



ARPA

**NONPROFIT CAPITAL
PROJECT FUND**

**Life-Skills, Empowerment And Development
Services (LEADS)**

Small Purchases Contract

SMALL CAPITAL PURCHASE GRANT AGREEMENT

BY AND BETWEEN

PINELLAS COMMUNITY FOUNDATION

AND

LIFE-SKILLS, EMPOWERMENT AND DEVELOPMENT SERVICES (LEADS), 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 **LIFE-SKILLS, EMPOWERMENT AND DEVELOPMENT SERVICES (LEADS), INC.**, whose address is 535 Central Avenue, Suite 409, St. Petersburg, Florida 33701 (hereinafter “**GRANTEE BENEFCIARY**”).

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: **Life-skills, Empowerment and Development Services (LEADS), Inc.**

b) Grantee Beneficiary Contact and Notice Information:

Primary Contact Name: **Marlaina Satcher**

Address: **535 Central Avenue, Suite 409, St. Petersburg, Florida 33701**

Phone Number: **727-258-7707**

Grantee’s Unique Entity Identifier (UEI) : **RRUJK4VD2GB5**

- 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 – February 16, 2024**
- g) Amount of Funds Awarded: **\$58,745.00** (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 \$58,745.00 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 Fifty Eight Thousand Seven Hundred Forty Five Dollars and 00/100 cents (\$58,745.00) 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

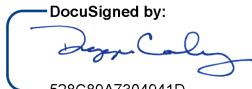
GRANTEE BENEFICIARY:

Marlaina Satcher, CEO
Life-skills, Empowerment and Development Services (LEADS), Inc.
535 Central Avenue, Suite 409, St. Petersburg, Florida 33701
727-258-7707

SIGNATURE PAGE FOLLOWS

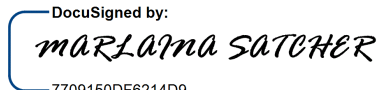
IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on the day and year written below.

AGENCY: Pinellas Community Foundation

By: 
528C89A7304941D...
Duggan Cooley
CEO

Date: 9/25/2023 | 2:06 PM PDT

GRANTEE BENEFICIARY: Life-skills, Empowerment and Development Services (LEADS), Inc.

By: 
7709150DF6214D9...
Marlaina Satcher, CEO
marlaina@leadsflorida.org

Date: 10/10/2023 | 11:43 AM PDT

GRANTEE BENEFICIARY: Life-skills, Empowerment and Development Services (LEADS), Inc.

By: 
875BBBDCA6E240C...
Paige Tucker, President
info@beyourbestyoullc.com

Date: 10/16/2023 | 7:09 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>

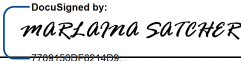


APPENDIX 2 – Attestation

I, Marlaina Satcher, am the CEO of Life-skills, Empowerment and Development Services (LEADS), Inc., and I certify that:

1. I have the authority on behalf of Life-skills, Empowerment and Development Services (LEADS), 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. Life-skills, Empowerment and Development Services (LEADS), 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. Life-skills, Empowerment and Development Services (LEADS), 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: Marlaina Satcher

Signature:  _____
77091609F021409...

Title: CEO

Date: 10/10/2023 | 11:43 AM PDT _____

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).



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

GRANTEE BENEFICIARY must submit relevant vehicle insurance coverage to Pinellas Community Foundation prior to operation of the vehicles.



Appendix 5 - Application for Funding (including budget plan)



Application Form

Organization Information

Brief Project Descriptor

Please briefly describe this organization's request.

Transport van to increase accessibility to serve underserved families, teen parents, and youth

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*

Life-skills, Empowerment and Development Services (LEADS)

Proposal Name*

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

A VAN for DisadVANTaged families

EIN*

81-5249931

Incorporation Year*

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

2017

Organizational Mission Statement*

What is your organization's mission statement? This should be no longer than one or two sentences.
Strengthening Families in the Communities We Serve

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
RRUJK4VD2GB5

Annual Operating Budget Size*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization.
\$1,830,205.00

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

\$58,745.00

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.

\$58,745.00

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.

LEADS was incorporated in 2017 and in September of 2019 we opened our Child and Adult Montessori Preschool Services (CHAMPS) program. We did Ages and Stages Developmental and Social Emotional screenings as we have always put a focus on emotional/mental health. Due to Covid, we had to close the program in February 2020, just 6 months after opening. July 2019, we received our first federal grant, Teen Pregnancy Prevention (TPP19). It was followed by three more federal TPP grants. A research study published in the journal Pediatrics studied more than 6,000 Canadian women, ranging in age from adolescents to adults. The researchers found that girls ranging from 15 to 19 experienced postpartum depression at a rate that was twice as high as women aged 25 and older. Another study reported that teen mothers face significant levels of stress that can then lead to increased mental health concerns. In addition to higher rates of postpartum depression, teenage mothers have higher rates of depression. They also have

higher rates of suicidal ideation than their peers who aren't mothers. Teen mothers are more likely to experience post-traumatic stress disorder (PTSD) than other teenage women, as well. (HEALTHLINE: Effects of Teenage Pregnancy <https://www.healthline.com/health/pregnancy/teenage-pregnancy-effects>). Furthermore, maternal depression can affect a baby's health before and after birth, and it is one of the most common – and costly – obstetric complications in the United States when left undiagnosed and untreated, according to a report released by the American Academy of Pediatrics. When left untreated, perinatal depression can hinder bonding and healthy attachment, distort perception of the infant's behavior and impair the mother's attention to and judgment concerning safety. (Healthychildren.org Infants, Family are Affected by Mother's Perinatal Depression: AAP Policy Statement). This year, LEADS has presented a prevention program to 600 youth 11-19 in Pinellas.

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.

Using 3 federal grants, LEADS is serving youth to achieve healthy relationships and prevent teen pregnancy. The Pinellas teen birth rate is 40 per 1000 for Black American girls 15-19, while the national average is 15.4 births for every 1,000 teenaged girls ages 15-19 (2020 County Health Rankings & Roadmaps (CHR&R) a program of the University of Wisconsin Population Health Institute <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/health-behaviors/sexual-activity/teen-births?year=2022&county=12095>). In 2018, teen birth rates in Florida (15-19) were 1,818 per 100,000 population. Of this, the rate was 7.5 for White teen mothers and 14.0 for African American teen mothers. African American females were almost twice as likely as white mothers to have a child in their teens. (<http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.CountyBirthDataComparison>). We want to reduce the rate of teen births for black adolescents and in so doing, reduce the depression and suicidal ideation that often accompanies such pregnancies harming both mother and baby. We do this by implementing an evidence-based program called LOVE NOTES in community settings. November 14, 2022, the journal Family Relations published an article showing that Love Notes reduces the chance of teen pregnancy by 46% over those in the control group 12 months after instruction. (Barbee, A. P., Cunningham, M. R., Antle, B. F., Langley, C. N. (2022). Impact of a relationship-based intervention, Love Notes, on teen pregnancy prevention. Family Relations, 1-20.) A recent grant from the Pinellas Community Foundation is allowing us to begin a fatherhood program. Children with involved fathers tend toward achieving academic success across the board, higher IQs, improved test results, and better attitudes toward school. They are less likely to drop out, fail classes, or develop behavioral concerns. (Learningliftoff.com)

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 of July 14, 2020, over 4,400 Floridians had died due to COVID. Sadly, one of our youngest board members, an African American woman due to deliver her first child, was among this number. She had been a beloved member of the BOD and she led our fund-raising efforts. Our fund-raising came to a halt, and we have not been able to do any significant fund-raising since. One of our founding board members developed long COVID which forced her to resign. Our CEO, who is elderly and high risk, left the state and began to administer remotely reducing our administrative capacity. The number of youth we were able to serve with Teen Pregnancy Prevention (TPP) dropped dramatically and we were unable to open any new programs. We transitioned to virtual classes but youth were pretty much "zoomed out" having to do school classes online so enrollment plummeted. Our first program was our Child/Adult Montessori Preschool Services (CHAMPS) Program. The child and parent/grandparent came to our fully equipped Montessori classroom, and we worked with both adult and child, helping the adult learn to be their child's first teacher. We received a small grant from PNC, and a large donation from a private donor giving us the funds to run the FREE program. We planned to add a tuition-based daycare the next year that would provide us an unrestricted income. However, CHAMPS opened in September 2019, and we were forced to close in February 2020 because our mostly African American grandparent participants were at high risk. We eventually had to sell the equipment and furniture at a great loss because all preschools were suffering or closed, and we were unable to open our daycare in 2021.

LEADS has been staggering under the weight of inflationary pressures. Costs for everything have skyrocketed. We have not been able to reopen CHAMPS, start the daycare, or serve all youth and parents needing services. We had hoped to open a fatherhood program, but we couldn't. We have been unable to fund-raise for capital assets and granted funds are restricted. Our quantified losses are 1) \$35,000 loss on CHAMPS 2) Loss of Daycare income @ \$572 per child per CareLulu for 50 kids=\$ 353,200 annually x 2 years=\$686,400. 3) Fund-raising loss for 3 years @ \$20,000 per year=\$60,000. Total Economic Loss due to COVID: 781,400. This does not show up on our bottom line because we were awarded 4 federal grants during this period for our healthy relationships programs. (one finished December, 2021). We still have three substantial grants but their funds are highly restricted. We feel an urgency to provide a program that has strong research behind it showing it reduces teen pregnancy by 46%, and it's attendant mental health problems.

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?

We hope to purchase a Ford Transit van

The Ford Transit has an average lifespan of 10 to 15 years, depending on how well it is maintained, and we will maintain it well. This is a very normal range for most models of Ford Transit van.

(<https://andersonvans.com/how-long-will-a-ford-transit-connect-last/>). This van will be used to help us implement our Teen Pregnancy Programs and also in support of our Steady, Trusted, Engaged, Participating, and Understanding Parent (STEP UP) fatherhood project. This is a new project recently funded by Pinellas Community Foundation because of the strong connection between positive father parenting and child mental health. According to the Pinellas children's Mental Health Impact Sheet: One in 6 children ages 2-8 have a mental, behavioral, or developmental disorder. One in 4 teens have considered suicide. Florida Health Charts 2020 for Pinellas County show 49 non-fatal intentional self-harm injuries for youth 12-18 that required hospitalization. We don't know how many non-fatal intentional self-harm injuries, primarily cutting, go unreported. The study entitled: The Role of Father Involvement in Children's Later Mental Health, established a strong connection between father involvement and child/youth mental well-being. In other research, paternal involvement in a child's life has been linked to positive child outcomes including improved mental health and cognition (Allport et al. 2018). We will use the Ford Transit Van to reduce one of the barriers to our services, transportation. As needed, we will be able to bring youth or fathers to our programs. Our fatherhood program also includes family field trips and we would use the van to transport families who need transportation. LEADS also participates in numerous community events such as the recent Collard Greens Festival and the van would help us carry tables and equipment to such events. We host various dissemination events in the community to let families know our outcomes. We have had to scrounge around to borrow trucks to help us transport the equipment used in these events. A van will allow us to provide a service advantage to those who are disadvantaged, particularly in the five zones in the county considered to be high-risk. The zones are: Tarpon Springs zip 34689; North and South Greenwood and Clearwater 33755 & 33756; High Point 33760; Lealman, Pinellas Park, and St. Petersburg 33709, 33713, 33714, & 33781 and South St. Petersburg 33705, 33711, & 33712.

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?

Our mission is to Strengthen Families in the Communities We Serve. We serve the Black American community living in disadvantaged neighborhoods. LEADS is an agency with 98% Black American Staff and 85% Black American Board of Directors. While we serve all those who wish to avail themselves of our services, over 97% of our participants are Black Americans. This is primarily because we hire and recruit from communities

of color who are most in need of our services. According to the National Institute of Health: Approximately 97.9 out of every 100,000 African Americans have died from COVID-19, a mortality rate that is a third higher than that for Latinos (64.7 per 100,000), and more than double than that for whites (46.6 per 100,000) and Asians (40.4 per 100,000). Our TPP program (LOVE NOTES) and our fatherhood program (24/7 Dads) both use evidence-based curriculum. This purchase will allow us to overcome the barrier to transportation which has a negative effect on our programs, allowing us to impact more youth and fathers. 20% of Black households do not have access to an automobile. This is the highest percentage among all races and ethnicities. (The National Equity Atlas. (2015). Car access. Retrieved from https://nationalequityatlas.org/indicators/Car_access.) Additionally, one-third of low-income African Americans live in a zero-vehicle household. In an automobile-dominated transportation system, lack of automobile access hinders the ability to reach jobs, education, healthy food, and more. (Berube, A.; Deakin, E.; Raphael, S. (2006). Socioeconomic differences in household automobile ownership rates: Implications for evacuation policy. University of California, Berkeley. Retrieved from <https://gspp.berkeley.edu/assets/uploads/research/pdf/berubedeakenraphael.pdf>.) Our van will allow us to reach more youth and fathers and help us to achieve our mission as we work to Strengthen Families in the Communities We Serve by addressing their physical and mental health

Number Served*

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

200

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

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

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

Unduplicated

Other (Explanation Required)

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

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
 - 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, LGTBQ+, 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 project targets areas of Pinellas with a high percent of black youth living in poverty. 26,400 youth under 18 live in poverty within these zip codes: 33767 (33%); 33755 (33.1%); 33774 (30.2%); 33760 (38.4%); 33714 (37.2%); 33701 (29.1%); 33705 (39.6%); 33711 (33%); 34681 (27.6%). (<https://www.jwbpinellas.org/wp-content/uploads/2019/08/Pinellas-County-Data-Five-High-Risk-Zones.pdf>) We recruit youth from these areas of the county through black churches and other non-profits. These disadvantaged areas were greatly impacted by COVID19. According to the Tampa Bay News, June 24, 2020: Of all the local counties, right now, Pinellas has the highest disparity when it comes to African Americans. This group is only about 10 percent of the population but makes up nearly a quarter of all COVID-19 cases in the county. The two zip codes with the highest number of cases are overwhelmingly Black. Our program served these zip codes and more. The report quoted Dr. Kevin Sneed, of the University of South Florida's Taneja College of Pharmacy about the disparity. Dr. Sneed stated: "Over the past 40, 50, 60 years, the lack of access to health care has affected African Americans even more. Having a higher prevalence of diabetes and hypertension, and even in some cases even stress, is a big indicator for worsening conditions if you contract the coronavirus. And so, when you couple all of that together along with the fact that many African Americans may be employed in areas that are enclosed—we find that enclosed areas can be particularly troublesome. But the leading indicator probably is a lack of access to health care. Then, social determinants of health in terms of housing, in terms of having appropriate access--and many people are in what we call food deserts. These are indicators, and once an individual is affected by the coronavirus and they have one of these other conditions, you're going to have a much more deleterious effects." The Tampa Bay Times, April 16 2020 reports: "In Pinellas County, where the Census Bureau says 82.6 percent of the population is white and 11.1 percent is black or African American, the newly released data shows the black population has disproportionately more confirmed cases of Covid-19 and more hospitalizations, but fewer deaths." Extended family is very important in the black community we serve, and our youth were devastated with grandparents and aunties in the hospital, some not coming home again.

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/>

535 Central Ave. Suite 409 St. Petersburg, FL 33701

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

No

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 active network of partners and community stakeholders with whom we collaborate to offer coordinated, multimodal, youth-friendly and trauma-informed services were identified through meetings with local churches, black schools and youth-serving agencies in Pinellas County. We have 20 MOUs with local community agencies. Examples include: Union Baptist Church, Mt. Moriah Fundamental Christian Church and Academy, Mt. Zion Missionary Baptist Church, Bethel Community Baptist Church, Academy Prep, We Support Youth, and the Next Stepp Pregnancy Center. We have also worked with the Urban League of St. Petersburg, as well as Job Corp. We leased space from Mt. Zion Missionary Baptist Church to offer our CHAMPS Program. We also partner with black philanthropic fraternities and sororities in St. Petersburg, as well as black dance troupes. Our staff participated in the Great American Teach In visiting three Pinellas schools. We also partnered with the Gibbs High School Drama Club, prior to COVID, to present our Cotton Club Fund-raiser. LEADS attends community events such as the Collards Festival in St. Petersburg, and we worked with the predominately African American community of Ridgecrest to help staff their Halloween Alternative Night. We brought the Buffalo Soldiers to the Ridgecrest YMCA to help celebrate Juneteenth, and we sponsored the Maya Angela Poetry Contest for Ridgecrest Elementary School. LEADS belongs to Friends of Ridgecrest and the Chamber of Commerce. We also partnered with the R' Club of St. Petersburg, doing staff development for their HIPPPY Program, and joining with them to host a Healthy Nutrition Workshop for their parents and

children. Each year we host a Dialogue Dissemination Community Celebration. The community-at-large, parents, youth, partners and interested community members are invited to a celebration at which we provide information about our program outcomes, what we accomplished during the year, successes, challenges, and lessons learned. However, this isn't a one-way flow of information as we collect feedback and input from those in attendance to inform our Continued Quality Improvement plan. Additionally, we conduct community focus groups with youth and parents to gather additional community input relative to our services.

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

Neurodiverse/physically disabled

Leadership Demographics - Executive Level Leadership Team*

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

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

BIPOC

Neurodiverse/physically disabled

Leadership Demographics - CEO/Executive Director*

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

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

BIPOC

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.

Van Quote screen shot.pdf

Bid/Estimate #2*

PDF files are accepted.

van furman.pdf

Bid/Estimate #3

PDF files are accepted.

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.

Budget-Template-Small-Capital-Purchases.xlsx

LEADS has set aside funds to cover insurance and gas for a van, so this is not included in the budget, only the cost of the van and what we were told would be costs at the dealership for tags etc..

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.

We have no other funding sources for this purchase.

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.

This will increase ongoing operational costs for car insurance and gas, but we have sufficient funds to cover these expenses in our unrestricted funds.

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.

Liability Insurance.pdf

We do not have car insurance on the van because we don't have a van. Our agency liability policy is uploaded.

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.

2023 LEADS Budget.xlsx

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

LEADS Board of Directors 2023.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.

Signed LEADS 990 2021.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.

Audit 2021.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.

HEARTS - H2 (1).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?

I am sharing a couple of flyers for our Healthy Relationships and Fatherhood programs.

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

- Van Quote screen shot.pdf
- van furman.pdf
- Budget-Template-Small-Capital-Purchases.xlsx
- Liability Insurance.pdf
- 2023 LEADS Budget.xlsx
- LEADS Board of Directors 2023.pdf
- Signed LEADS 990 2021.pdf
- Audit 2021.pdf
- HEARTS - H2 (1).pdf

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

