not be used as the matching portion for any federal grant except in the manner provided by Federal and State law and applicable Federal and State rules and regulations. The **GRANTEE BENEFICIARY** agrees to make all reasonable efforts to obtain

funding from additional sources wherever said **GRANTEE BENEFICIARY** may qualify. Should this Agreement reflect a required match, documentation of said match is required to be provided to the **AGENCY**.

19. Governing Law.

The laws of the State of Florida shall govern this Agreement.

20. Conformity to the Law.

The **GRANTEE BENEFICIARY** shall comply with all federal, state and local laws and ordinances and any rules or regulations adopted thereunder, including but not limited to ARPA and SLFRF.

21. Prior Agreement, Waiver, and Severability.

This Agreement supersedes any prior Agreements between the Parties and is the sole basis for agreement between the Parties as to this Small Capital Purchase. The waiver of either party of a violation or default of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent violation or default hereof. If any provision, or any portion thereof, contained in this Agreement is held unconstitutional, invalid, or unenforceable, the remainder of this Agreement, or portion thereof, shall be deemed severable, shall not be affected, and shall remain in full force and effect.

22. Agreement Management.

Pinellas Community Foundation designates the following person(s) as the liaison for the **AGENCY**:

Duggan Cooley, CEO
Pinellas Community Foundation
17755 US Highway 19 North, Suite 150
Clearwater FL 33764
727-531-0058

GRANTEE BENEFICIARY designates the following person(s) as the liaison for the

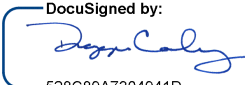
GRANTEE BENEFICIARY:

Theresa White, Executive Director
Community Dental Clinic, Inc.
1008 Woodlawn Street, Clearwater, Florida 33756
727-216-6155

SIGNATURE PAGE FOLLOWS

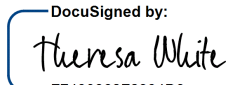
IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on the day and year written below.

AGENCY: Pinellas Community Foundation

By: 
528C89A7304941D...
Duggan Cooley
CEO

Date: 10/3/2023 | 9:17 AM PDT

GRANTEE BENEFICIARY: Community Dental Clinic, Inc.

By: 
F7490862F2394D8...
Theresa White, Executive Director
theresa@communitydentalclinic.net

Date: 10/3/2023 | 12:54 PM EDT

GRANTEE BENEFICIARY: Community Dental Clinic, Inc.

By: 
1F8317CB4438416...
Bruce Livingston, Chairman
bvlivingston@gmail.com

Date: 9/28/2023 | 12:29 PM EDT

Schedule of Appendices

Appendix 1 – ARPA and SLFRF Guidance and Requirements

Appendix 2 – Attestation

Appendix 3 – Minimum Monitoring Requirements

Appendix 4 – Minimum Insurance Requirements

Appendix 5 – Application for Funding (including budget plan)

Appendix 6 – Pre-Contract Information Form (including time frame for Deliverables/Benchmarks)

APPENDIX 1 – Requirements

GRANTEE is required to comply with all rules and guidelines of ARPA and SLFRF including but not limited to those set forth below as well as any additional rules or guidelines propounded in the future or any modifications to existing rules or guidelines. Please see below for applicable rules and guidelines:

US Department of the Treasury Coronavirus State and Local Fiscal Recovery Funds Website - <https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds>

Overview of the Final Rule - <https://home.treasury.gov/system/files/136/SLFRF-Final-Rule-Overview.pdf>

Final Rule - <https://www.govinfo.gov/content/pkg/FR-2022-01-27/pdf/2022-00292.pdf>

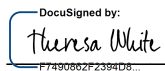
DS
TW

APPENDIX 2 – Attestation

I, Theresa White, am the Executive Director of Community Dental Clinic, Inc., and I certify that:

1. I have the authority on behalf of Community Dental Clinic, Inc., to sign this Attestation.
2. I understand that the Pinellas Community Foundation will rely on this attestation as a material representation in making a direct payment to this Organization.
3. I attest that all information is true, accurate and complete and that all capital project costs submitted are accurate.
4. Community Dental Clinic, Inc., attests that proposed expenditures outlined in the grant proposal are necessary and appropriate to remedy economic harm caused by the COVID-19 Pandemic, are for capital expenditures to aid the organization in supporting residents and/or the community, and do not supplant existing services or budgets, and are not reimbursable by any other means.
5. Community Dental Clinic, Inc., attests it will only expend funds from this grant which are approved and aligned with the awarded proposal, are necessary and appropriate to remedy economic harm caused by the COVID-19 Pandemic, do not supplant existing services or budgets, and are not reimbursable by any other means.

By: Theresa White

Signature:  _____
P7490802F2394D8...

Title: Executive Director

Date: 10/3/2023 | 12:54 PM EDT

APPENDIX 3 – Minimum Reporting Requirements

During the Term of this Agreement, **GRANTEE BENEFICIARY** must comply with all reporting requirements as set forth in the discretion of **AGENCY**. This includes, but not limited to:

1. Provide monitoring reports at intervals requested by **AGENCY** with respect to ongoing compliance towards timely completion of purchases in the time frame approved in the Pre Contract Schedule and other details as requested by **AGENCY**;
2. Complete and accurate documentation of expenditures in compliance with approved award.
3. Site visit(s) at the time determined by the **AGENCY**.
4. Final Close Out report, detailing the impact of this funding and the relief of the negative economic impact related to COVID-19, provided to **AGENCY** in accordance with Section 11 of this Agreement (Closeout).

The logo consists of a blue square with rounded corners. Inside the square, the letters "DS" are positioned at the top right, and the handwritten initials "TW" are in the center.

APPENDIX 4 – Minimum Insurance Requirements

For the duration of this Agreement, **GRANTEE BENEFICIARY** must maintain the following minimum insurance requirements. Failure to do so will be a breach of contract and **GRANTEE BENEFICIARY** will no longer be eligible for funding and will be required to return any funds already provided to it.

GRANTEE BENEFICIARY must obtain and/or maintain general liability insurance through the duration of the performance period and must list Pinellas Community Foundation as additional insured on the GL policy. Pinellas Community Foundation's contact information is:

**17755 US HWY 19 N., Ste. 150
Clearwater, FL 33764
727-531-0058**

DS
TW

Appendix 5 - Application for Funding (including budget plan)

A blue DocuSign signature box containing the handwritten initials "TW". The box is a rounded rectangle with a small "DS" logo in the top right corner.

Application Form

Organization Information

Brief Project Descriptor

Please briefly describe this organization's request.

Dental chairs and equipment to increase free dental services to low income/uninsured residents

If you have previously applied for a Small Purchase and would like your previous request copied over to update and submit for consideration in Round Two, please contact Rose Cervantes. Due to the current inflationary environment, you will need to obtain new bids/estimates for your proposed purchases regardless of a prior submission. The new request amount must also fit within the maximum request amounts for Round Two.

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

The evaluation rubric that will be used to score your request can be downloaded [here](#).

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

Organization Name*

Community Dental Clinic

Proposal Name*

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

Rising beyond the pandemic

EIN*

45-3340613

Incorporation Year*

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

2011

Organizational Mission Statement*

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

The Community Dental Clinic mission is to provide access to quality urgent dental care at no cost for the low income uninsured adults of Pinellas County to improve their overall health and well being.

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

EPNHW9NDGFD5

Annual Operating Budget Size*

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

\$761,988.00

Parent Non-Profit/Subsidiaries*

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

Example

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

No

Amount Requested

\$148,403.00

Amount Requested (Annual Operating Budget > \$500,000)

Amount Requested (Annual Operating Budget > \$500,000)*

Because your annual operating budget is over \$500,000, the maximum grant request for your organization is \$150,000.

\$148,403.00

Request Specifics

Priority Areas*

For Round 2 of this funding process, the ARPA Nonprofit Capital Project Fund is prioritizing organizations that offer programming, and whose capital purchase is related to, the following areas:

- Individuals with Disabilities
- Food Security
- Specialized Healthcare
 - Mental Health
 - Dental Care
 - Substance Use Disorders
- Housing

Not offering programming in these areas does not disqualify you from applying. However, this prioritization will result in 10 bonus points being awarded to eligible requests when scored.

Does your organization and its proposed capital purchase fit into one of these areas?

Yes

Organization Programmatic Background*

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

If you have indicated above that your programming and proposed purchase fit into the priority areas for this funding round, please be sure to describe the relevant programming.

Since 2013, the Community Dental Clinic is a home for over 3,400 people providing urgent, accessible, quality dental care at no cost for low-income, uninsured adults in Pinellas County. We have improved access to care, preventing severe dental issues, and improving the health and well-being of disadvantaged community members. We provide our patients with exams, x-rays, fillings, deep cleanings, extractions, simple root canals, crowns, and dentures/partials for adults. The clinic triages and treats an increasing number of patients, enrolling an average of 30 people per month.

The clinic also diverts patients seeking dental care from local hospital ERs and urgent care clinics. We provide relief and resolution for those who turn to local ERs and urgent care clinics for help with non-life-threatening dental pain and infection. This approach is an example of community-based healthcare that is responsive to

local needs and leverages partnerships to provide more comprehensive care. We prioritize timely care and prevention of severe dental issues by setting appointments for everyone that meets Sovereign Immunity (SI) criteria and treating them within 48 hours. This ensures that patients receive care promptly, avoiding the need for emergency treatment that may be more costly and painful. Having a no-cost clinic removes financial barriers to care and reduces patients' stress about choosing between dental care and other basic needs. With a diverse population such as homeless individuals, wounded veterans, and seniors, the clinic is addressing a significant gap in dental care for the community and improving their quality of life.

Community Need*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

The community needs that exist for our programming are the lack of access to affordable dental care for low-income uninsured adults, transportation, and access to healthy food. With over 100,000 people in the community living near or below the poverty level do not have dental insurance, making it difficult for them to afford dental care. As a result, they often delay seeking care until their condition becomes severe, leading to unnecessary suffering and emergency visits. It is unfortunate that when the pain or ill effects become unbearable, they often turn to the ER or urgent care clinics for help. Unfortunately, these facilities are not equipped to provide comprehensive dental care beyond prescribing antibiotics or painkillers, which does not address the underlying issue. Due to the pandemic, the dental clinic was forced to stop providing services which led to many of our patients delaying treatment which caused rampant decay, oral infections, and loss of teeth.

Transportation is also a significant issue for low-income uninsured adults in our community. According to a 2019 report by the Pinellas County Health Department, transportation was identified as a barrier to healthcare access for 23% of respondents. Many individuals have limited or no access to transportation, making it difficult for them to get to appointments and receive the care they need. In 2021, over 1,216 ridership were recorded in Pinellas County. Many of our patients depend on the rideshare and were not able to access the clinic during the pandemic as many buses were also shut down.

Access to healthy food is another concern in our community. According to Feeding Tampa Bay, 1 in 5 children and 1 in 7 adults in Pinellas County struggle with hunger. Lack of access to healthy food options can lead to poor oral health, as a diet high in sugar and processed foods can contribute to tooth decay and other oral health issues.

Negative Economic Impact on Organization*

The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee

review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.

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

- Inflationary pressures
- A reduction in revenue since the onset of the pandemic
- An increase in pandemic-related revenue that is restricted, or otherwise does not permit the purchase of capital assets
- The use of reserves for pandemic-related unbudgeted expenses
- Allocation of resources to meet a pandemic-related increase in demand for services, which results in a lack of resources to purchase capital assets
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.

As an organization providing affordable dental care to low-income uninsured individuals in Pinellas, the COVID-19 pandemic has had a significant negative economic impact on our operations. Due to people losing their jobs or struggling to pay their bills, dental care has not been a priority even in emergencies, putting patients at risk of further dental problems and potentially serious health issues. This has resulted in a backlog of patients and an increased demand for urgent care services, which has had negative consequences for both our patients and our clinic.

Patients are experiencing prolonged pain and discomfort due to delayed treatment, which can impact their overall health and well-being. As a simple filling may now require major treatment such as a root canal or extraction, we must find ways to support the cost of lab fees to create the crowns and dentures/partials required to restore their oral health. However, due to limited resources, we have faced challenges in managing the increased demand, such as funds for lab fees, long wait times due to a lack of equipment, and overworked staff. We would need \$148,403 to close the gap in demand created by the pandemic. Thankfully, we have volunteer dentists willing to dedicate their time and skills to alleviate the backlog of patients, but we do not have enough dental chairs to accommodate the services needed. If the backlog of patients persists, our patients will face a negative impact on their overall oral health.

In response to the increase in demand for urgent care services, the clinic will need to upgrade its current sterilization process. Currently, we are using an all-in-one pouch system that is made of paper. When inserting the dirty instrument into the pouches, it often leads to the instrument piercing the pouch causing the instruments to potentially fall out. Once the instrument falls out, the staff are exposed to potential bio-hazard elements which could cause life-threatening illness. After the pouches are sterilized, the paper is wet and causes the clean instruments to fall out. The staff is required to re-sterilize them, taking longer to treat the patient. Upgrading to a cassette system will allow the instruments to stay confined in a locked cassette, thus keeping the staff safe from puncture wounds.

Proposal Description*

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

Please describe your purchase proposal and address the following:

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

The purchase proposal for these funds includes 4 ADEC dental chairs, 52 instrument cassettes/supplies, and lab fees for 150 units. The ADEC chairs are high-quality dental chairs that will allow the Community Dental Clinic to expand its services to accommodate the increased demand for urgent care services. The estimated lifespan of the ADEC chairs is at least 25 years, which means that the purchase will have a long-lasting impact on the clinic's ability to provide patient care. With additional chairs, the clinic will have the equipment to allow additional volunteer dentists and hygienists to utilize their skills, which will help to alleviate the backlog of patient care.

The instrument cassettes and supplies will enhance the safety measures for staff and patients by creating a more sterile environment and keeping the staff safe. The instrument cassettes have a 10-year lifespan and are made of high-quality, electropolished stainless steel that protects against corrosion. By having a more sterile environment, patients will be more likely to return for follow-up appointments, and staff will be less likely to get sick, which will help to mitigate the negative economic harm caused by the temporary closure of the clinic.

The funds would allow us to provide up to 75 crowns and up to 75 dentures/partials. According to the National Institution of Health, the average life span for a crown, denture, and partial is 11 years. By providing these services, we are able to help restore our patient's oral health, increase their confidence, and increase their ability

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. According to federal guidance, the term "equity" is defined as:

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

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

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

The purchase of high-quality dental chairs, upgrading to a cassette system, and providing dental lab fees will expand the capacity of the Community Dental Clinic to provide urgent care services, which will benefit individuals who have been denied fair and just treatment due to persistent poverty or inequality. Over 50% of

our community identifies as LGBTQ+ and over 34% are Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color, who are at a higher risk for dental health issues due to systemic inequities. With the additional chairs and cassettes, we can double our patient capacity and provide a sterile and safe environment for the patients and staff.

Overall, the purchase of high-quality dental chairs and upgrading to a cassette system aligns with the guiding principle of equity by addressing the needs of specified priority populations, such as LGBTQ+ individuals and individuals who identify as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color. The purchase could improve access to care, safety, and quality of care for these individuals, potentially helping to mitigate some of the impacts of systemic inequities and the COVID-19 pandemic.

Number Served*

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

4000

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

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

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

Duplicated

Other (Explanation Required)

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

Geographic Impact & Priority Populations

The ARPA Nonprofit Capital Project Fund seeks to offset the negative economic impact Pinellas nonprofits faced due to the COVID-19 pandemic. Organizations who serve disproportionately impacted communities will be considered as serving a priority population. There are several ways to determine if your clients were disproportionately impacted.

Examples of disproportionately impacted communities include those who:

- Live in a Qualified Census Tract (QCTs)
 - Defined by U.S. Department of Housing and Urban Development (HUD)
 - U.S. Treasury guidance prioritizes use of ARPA funds within QCTs

- o 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.

- Low- and moderate-income household and communities
- Households that qualify for federal assistance programs, such as SNAP and TANF
- Historically marginalized communities (BIPOC communities, persons with disabilities, LGBTQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)

Benefits and Geography of Purchase*

Please describe the following:

1. The communities/clients that will benefit from this capital purchase, and whether they were disproportionately impacted by the pandemic according to the examples above.
2. The geographic areas in which this capital purchase will be put into use. Be as specific as possible.

Our clinic is located in heart of Lake Bellevue Neighborhood within Clearwater, Florida. This area is prominently low-income area. Our clinic provides services not only for the local neighborhood but, we serve all eligible Pinellas County low-income residents within the Qualified Census Tract. 100% of our patients were disproportionately impacted by the pandemic. This includes those that were unemployed, underemployed, veterans, disabled, LGBTQ+, and seniors as they were more likely to have lost their jobs or had reduced income due to the economic downturn caused by COVID-19. By providing affordable dental care, our clinic can help alleviate some of the financial burdens faced by these individuals and ensure that they receive the care they need to maintain their oral health.

The geographic areas in which this capital purchase will be put into use are primarily the Lake Bellevue neighborhood in Clearwater, Florida as well as other low-income areas within the Qualified Census Tract in Pinellas County. However, since our clinic serves all eligible low-income residents within this area, the impact of the capital purchase will extend beyond just the immediate neighborhood.

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/>

1008 Woodlawn Street, Clearwater, FL 33756

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

Further determination required

Community Connection

PCF understands the value of authentic and diverse representation in philanthropy and in Pinellas County. To this end, we ask demographic and representation questions to gauge the human impact your organization has on the communities 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.

If your staff, board, executive leadership, or long-term volunteers have personal identities or experiences that allow for a meaningful connection with your clients, please feel free to describe this connection below. When possible, please use internal data or specific details to describe how your organization is representative and connected to the communities you serve.

Our organization is a small clinic with a diverse group of staff members, including paid and volunteer dental assistants, hygienists, and dentists. Our organization's staff and volunteers come from diverse backgrounds and have faced similar challenges as our patient bases, such as poverty, discrimination, disability, and cultural differences. This is important because it allows the staff and volunteers to relate to and understand the challenges faced by the patients, which can help us to provide better care and support. The Board of Trustees has started to increase diversity by transitioning its membership to include more people of color, women, and people who have shared experiences with the patient demographic.

We have many partners in the community such as Bay Care's Morton Plant, Morton Plant Mease, and Mease Dunedin hospitals who refer patients that seek dental help in the ER or urgent care. Clearwater Free Clinic, The Salvation Army, and the Arc of Tampa Bay refer their participants who qualify for our services for ongoing dental treatment. Guadalupe Medical Clinic, which is predominantly Latino patient base. They will refer their patients for dental care. We utilize a telehealth translation system to help translate which makes the patient feel more comfortable and confident in the services being provided. We partner with 11 local dentists who volunteer their services or provide referral support for specialty care. Gulf Coast Dental Outreach and the Homeless Empowerment Program refer their "graduates" to our programs so they can have a stable dental home. The Pinellas County Commission funds a community dental team through the Department of Health Pinellas - the team includes a county dentist for us one day a week and a hygienist for three days per week. Nova Southeastern University Tampa campus recently opened a new International Dentist Program. They will rotate students through our clinic to provide hands-on community care experience beginning in 2023. The Wounded Veterans Relief Program partners with the VA system to refer veterans that are 30% to 99% disabled and do not qualify for dental care through the VA Dental Program. In order for the veteran to qualify for the VA dental program, they need to be 100% disabled. leaving veteran in Pinellas county without affordable dental care.

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. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

BIPOC

Leadership Demographics - Executive Level Leadership Team*

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

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

None of the above

Leadership Demographics - CEO/Executive Director*

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

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable."

None of the above

Proposal Costs

Please upload current verifiable bids, estimates, or price lists [from your potential vendor(s)]. These bids must be dated within the past 60 days. *Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.*

- If your purchase is BELOW \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is ABOVE \$75,000, you must upload THREE verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.

Please note if you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit new bids for an accurate cost estimation in the current market.

If you need assistance compressing files, please email Rose Cervantes at rcervantes@pinellascf.org.

Bid/Estimate #1*

PDF files are accepted.

Henry Schein_chair_supplies_PCF.pdf

Bid/Estimate #2*

PDF files are accepted.

Patterson_chair_supplies_PCF.pdf

Bid/Estimate #3

PDF files are accepted.

Acorn_Dental_Supply_Chair.pdf

Sole Source*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below, and contact Rose Cervantes at rcervantes@pinellascf.org.

Otherwise, write "N/A" below.

N/A

Related Parties*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

If **yes**, identify the vendor and describe the relationship.

If **no**, write "No related parties below."

No related parties

Budget Summary*

Please use **THIS TEMPLATE** to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.

If you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit a new budget for an accurate cost breakdown in the current market. Additionally, this round of funding there is less available monies, and the max award request has decreased.

Please note that indirect costs are not permitted for small purchases.

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

Community Dental Clinci- Small-Capital-Purchases (1).xlsx

Other Funding Sources*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

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

In 2022, The Delta Dental Foundation helped fund a new dental chair to replace an old chair that was no longer working.

The Pinellas County Commission funds a community dental team through the Department of Health Pinellas - they provide a county dentist for us one day a week and a hygienist for us three days per week. They also give us a monthly stipend to order supplies.

We recently received a donated digital scanner from a local dentist. This will allow us to take digital impressions for the crowns, dentures, and partials which will save the clinic time and money.

Wounded Veterans Relief Program refer veteran through the VA System that does not qualify for dental care. They donated \$15,000 for a Milling machine and Furance. This will allow us to provide same-day crowns which will shorten the number of visits the patient needs to return to the office and allow us to provide more appointments.

Changes in Operating Costs*

Please answer this question based on the descriptions below:

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

The purchase of the 4 dental chairs will not affect the operating cost as there is no ongoing cost associated with the chairs. Once they are installed, they will carry a 2-year warranty. After the warranty expires, the clinic will rely on volunteers to assist with any repairs. The Instrument cassette will not affect the operating cost as they are a permanent safety tool to can be sterilized and used for future procedures. The supplies and lab fees will be an increase to our operational costs and the clinic will compensate for the difference with community support, donations, and our annual fundraiser.

Corrective and Investigative Action/Grant Recall

In the past three (3) years, has your organization or any affiliated parties with 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. You may upload a PDF file to support your answer if necessary.

If no, write "N/A"

N/A

Insurance Requirements

Evidence of Insurance Coverage*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this purchase. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

If your organization does not have evidence of insurance coverage, please provide an explanation as to why.

Evidence of Insurance Coverage.pdf

Insurance Requirement*

If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you may 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.

Organization Documentation

Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.

Organization Budget*

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

Community+Dental+Clinic_Budget+Overview+FY2023+Budget+-+FY23+PL+ (3).pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Board of Trustees 2023 CDC.pdf

IRS Form 990*

Please upload a PDF copy of your most recently submitted IRS Form 990.

If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type. You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

Only PDF files are permitted.

CDC 990 2020_2021.pdf

For FY 20_22, Due to a change in leadership, our FY audit was delayed, thus our 990. We requested and were approved for an extension. We are currently awaiting for the 990 to be completed. We anticipate that we should receive it by next month.

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.

Community Dental Audit report.pdf

Post-Grant Requirements

Reporting Requirements Acknowledgment*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit a report within 30 days after the purchase is completed.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org.

Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

Additional Information

Additional Upload

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

Anything else to share?

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

In 2021, the clinic was awarded a matching grant through the Ruth & JO Stone Foundation. This grant will allow us to move to a larger building, doubling our impact, increasing volunteers, forming partnerships with local dental schools, and increasing our available appointments. In addition, we will have additional space to provide nutritional education to support overall healthy habits. The new location has been purchased and we are now in the planning phase for the layout. We currently have 4 operatories, a small lab, and a small sterilization area. The new building will consist of 8-10 operatories with two teaching rooms for dental students, a large lab to make in-house crowns, dentures, and partials, and a safer sterilization area.

Agreements

Affirmation of Application Materials*

I hereby certify that, to the best of my knowledge, the provided information within this application is true and accurate.

Yes

Public Application and Grant Process*

In order to maintain transparency for the use of public funding, PCF will publish all submitted funding requests, committee review meeting minutes, executed contracts, and reports to its website. This means your funding request in its entirety will be published. Please check the box below to indicate your understanding of this.

Yes, I understand.

Final Approval for Grant Award*

The grantmaking process administered by PCF results in funding recommendations by an external committee using an objective, public rubric. Final approval of recommendations is made by the Pinellas Board of County Commissioners.

Yes, I understand.

File Attachment Summary

Applicant File Uploads

- Henry Schein_chair_supplies_PCF.pdf
- Patterson_chair_supplies_PCF.pdf
- Acorn_Dental_Supply_Chair.pdf
- Community Dental Clinci- Small-Capital-Purchases (1).xlsx
- Evidence of Insurance Coverage.pdf
- Community+Dental+Clinic_Budget+Overview+FY2023+Budget+-+FY23+PL+ (3).pdf
- Board of Trustees 2023 CDC.pdf
- CDC 990 2020_2021.pdf
- Community Dental Audit report.pdf

APPENDIX 6 – Pre-Contract Information Form (including timeframe for deliverables/benchmarks) – Attached hereto

