

Application Form

Organization Information

An informational webinar about this application is available to watch.

The rubric that will be used to score this proposal can be downloaded [here](#).

If you would like to complete this application first in Microsoft Word, you may download a Word version [here](#). Please pay attention to character limits.

Brief Project Descriptor

Please briefly describe this organization's request.

Organization Name*

Personal Enrichment through Mental Health Services, Inc.(PEMHS)

Project Name*

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

Reimagining Crisis Care

EIN*

59-3153549

Incorporation Year*

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

1981

Mission Statement*

What is your organization's mission statement?

Personal Enrichment through Mental Health Services, Inc. is a 501(C)(3) non-profit organization that provides behavioral health services and is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Personal Enrichment through Mental Health Services, Inc. provides funders, donors, advocates and volunteers with the organization they require to provide person-centered services that enhance individual and family functioning along with the personal development of adults and children in our

community. PEMHS is committed to serving as a collaborative partner in the system of care to ensure immediate interventions and supportive recovery are accessible to community members for optimal behavioral health. It is the vision of PEMHS to be the preferred organization for individuals seeking safe, secure, caring, and compassionate services.

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

JFQBD654LSV7

Annual Operating Budget*

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

\$18,738,573.00

Amount Requested*

The maximum grant amount is \$500,000.

\$375,000.00

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

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

Examples

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

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

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

Yes

Rent vs. Own*

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

Own

Parent Non-Profit/Subsidiaries:*

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

Example

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

No

Request Specifics

Pinellas County 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

Programming 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.

Personal Enrichment through Mental Health Services (PEMHS) functions as a part of a community system of care and has been committed to providing care in crisis since 1981. Our dedicated staff and comprehensive range of programs and services are designed to meet the needs of children, adults, and families to build strong communities. PEMHS is a private, 501 (c)(3) non-profit behavioral health care organization. Programs include a 24-hour suicide hotline, emergency screening, crisis intervention services, inpatient services for adults and children, and community-based programs. PEMHS understands that high-quality services are necessary to obtain the best outcome for individuals and families facing behavioral health issues. PEMHS is licensed by the Florida Department of Children and Families and by the Florida Agency for Health Care Administration. PEMHS is also certified by the American Association of Suicidology and is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). PEMHS currently provides services in two locations. Our main campus is centrally located on 5.8 acres at 11254 58th Street North in Pinellas Park. This location provides several services including a 60-bed Crisis Stabilization Unit (CSU) with 45 beds for adults and 15 beds for children, the Mobile Crisis Response Team (MCRT), Pinellas Integrated Care Alliance (PIC), IMPACT Team Continuing Care Services, and other community-based wellness programs. PEMHS administrative offices, an on-site pharmacy, training space, and associated support and maintenance functions are also situated at this location. Crisis and emergency services operate 24 hours, 7 days a week. Palm Way Campus, located at 1614 Palm Way, Largo, is the community and family services location. Programs include System Navigation (SN), CAT Team, and The Behavioral Health Network (BNet). There is a community training room, a small food pantry and large clothes, a small appliance, and a children's toys closet.

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.

Pinellas County faces various mental health issues impacting its residents, including high rates of anxiety, depression, substance abuse, trauma-related disorders, and suicidal ideation among both adults and youth. There is a recognized need for improved and expanded services, particularly for children and adolescents. Sadly, the current 15-bed children's facility does not meet the needs of the community concerning the number of beds or allow for the separation of children from adolescents, which is necessary, as treatment and interventions are very different for each population. The proximity of the existing Children's Crisis Stabilization Unit to the adult unit does not provide the most effective therapeutic environment. A new 20-bed Children's CSSU will be designed to enhance the therapeutic setting, allow for the separation of young children and older youths, provide adequate space for assessment, and provide additional space for therapeutic recreation. The goal is to provide safety, continuity of care, and education for families, and to ensure that community-based services are available for continued treatment. PEMHS, as well as our community partners such as BayCare, are continuously experiencing an increase in mental health visits, inquiries and treatments. Although PEMHS is detecting a lower admission rate for young children due to Mobile Crisis Response Team (MCRT) diversion efforts, the length of stay has increased to a 4.8-day average from the previous 3.2. Children experiencing mental health crises require immediate intervention to prevent further deterioration of their conditions. A dedicated Children's Crisis Stabilization Unit, with the ability to separate young children from teenagers, offers prompt assessment and stabilization, reducing the risk of hospitalization and promoting faster recovery. The new CSSU is an urgent community need. It is a proactive step toward safeguarding the mental health and well-being of our youngest residents.

Negative Economic Impact*

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

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

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

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

The COVID-19 pandemic severely disrupted PEMHS' ability to safely serve clients on crisis stabilization units, imposing challenges related to infection control, staff safety, and adjusting operational protocols. Approximately 40% of our clients are homeless with low hygiene and general health levels. Lice, bed bugs, and hepatitis are the most common threats to staff. At the start of the pandemic, the level of threat to health for frontline staff was brought to a much higher level. Now, their lives were possibly in danger. PEMHS is not a hospital but merely a crisis unit and cannot treat staff or clients if their lives are in jeopardy. Our frontline staff felt unsafe and unprepared to psychologically deal with a direct threat to their lives. Many have resigned to protect themselves and their families. It was extremely difficult to hire new staff due to government unemployment assistance and a new, more attractive, emerging job market, the virtual one, offering better pay and an easier workload in the safety of one's home. To counteract these negative effects of the pandemic, PEMHS acquired a PPP loan and used the funds to start paying the State of Emergency Pay (SEM) to all frontline unit staff to incentivize them to continue working at PEMHS. Weekend bonuses were also implemented to assist with weekend staffing challenges. Between 10/07/2020 and 08/07/2022, PEMHS paid \$2,543,540.25 SEM Pay to incentivize employees to continue working on the crisis unit and prevent closures due to understaffing. Additionally, PEMHS paid \$845,954.00 Bonus Pay between 05/07/2021 and 08/07/2022 to all staff to boost morale and prevent resignations. This is a total of \$3,389,494.25 paid to staff to keep the agency running and providing much-needed services to our community without interruption. During this period, COVID-19 was not the only hardship our crisis units were and still are experiencing. Client acuity dramatically changed for both adults as well as children to very alarming levels. Dangerous situations requiring safety codes became a daily occurrence thus adding additional strain to their already difficult work environment. Due to a lack of available space in the crisis units, it was extremely difficult to separate COVID-infected clients from the healthy population. On several occasions, PEMHS closed the children's crisis unit and diverted admission to other facilities to protect the children and healthy adults. If PEMHS had had an already separated children's unit, these extreme measures causing strain on law

enforcement and hospitals would have been avoided. An additional 10,000sf building will alleviate many of the above-mentioned safety issues that resulted in a negative economic impact on our agency.

Negative Economic Impact - Uploads

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

Earnings Code Per Date.xls

Pandemic Relief Funding*

Please describe all government pandemic relief funding your organization has received since the onset of the pandemic (March 2020). This includes but is not limited to the Pinellas CARES Nonprofit Partnership Fund, other ARPA funding, PPP (Paycheck Protection Program), and Community Block Development Grants specifically targeting COVID-19 relief.

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

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

The total negative economic impact on PEMHS amounted to \$3,648,790.56. PEMHS received the following relief funding totaling \$380,019.11:

HHS Phase 2 Funding \$299,449.50

HHS Phase 4 Funding \$55,569.61

Largo Safety Net Grant \$25,000.00

Although the total funding relief covered a small portion of the negative economic impact, PEMHS was still left with \$3,268,711.45 of negative economic impact on our operations. Budget cuts can result in staffing shortages, limited access to essential resources, and a decrease in the overall quality of care. The increased demand for mental health services can overwhelm crisis units that may already be operating at or near capacity. Economic stress can also affect the mental health workforce. Staff members may face burnout or reduced job satisfaction due to increased caseloads, longer work hours, and stress-related challenges in their personal lives. Despite funding efforts, the economic repercussions of the pandemic, including increased costs for personal protective equipment, staff shortages due to illness or caregiving responsibilities, and heightened demand for mental health services, created a financial strain on PEMHS, underscoring the necessity for sustained, targeted investment and flexible strategies to counter these multifaceted challenges effectively. In summary, negative economic impacts can strain mental health crisis units by reducing funding and resources while increasing demand for services. This underscores the importance of sustained investment in mental health care infrastructure and support systems to ensure that crisis units can continue to provide high-quality care to those in need, especially during challenging economic times.

Proposal Description*

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

Please describe your project proposal and address the following:

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

Reimagining Crisis Care Project is an all-encompassing plan to improve and extend crisis services provided to our community and strengthen PEMHS as an agency. The initial step in this process is building a new Children's Stabilization Crisis Unit to create a more therapeutic and safer environment for the treatment of mental health crises of young children and adolescents. The new children's crisis unit funded by the American Rescue Plan Act (ARPA) brings about several significant benefits: The new unit is designed to provide specialized mental health care for children, addressing their distinct needs and challenges in a child-friendly and comforting environment. Trained professionals will be equipped to handle a range of issues specific to pediatric mental health. This space will also house Evara Health offices for health checkups. The new building will allow for a full separation of children from adults and, in case of any further pandemics, eliminate the need for children's diversion to other facilities. The remaining two crisis units will also be remodeled in step two of the plan to provide the necessary space for community diversion and an extended recovery room. The new crisis unit proposal prioritizes enhanced safety standards, including additional isolation spaces and improved facilities, directly addressing staff concerns by creating a secure environment that fosters a sense of safety and protection, critical for their well-being and ability to deliver high-quality care amidst ongoing challenges. The increase in children's beds by 5, and an increase in the number of insurance clients to 15-20, due to new and improved crisis unit areas, will increase PEMHS's revenue. A portion of existing Building B will be dedicated to insurance clients, children and adults. We believe it's essential for our clients to have access to lower levels of care in our facility. New spaces within the facility will allow for the introduction of new programs. For those individuals who do not require hospitalization and 24-hour supervision but need more support than an individual outpatient provider can give, the Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP) could be viable options. The combination of all the changes PEMHS is planning to make, starting with the new Children's Crisis Stabilization Unit will contribute to making PEMHS a financially stable agency and an asset to our community.

Number Served*

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

5500

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 project.

N/A

Organizational Sustainability*

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

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

Quantifiable numbers will strengthen your answer.

1. **Increased Service Capacity:** The new crisis stabilization unit will expand our organization's capacity to serve 536 more children in crisis annually, increasing our overall capacity by 30%, and opening up new spaces for additional revenue-generating programs such as IOP or PHP.
2. **Reduced Cost of Delivering Services Over Time:** By offering a dedicated crisis stabilization unit, we anticipate a 15% reduction in the cost of emergency room visits for crisis intervention, resulting in an estimated annual savings of hundreds of thousands of dollars.
3. **Higher-Quality Service Delivery:** The new unit will improve the quality of care and outcomes for children in crisis. PEMHS is currently working with a Behavioral Health Consultant, Kimberly McMurray, and our architect to truly build an innovative space allowing for improved service provision. Ms. McMurray, who is also consulting for the State of Florida and currently working on new 2024, Behavioral Health Guidelines, is assisting us in improving our processes for highly individualized and specialized care. We expect to see a 20% increase in client satisfaction scores due to the specialized care provided in the new unit. A 20% increase in client satisfaction boosts retention, loyalty, and referrals, positively impacting the organization's stability and growth.
4. **Increased Lifespan/Quality of Property:** SAA, our architectural firm, assures us that the new unit will be designed for longevity and improved functionality. The facility improvements will extend the unit's lifespan by an estimated 15 years, reducing the need for major renovations and ensuring a safe and supportive environment for children in crisis.

Project Specifics

Permits*

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

Here's a detailed schedule of permits necessary to complete this project.

1. Pinellas Park:
 - a. Demolition Permit Buildings D, E, & F
 - b. Demolition Permit Building C
 - c. Enabling Permit. Temporary Site and Facilities Modifications prior to new work on the CSSU
 - d. Building Permit. New CSSU and Renovations of Buildings H and J
 - e. Site Permit, All Sitework required for the project.

2. SWFWMD (Southwest Florida Management District):
 - a. Site Storm Water Management Modifications
3. Pinellas County:
 - a. All work that might be required on 58th St. N.

PEMHS already obtained the demolition permit. We have just applied for the enabling permit and building permit.

Plan Set*

Do you have a plan set for this project?

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

If you answer Yes, you should upload the Plan Set in the question below.

Yes

Plan Set Upload

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

PDF files are permitted.

PEMHS - PRELIM - 09-08-2023 A-3.pdf

Construction Schedule/Timeline*

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

Please include the following:

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

Example:

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

Prior to January 2024: Planning and Permitting Project Planning: Finalize project plans, specifications, and budget.

- Architectural Design: Collaborate with architects to develop detailed construction plans.
 - Engineering: Complete engineering studies and designs.
 - Permitting: Obtain all necessary permits and approvals from relevant authorities.
 - Contractor Selection: Award the construction contract to a qualified contractor.
 - Pre-Construction Preparations: Prepare the site for construction, including clearing and securing the area.
 - Material Procurement: Procure necessary construction materials and equipment.
 - January 2024: Excavation and Foundation Excavation: Begin excavation work for the foundation. Foundation Work: Start laying the foundation for the CSSU and Diversion Center.
 - February - March 2024: Foundation and Framing Foundation Work: Continue and complete the foundation work. Framing: Begin building the structural frame of the CSSU and Diversion Center.
 - April - May 2024: Building Envelope and Utility Installations Exterior Walls: Continue with exterior wall construction. Roofing: Install the roofing system. Utility Connections: Begin installing plumbing, electrical, and HVAC systems.
 - June - July 2024: Interior Work Interior Walls: Build interior walls and partitions. Interior Systems: Continue installing electrical, plumbing, and HVAC systems. Finishes: Begin interior finishing work, such as drywall, paint, flooring, and fixtures.
 - August - September 2024: Finalization and Inspection Interior Work: Complete interior finishes and systems. Quality Control: Conduct inspections and testing to ensure compliance. Landscaping: Begin landscaping and exterior work.
 - October - November 2024: Final Touches and Handover Final Inspections: Obtain all necessary inspections and approvals.
- Punch List: Address any remaining items on the project "punch list." Furnishing and Equipment: Install furniture, equipment, and signage. Client Training: Train staff on the operation and maintenance of the facility. Project Handover: Officially hand over the completed CSSU and Diversion Center. This adjusted timeline reflects the excavation starting in January and the progress of subsequent construction phases. Please keep in mind that unforeseen circumstances or changes in the project's scope could impact this timeline, so it's essential to have a project manager and construction team to monitor and adjust the schedule as needed.

This timeline was developed by William DiMarino, Project Manager.

Team Leadership*

Please describe the following:

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

The Project Manager for the new CSSU is William DiMarino. Mr. DiMarino is a civil engineer, who has been committed to managing large construction projects for the past 50 years. He has managed the construction of hospitals, museums, schools, religious institutions, and many more. He is a project management staple in our community.

Construction was awarded to Hennessy Construction, a St. Pete-based, local business. For nearly a century, Hennessy Construction has completed many complicated and unique projects throughout Florida. Hennessy has the experience to complete the work successfully. Consistency and attention to detail have enabled Hennessy to establish a large client base of repeat business. Hennessy has a reputation as a construction leader who can meet the client's needs and budget. Mark Stalker, President, and Ken Nielsen, Vice President will be in charge of the PEMHS construction project. Both come with a long-standing reputation and experience and are highly recommended by local businesses as well as the Pinellas County government. PEMHS chose Sofarelli Architects for this project's architectural needs. Their Principal Architect, Mike Sofarelli, is personally designing the new CSSU and Diversion Center. He has over 30 Years in the industry and experience in fields such as Commercial, Educational, Healthcare, Retail, and Residential. SAA is proud to be a

member of the American Institute of Architects and the Society De Genoa Architecture. SAA is proud to hold licenses in over 15+ states, Be NCARB certified, and have a variety of relationships and partnerships that ensure that the quality of the work is unwavering, time and time again. Mr. Sofarlli is supported by Charles Barrett, Architect, and Mike Babell, Interior Designer.

Transystems is our civil engineering company of choice. Bringing a holistic understanding of transportation to facility architecture design, TranSystems knows transportation and when there's interconnectivity between modes. We bring unique knowledge and relationships to add value to facility design and infrastructure planning. Mark Tolliver is taking the lead on our program.

PEMHS Team overseeing this project consists of: Maxine Booker, CEO and president, Helena Calhoun, Marketing and Development Director, Thomas Austin, Facilities Manager and Kathy Delgado, Executive Assistant. The PEMHS Team's role is to ensure the project is completed on time and with the utmost fiscal responsibility and functionality.

Cost Difference

Estimated Total Project Cost*

Please specify the total cost of this capital project/purchase.

Example: ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$20,000 for certain equipment and will seek other funding and donations for the remaining \$150,000 of the playground, for a total project cost of \$170,000. ABC Childcare would put \$170,000 below.

\$10,044,150.00

Cost Difference*

How does your organization plan to cover the cost of this project beyond the amount requested? Please also specify if your organization can carry out the potential ARPA-funded portion of this project without other funding being secured.

PEMHS received \$7,500,000.00 from the Florida State Legislature for this project. Another \$2,000,000.00 will be coming from an HRSA Grant sponsored by Congressman Billirakis. PEMHS has set aside \$860,000.00 of its own funding. The rest of the funding needed to complete the full project scope, as well as other related costs, approximately \$2,000,000.00, will be covered by grants and fundraising over the course of the next 12 to 24 months.

Geographic Impact and 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 meet at least one of the following

descriptions:

- 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)
- Organization located or serve households within a Qualified Census Tract (QCTs)
 - Defined by U.S. Department of Housing and Urban Development (HUD)
 - To assess if your organization serves or is headquartered in a QCT, use this link. 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.

Benefits and Geography of Project*

Please describe how the communities/clients that will benefit from this capital purchase, and how they were disproportionately impacted by the pandemic according to the examples above.

Yes, the Reimagining Crisis Care Project will benefit the underserved communities. PEMHS is located in the QCT zone. To understand the impact, here's how these communities were disproportionately affected by the pandemic, drawing insights from the provided data examples: 1. Income Level: Our data indicates a significant portion of our clients fall into the category of extremely low income (79%). These individuals may have been disproportionately affected by the economic fallout of the pandemic, facing job loss, reduced access to essential resources, and housing instability. Our capital purchase will enable us to expand our services to provide economic relief and support, helping these clients regain their financial footing and access crucial resources. 2. Individuals with Disabilities: Clients with disabilities, including intellectual and physical disabilities, have faced unique challenges during the pandemic. Access to healthcare, transportation, and social services may have been disrupted, putting them at greater risk. Our capital purchase can include technology and infrastructure improvements to facilitate remote services, making it easier for individuals with disabilities to access the support they need while ensuring their safety. 3. Homeless Clients and Veterans: Homeless individuals, who make up a substantial portion of our client base (41%), were especially vulnerable during the pandemic due to crowded living conditions, limited access to sanitation facilities, and reduced availability of shelters. Our capital purchase can support initiatives to provide safe, temporary housing, hygiene facilities, and outreach services to address the specific needs of homeless clients. Additionally, veterans (1%) may have experienced increased mental health challenges during the pandemic, and our investment can expand mental health and counseling services to support them.

In summary, the communities and clients we serve have been disproportionately impacted by the pandemic, facing a range of challenges from economic hardship to increased vulnerability due to their specific characteristics. Our capital purchase represents a strategic response to these disparities. By investing in resources, technology, and infrastructure, we aim to bridge these gaps, ensure equitable access to services, and create a resilient support system that can withstand future challenges, ultimately improving the well-being of all those we serve.

Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your registration with Sunbiz, you may search their database.

11254 58th Street N, Pinellas Park, FL 33782

Project Location*

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

11254 58th Street N, Pinellas Park, FL 33782

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.

Since its inception in 1981, PEMHS has been a key community partner to other behavioral health, community-based, social services, health and wellness, and other types of community services agencies partner. PEMHS is an integral part of the Pinellas County System of Care and the Pinellas Wellness Connection. It is in PEMHS's mission and vision statement that we are committed to serving as a collaborative partner in the system of care to ensure immediate interventions and supportive recovery are accessible to community members for optimal behavioral health. Some of current PEMHS's partners in crisis and community programs are: Pinellas County Sheriff's Department, BayCare Health Systems, Suncoast Center, Juvenile Welfare Board (JWB), Pinellas County School System, 988 Suicide Crisis Lifeline, National Alliance for Mental Illness (NAMI),

Healing After a Loved One's Suicide (HALOS), Directions for Living, Operation PAR, Boley Centers, Juvenile Detention Center, Pinellas County Juvenile Assessment Center, City of Largo, Department of Children and Families, Central Florida Behavioral Health Network, Gulfcoast Jewish Family Services, Federal Probation, Pinellas County Government and many more. Beyond our partnerships, our staff, board, and volunteers are actively engaged in the communities we serve. We can highlight specific community involvement initiatives, such as participation in local events, mental health awareness campaigns, or collaborations with grassroots organizations. We have been serving underprivileged and indigent populations for over 40 years and have made many life-changing partnerships for the purpose of betterment of the lives of those who need it the most. 79% of our clients are extremely low-income. Our programs offer a gamut of services from a mental health crisis, focused case management, improvement of economic stability, and family functioning.

Board Membership*

Do your board members consider themselves a member of one or more of the following populations?

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

BIPOC
LGBTQ+

Executive Level Leadership Team*

Does your executive leadership team consider themselves a member of one or more of the following populations?

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

BIPOC
LGBTQ+

CEO/Executive Director*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations?

- 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 disable

BIPOC

Financial Overview

BIDS MUST BE DATED JULY 5, 2023 OR LATER.

- The file attached below should contain current, verifiable bids, estimates, or price lists [from your potential vendor(s)]. *Please ensure there is a date noted on the bid or some annotation as to when when you obtained these estimates/bids.*
- If your project costs LESS than \$75,000, you must upload TWO verifiable bids or estimates for the proposed project.
- If your project is EQUAL TO or MORE THAN \$75,000, you must upload THREE verifiable bids or estimates for your proposed project.
- If you have already selected a contractor for this process and do not have multiple bids to upload, please ensure you answer the narrative questions below thoroughly.

Bid/Estimate #1*

PDF files are accepted.

Contractor Selection Memo.pdf

Bid/Estimate #2

PDF files are accepted.

Contractor Selection Memo.pdf

Bid/Estimate #3

PDF files are accepted.

Contractor Selection Memo.pdf

Selected Contractor*

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

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

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

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

Contractor Selection Memo.pdf

PEMHS used a competitive bidding process during our contractor selection process. We understand that using a competitive bidding process helps ensure transparency, fairness, and cost-effectiveness in selecting a construction company for our building project. It allows us to make an informed decision based on the submitted bids and the qualifications of the bidders. PEMHS chose Hennessy Construction using the following process:

1. Define Project Scope and Requirements:
2. Develop Bid Documents:
3. Identify Potential Bidders:
4. Distribute Bid Documents:
5. Pre-Bid Meeting (Optional):
6. Submission of Bids:
7. Bid Evaluation:
8. Shortlist Bidders:
9. Interview Shortlisted Bidders (Optional):
10. Award Contract:
11. Notify Unsuccessful Bidders:
12. Execute Contract:
13. Monitor and Manage the Project:

A competitive bid process was applied to all aspects of the construction vendor's selection. The architect, the civil engineer, and the construction company were all chosen using a 3 bid process. This is required by PEMHS internal policy aligned with regulatory requirements, to apply this system of selection to all purchases larger than \$10,000.00.

Attached is a document prepared by our Project Manager, William DiMarino, detailing every step of the competitive bidding process we followed. All three estimates are available upon request; as one was too large to upload, and the other two are in a book format for which we do not have digital versions.

Minority/Woman-Owned Business

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

- Small-business enterprise (SBE)
- Disadvantaged business enterprise (DBE)
- Minority and/or woman-owned business (MWBE)

Yes

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 Detail*

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

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

An example budget is available here.

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

PDF and Excel files are allowed.

PEMHS Budget.pdf

Other Funding Sources*

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

If none, please explain why no additional funding sources have been pursued.

Please be sure all funding sources below are represented in the "Applicant Match" column in the Budget Summary you have uploaded above.

PEMHS received \$7,500,000.00 from the Florida State Legislature for this project, during fiscal years 2022/2023 and 2023/2024. Another \$2,000,000.00 will be coming from an HRSA Grant sponsored by Congressman Billirakis. PEMHS has set aside \$860,000.00 of its own funding. The rest of the funding needed to complete the full project scope, as well as other related costs, will be covered by grants and fundraising.

Changes in Operating Costs*

Please answer this question based on the descriptions below:

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

The new building will increase the need for additional staffing: PEMHS will need to hire a minimum of 22 new staff, just to be able to operate a new building:

I. Transportation & security:	2
II. Nurses:	5
III. Discharge Planners:	1
IV. MHTs:	11
V. Janitors:	3

TOTAL: 22

This will increase the operating cost by \$2,544,950.00. PEMHS is preparing to apply for a Coordinated Receiving Facility for Pinealls County and hopes to receive most of the necessary revenue through the State legislature. Also, the old unit areas will be remodeled to accommodate new revenue-generating programs such as PHP or IOP.

Fund Management Capacity*

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

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

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

PEMHS uses Microsoft Dynamics Great Plains accounting software that includes a general ledger and the ability to use multiple accounts and multiple reporting units. We prepare budgets annually for all programs and upload the budgets into our accounting software. Monthly financials are generated from the software that includes actual and budgeted amounts and variances are analyzed. Currently, we do not have the capacity to work on a reimbursement basis for the amount of \$4,000,000.00. PEMHS is working on an application for a Florida Community Loan and could use the loan proceeds to assist with the reimbursement of the \$4,000,000.00.

Corrective and Investigative Action/Grant Recall*

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

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

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

N/A

Organization Documentation

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.

2023-2024 PEMHS BUDGET.pdf

Board of Directors List*

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

BOARD MEMBER CONTACT LISTING to Board Members 2023-2024.doc

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.

2021 990 Tax Return - PEMHS.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.

Balance Sheet and Income Statement.pdf

Insurance

Evidence of Insurance Coverage*

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

Please upload evidence of insurance.

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

For-Information-Onl_Personal-Enrich_23-24-Master-CO_6-1-2023_725428140_1.pdf

Insurance Requirement*

If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:

Pinellas Community Foundation
17755 US Highway 19 N
Suite 150
Clearwater, FL 33764
727-531-0058

Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.

PCF will not ask for a certificate naming us as additional insured until the contracting stage.

Yes, I understand and will comply with this requirement if awarded a contract.

Post-Grant Requirements

Reporting Requirements Acknowledgment*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit monthly expenditure reports until their project is completed and their contract is closed out.

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

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

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

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

Additional Information

Additional Upload

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

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?

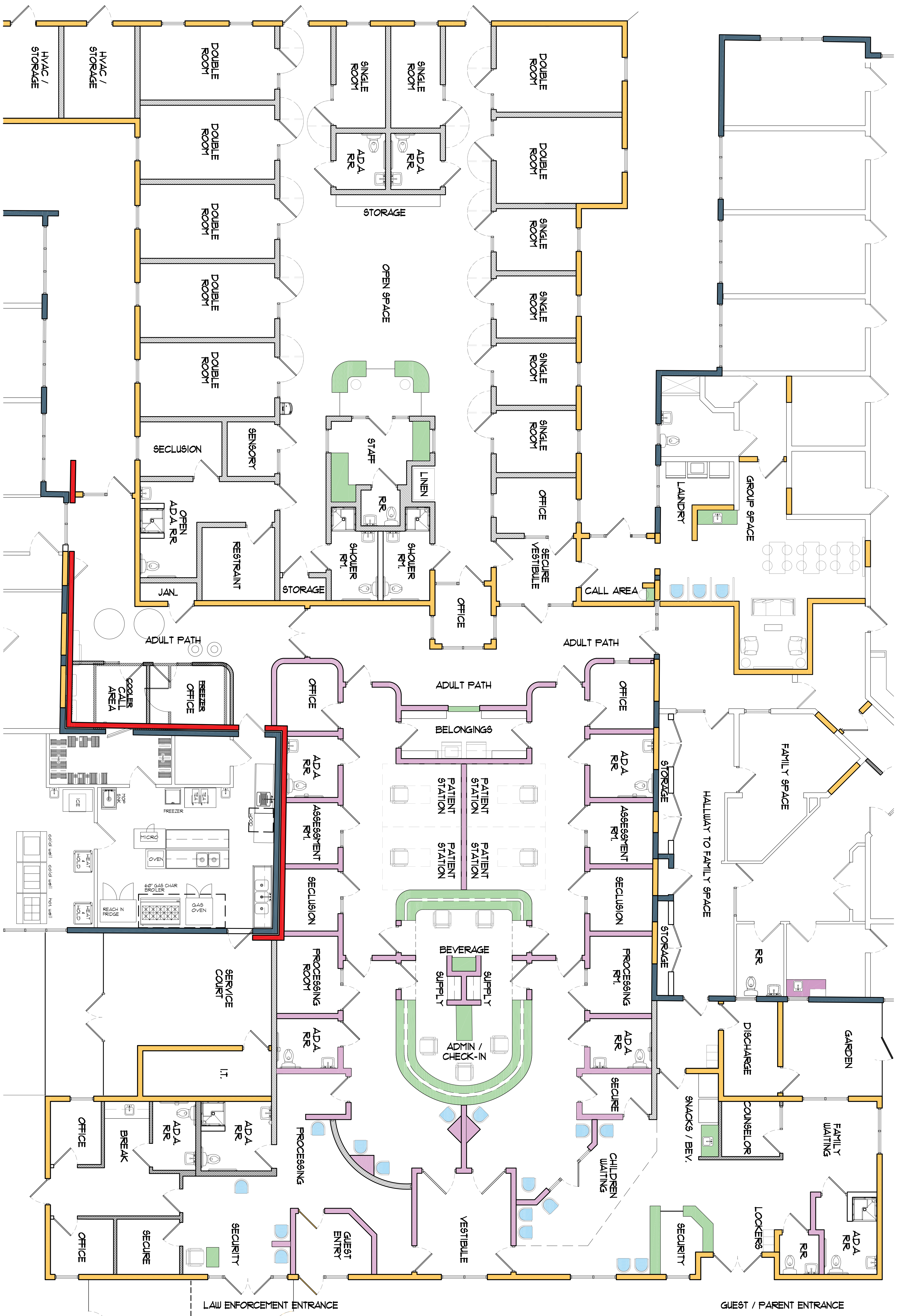
We are building a 20-bed, 10,000-square-foot Children's Crisis Stabilization Unit and Diversion Center on our centrally located Main Campus in Pinellas Park. This new unit is designed to better accommodate the specific needs of youth in our care. We'll separate young children from adolescents, providing them with tailored services in a healing atmosphere. With this project, we'll have all the necessary resources to improve the overall health and wellness of the children in our community.

File Attachment Summary

Applicant File Uploads

- Earnings Code Per Date.xls
- PEMHS - PRELIM - 09-08-2023 A-3.pdf
- Contractor Selection Memo.pdf
- Contractor Selection Memo.pdf
- Contractor Selection Memo.pdf
- Contractor Selection Memo.pdf
- PEMHS Budget.pdf
- 2023-2024 PEMHS BUDGET.pdf
- BOARD MEMBER CONTACT LISTING to Board Members 2023-2024.doc
- 2021 990 Tax Return - PEMHS.pdf
- Balance Sheet and Income Statement.pdf
- For-Information-Onl_Personal-Enrich_23-24-Master-CO_6-1-2023_725428140_1.pdf

OVERALL FLOOR PLAN
PROPOSED



SCALE: 3/8" = 1'-0"

<p>ISSUED FOR: FSELLM 03-29-2023</p>	<p>12-20-2022 MICHAEL F. SOFARELLI, JR. STATE OF FLORIDA REGISTERED ARCHITECT REGISTRATION NO. 12000</p>	<p>PROJECT: P.E.M.H.S. RENOVATION 11254 58TH STREET NORTH - PINELLAS PARK, FL 33782</p>	<p>SOFARELLI & ASSOCIATES ARCHITECTURE MICHAEL F. SOFARELLI JR. A.I.A. 6365 142ND AVENUE NORTH CLEARWATER, FLORIDA 33760 PHONE 1727-530-8858 FAX 1727-530-4419 EMAIL MIKE@SOFARELLIARCH.COM</p>	<p>Revisions: Content: NEW BUILDING SPACE PLAN</p>	<p>File Name: PEMHS</p>	<p>Date: 03-29-2023 PROJECT No: 23021 Sheet: A-X</p>
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WRD CONSTRUCTION CONSULTANTS

William R. DiMarino, P.E.
FL #CGC 043446

2701 Regency Oaks Blvd.
#N407
Clearwater, FL 33759
727-742-3041
Email: wrdconsu1@hotmail.com

SPECIALIZING IN

- *Project Management
- *Planning
- *Scheduling
- *Estimating
- *Value Engineering

- *Owner's Representatives
- *Change Order Control
- *Constructability Review
- *Project Close Out
- *Claims Prevention

MEMO August 26, 2023

To: Helena Calhoun

Subject: Basis of Contract Award to HCS

The contract award of Hennessy Construction Services to be the General Contractor for the PEMHS Childrens' Stabilization and Crisis Center Project was the result of a formal RFP and Selection process for General Contractor Services. The Invitation, RFP, and Proposal Analysis are attached hereto as reference documents.

The Selection Committee members were:

Maxine Booker__PEMHS
Helana Calhoun__PEMHS
Kathy Delgado__PEMHS
Michael Sofarelli, AIA__Architect
William R. DiMarino, P.E.__Program Manager

April 5, 2023. Invitation was issued to Gilbane Building Company, Creative Contractors, and Hennessy

April 27, 2023. Preproposal Conference was held at PEMHS. All Contractors attended.

May 26, 2023. Proposals received from GBCo, CCI, and HCS

June 8, 2023. Contractor interviews / presentations were conducted with each GC given 45 minutes.

June 8, 2023. Selection Committee convened for approximately 1 Hour immediately after the presentations to discuss all aspects of the Proposals; Qualifications both Corporate and proposed individuals; Proposed Plans of Actions; Exceptions to the Contract; Safety Records; Commercial Terms; etc. of each of the General Contractors. As a result of the discussions the Committee unanimously agreed that Hennessy Construction Services should be selected as the General Contractor for the PEMHS Project.

Respectfully submitted for PEMHS
WRD Construction Consultants



William R. DiMarino, P.E.
President

WRD CONSTRUCTION CONSULTANTS

William R. DiMarino, P.E.
FL #CGC 043446

2701 Regency Oaks Blvd.
#N407
Clearwater, FL 33759
727-742-3041
Email: wrdconsu1@hotmail.com

SPECIALIZING IN

- *Project Management
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- *Scheduling
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- *Value Engineering

- *Owner's Representatives
- *Change Order Control
- *Constructability Review
- *Project Close Out
- *Claims Prevention

MEMO April 5, 2023

To: Creative Contractors, Inc.
Hennessy Construction
Gilbane Building Company

Attn: J. Bomstein
Attn: M. Stalker
Attn: L. Henry

From: William R. DiMarino

PEMHS, Inc. (Owner) has invited you to submit a Proposal for General Contractor Services and join our Team for the Children's Stabilization and Crisis Center (CSCC) Project located at PEMHS in Pinellas Park, FL. The Owner has retained us to provide Program Management Services for the Project, and as part of those services we are managing this Request for Proposal (RFP) process.

The Design Team(s) are:

Architect: Sofarelli & Associates Architecture, Inc.
Civil Engineer: Transystems

Enclosed is the RFP for your use. Please note that there will be a mandatory Pre-Proposal Conference at the PEMHS on April 27, 2023 @ 10:00 AM which you must attend as a condition precedent to be awarded this project. Additional information will be provided at that Conference. All proposals shall be reviewed and evaluated in their entirety for completeness, quality, and commercial terms. The selection of the General Contractor shall be at the sole discretion of the Owner.

I look forward to seeing you at PEMHS on the 27th. In the interim if you have any questions, please feel free to contact me.

cc: M. Booker, H. Calhoun, K. Delgado, G. Wennlund, M. Sofarelli

PEMHS, INC.
CHILDREN'S STABILIZATION and CRISIS CENTER
REQUEST FOR PROPOSAL

TABLE OF CONTENTS

INTRODUCTION

TAB 1 I. DESCRIPTION OF PROJECT
 II. ANTICIPATED PROJECT SCHEDULE
 III. PROJECT DELIVERY PROCESS
 IV. REQUIRED INFORMATION

TAB 2 COMMERCIAL PROPOSAL

TAB 3 OWNER – CONTRACTOR AGREEMENT

ATTACHMENTS Master Project Schedule
 Conceptual Site Plan

INTRODUCTION

PEMHS, Inc. (PEMHS) (the Owner) is embarking on a Children's Stabilization and Crisis Center (CSCC) Project located on the campus of PEMHS @ 11254 58th Street N. Pinellas Park, FL 33782. The Owner has retained WRD Construction Consultants (WRD) to be the Program Manager; and Sofarelli & Associates Architecture, Inc. (SAA) to be the Architect/Engineer for the Project.

To achieve its project objectives, the Owner desires to retain a firm for General Contractor Services within the next forty-five (45) days. And it is the Owner's intent that the Program Manager, Architect/Engineer, and General Contractor shall work with the Owner and other Consultants in a harmonious manner during the Design and Construction phases utilizing the described project delivery process in this RFP.

The General Contractor Services are described in the attached form of Agreement. The selected firm shall have the ability to meet all the requirements of the Agreement and shall be expected to sign the Agreement without exception.

Questions concerning this RFP shall be directed to William R. DiMarino of WRD Construction Consultants. Six (6) fully bound Proposals shall be submitted not later than 10:00 AM on May 26, 2023, to:

Maxine Booker, CEO & President
PEMHS, Inc.
11254 58th Street N.
Pinellas Park, FL 33782

- Mandatory Pre-Proposal Conference:
Location: PEMHS Campus
April 27, 2023 @ 10:00 AM
****Check in at the Main Administration Building. You will then be directed to the proper location.***
- Presentations and / or Interviews:
By invitation at the sole discretion of the Owner

I. Description of Project

The Project will include the following, but not limited to, items:

- A. Mobilization of Site. **Note: Demolition of Buildings C, D, E, and F has been awarded to Cross Construction. Management of this**

Work is not part of this RFP. Buildings D, E, and F will be demolished during the 2nd and 3rd Quarters of 2023. The Occupants of Building C will be relocated to the new CSCC after which Cross Construction will demolish Building C, and this Contractor will complete the project Sitework.

- B. New construction of a one (1) Story 11,000 SF +/- CSCC with connections to, as well as Renovations within, Buildings H and J.
- C. All sitework required for the complete project.

II. Anticipated Project Schedule

- Refer to Master Project Schedule

III. Project Delivery Process

PEMHS, Inc. will utilize a quality driven, synergistic Team process to deliver its Project. This process takes the issue of Partnering to a level beyond what is typically found in today's industry.

The Process is founded on the Quality Statement:

CREATIVE THINKING KNOWS NO BOUNDARIES

With a Mission that our Project shall:

- *Result in the best value – not the lowest/highest cost*
- *Be managed by the Team*
- *Not have any RFI's or Change Orders*

Interaction amongst team members, and the ability to openly convey ideas, is paramount to the success of the Project. The Management Team meets bi-weekly during the Design Phase and bi-weekly during the Construction Phase to ensure that tasks are being accomplished, communications are flowing, decisions are being made, and the Project is on the correct course. These meetings are not intended to expend the time to solve the specific issue(s). Rather, they are intended to identify what the issue is, who will do it, and when it will be done. Typically, breakout / work sessions occur amongst individuals who are also on-site to perform their required tasks involving design issues with Users; meetings with local officials; site inspections; pay request reviews; etc., before, and/or after, the meeting.

PEMHS, Inc. will utilize the services of a Program Manager to facilitate the Delivery Process. And, it is expected that each Team member represented at the meeting be empowered to act on behalf of that entity. Minutes are taken, and action lists are created to ensure that each Team member is a 'stake holder' in the process.

The Management Team for this Project is:

	<u>NAME</u>	<u>ENTITY</u>
• Owner	H. Calhoun	PEMHS
• Program Manager	W. DiMarino	WRD
• Architect/Engineer	M. Sofarelli	SAA
• General Contractor	T.B.D.	T.B.D.

The organization of this Team is best described as a wheel with the Project as the hub; the Team members as the spokes; and Program Manager as the rim.

IV. Required Information

A. Relevant Experience; Back Log; & Project Staffing

1. Briefly describe your Company's relevant experience for this project.
2. Provide your current workload and backlog of projects.
3. Provide a Project organizational chart, identifying all your staff members (include a staff loading diagram for all personnel for the duration of the project) and indicating whether they are assigned to this project on a full or part-time basis. Show how each interacts with other staff members assigned to this project as well as the Project Team. For each assigned staff member include a detailed resume indicating Education; Professional Licenses/Registrations; Relevant Experience; and years with your firm.

B. Services

1. Describe how your Design Phase Services will be provided with specific attention to scheduling, estimating, constructability, value engineering, document reviews, Trade Contractor bidding, and the GMP. **Be specific to this project.**

2. Describe how your Construction Phase Services will be provided with specific attention to what (if any) categories of Work you intend to self perform; why you would self perform that Work; and how you would intend to establish the Cost of that Work in the Guaranteed Maximum Price as well as be compensated for that Work. ***Be specific to this project and submit separate commercial terms for self perform Work.***

3. Describe your firm's method of coordinating the efforts of the various Trade Contractors; how you would intend to utilize the site; access work; and mitigate the impact of construction operations on the Academy and surrounding community with particular attention to how materials will be received; streets maintained & cleaned; etc. during all Phases of this Project. **{Submit a Site Utilization Plan(s)}** Note: The following information:
 - a. The construction site is on a functioning Mental Health Crisis Stabilization Center (property with critical concerns for safety, security, noise, and daily operations. No temporary facilities shall be allowed outside of the immediate construction zone on the attached Site Plan.
 - b. Access to, and/or use of, PEMHS facilities is strictly prohibited.
 - c. Parking for tradesmen shall be prohibited on site outside of the fenced zone.
 - d. *Smoking and/or use of tobacco products shall be prohibited on, and within, the limits of the Admiral Farragut Academy property at all times.* This rule shall be implemented upon mobilization of the site and will be strictly enforced regardless of the stage of construction. Violators shall be removed and barred from the Project site at the discretion of the Owner.

4. Provide a list of the Trade Contractors and Suppliers that you would propose utilizing for this Project. What is your experience with these Contractors and Suppliers?

5. Describe in detail how you intend to identify, estimate, manage, and implement strategies and procedures for labor and material shortages, as well as escalation factors, if any, in the GMP.

6. Refer to the Master Project Schedule. **Provide your anticipated Time of Construction from the Notice to Proceed to Certificate of Occupancy.**
7. From your perspective, what are the three most important issues of this project? Why are they the most important? How would you address and/or resolve the issues?
8. Why should you be selected as the General Contractor for this Project?

C. Miscellaneous

1. Provide your bonding capacity and a Certification of Intent to Bond this Project from your Surety if awarded this Contract.
2. Do you take any exceptions to the Form of Agreement? If yes, explain in detail.
3. The Documents provided with this RFP are intended to be construed as information only for the sole purpose of familiarizing the Proposer of the Scope of this Project.
4. All Proposals and submitted information shall remain the property of the Owner.

COMMERCIAL PROPOSAL
PEMHS, INC.
CHILDREN'S STABILIZATION and CRISIS CENTER

- A) For the Design Phase Services enumerated in paragraph 7.1.1 of the Form of Agreement we propose a Lump Sum Fee in the amount of:

(\$ _____)

- B) For the Construction Phase Services during the Construction Phase enumerated in paragraph 7.1.2 of the Form of Agreement we propose a Fee in the amount of _____% of the Cost of the Work to be converted to a Lump Sum Fee as part of the eventual approved GMP:

- C) For the percentage (%) Fee to be added for Changes in the Project as enumerated in subparagraph 7.2.1 of the Form of Agreement we propose: (_____%)

- D) For categories of Work which the Contractor intends to, or may, self-perform submit a separate sheet identifying those categories, and the hourly wages reimbursable pursuant to subparagraph 8.2.1 for the personnel performing the Work. Separate and detail the labor burdens for each trade.

- E) For labor burdens as enumerated in subparagraph 8.2.3 of the form of Agreement we propose: (_____ %) Submit Breakdown of this %

- F) Provide your rate and method of calculation for your Liability Insurance premium:

- G) Provide your Bonding rate for this Project: _____

(Signature Page 2 Follows)

Signature Page
Commercial Proposal
PEMHS, Inc.
Children's Stabilization and Crisis Center

FIRM: _____

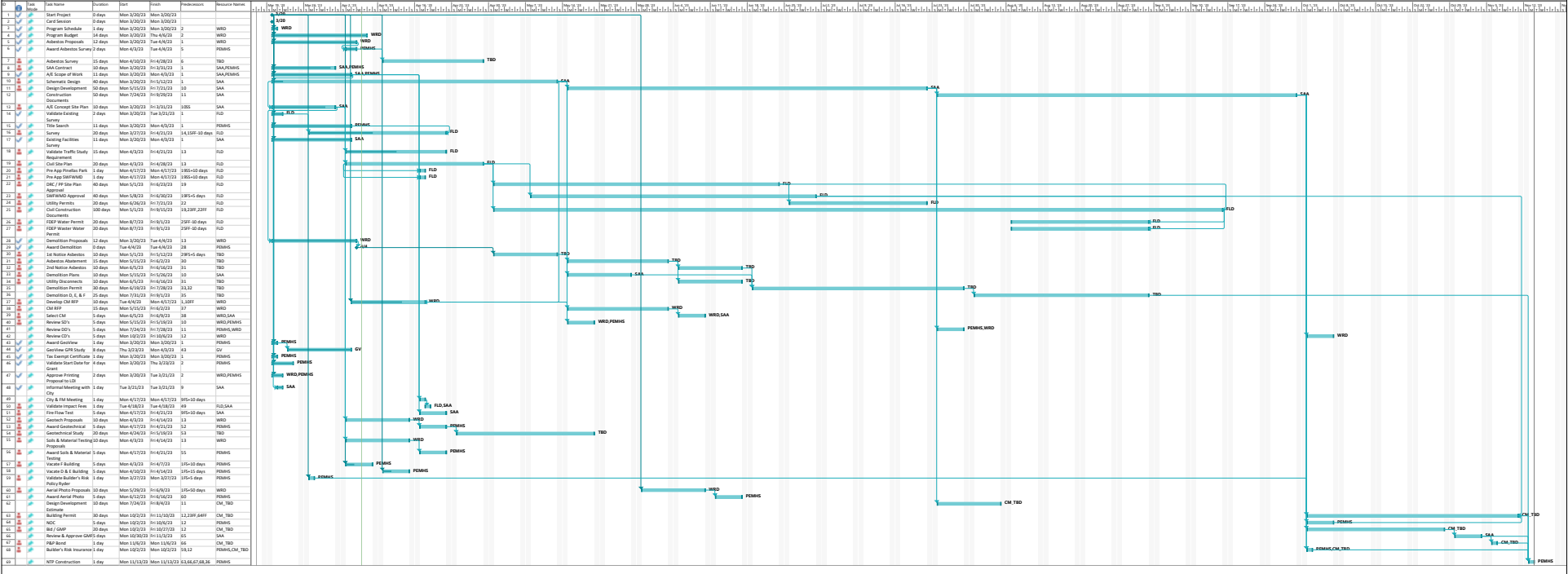
BY: _____

TITLE: _____

DATE: _____

NOTARY:

PMHS
 Children's Stabilization and Crisis Center
 Program Schedule



ISSUED FOR:
PRELIM
03-29-2023

MICHAEL F. SOFARELLI JR.
STATE OF FLORIDA
BOARD OF ARCHITECTURE
REGISTRATION No.:

PROJECT:
**P.E.M.H.S.
RENOVATION**
11254 58TH STREET NORTH - PINELLAS PARK, FL 33782

STAXA
SOFARELLI & ASSOCIATES ARCHITECTURE
MICHAEL F. SOFARELLI JR. A.I.A.
6385 142nd AVENUE NORTH
CLEARWATER, FL 34617
PHONE (727) 540-5555 FAX (727) 540-4419
EMAIL sofarell@verizon.net

Revisions:

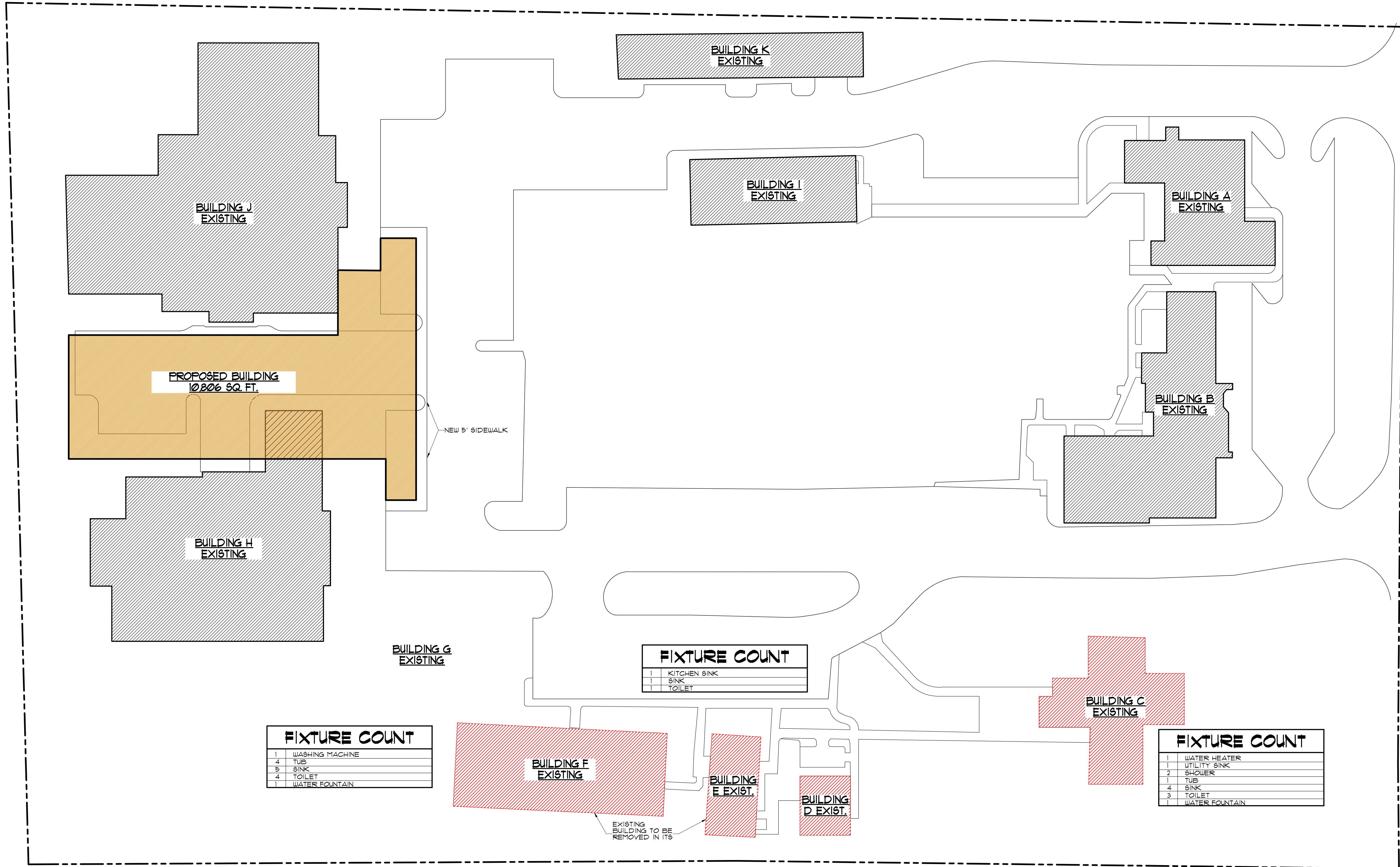
Content:
ARCHITECTURAL
SITE PLAN

Filename:
PEMHS

Date:
03-29-2023

PROJECT No:
23021

Sheet:
A-0



FIXTURE COUNT

1	WASHING MACHINE
4	TUB
5	SINK
4	TOILET
1	WATER FOUNTAIN

FIXTURE COUNT

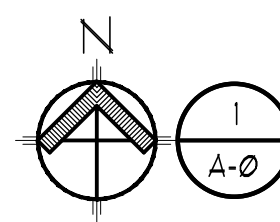
1	KITCHEN SINK
1	SINK
1	TOILET

FIXTURE COUNT

1	WATER HEATER
1	UTILITY SINK
2	SHOWER
1	TUB
4	SINK
3	TOILET
1	WATER FOUNTAIN

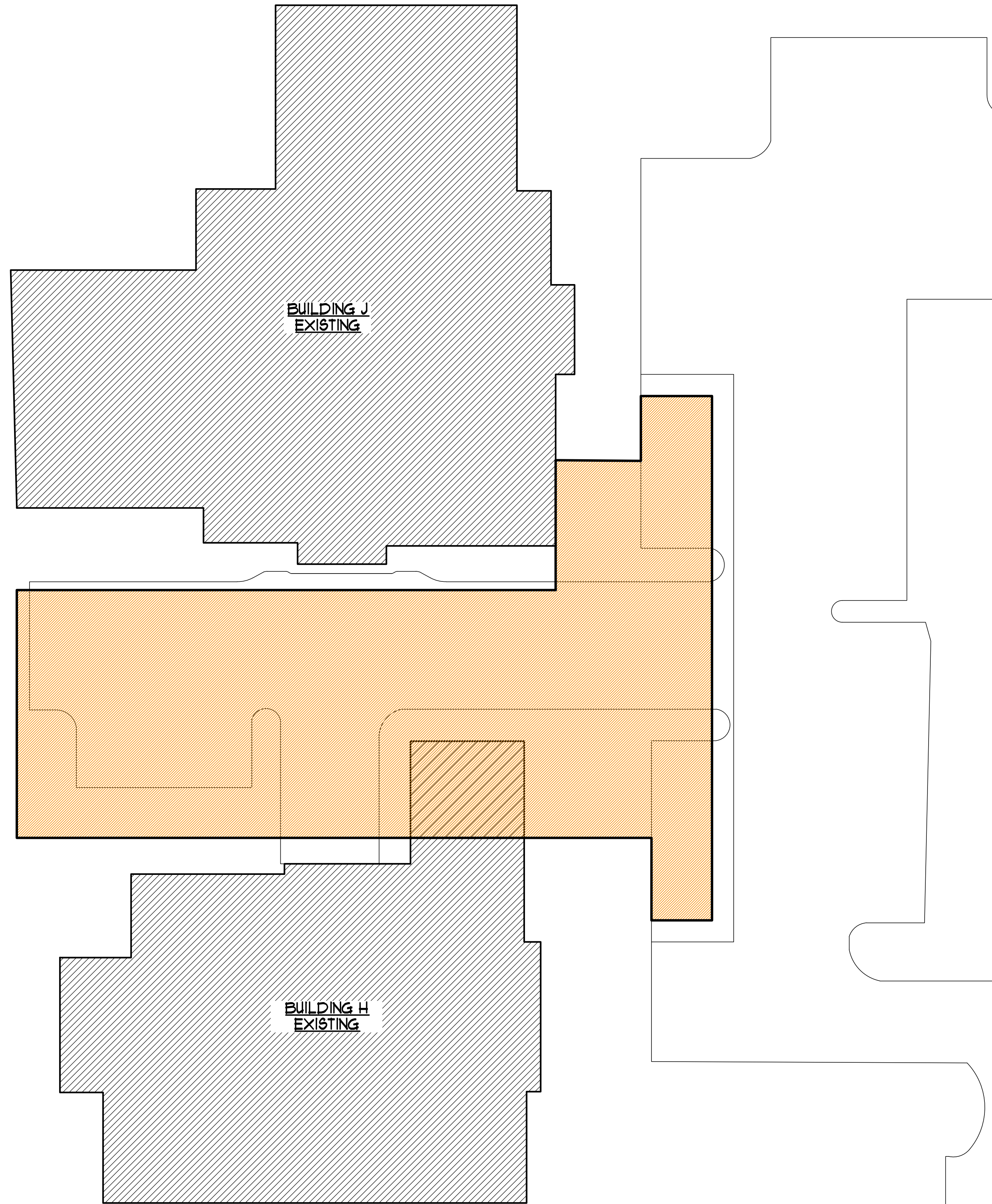
ARCHITECTURAL SITE PLAN
EXISTING

SCALE: N.T.S.



ENLARGED ARCHITECTURAL SITE PLAN EXISTING

SCALE: N.T.S.



ISSUED FOR:
PRELIM
03-29-2023

MICHAEL F. SOFARELLI, JR.
STATE OF FLORIDA
BOARD OF ARCHITECTURE
REGISTRATION No.:

PROJECT:
**P.E.M.H.S.
RENOVATION**
11254 58TH STREET NORTH - PINELLAS PARK, FL 33782

SOFARELLI & ASSOCIATES ARCHITECTURE
MICHAEL F. SOFARELLI, JR., AIA.
6385 142ND AVENUE NORTH
CLEARWATER, FLORIDA 34617
PHONE (727) 540-5535 FAX (727) 550-4419
EMAIL: sofarell@verizon.net

Revisions:

Content:
ENLARGED
ARCHITECTURAL
SITE PLAN

Filename:
PEMHS

Date:
03-29-2023

PROJECT No:
23021

Sheet:

A-01

WALL LEGEND

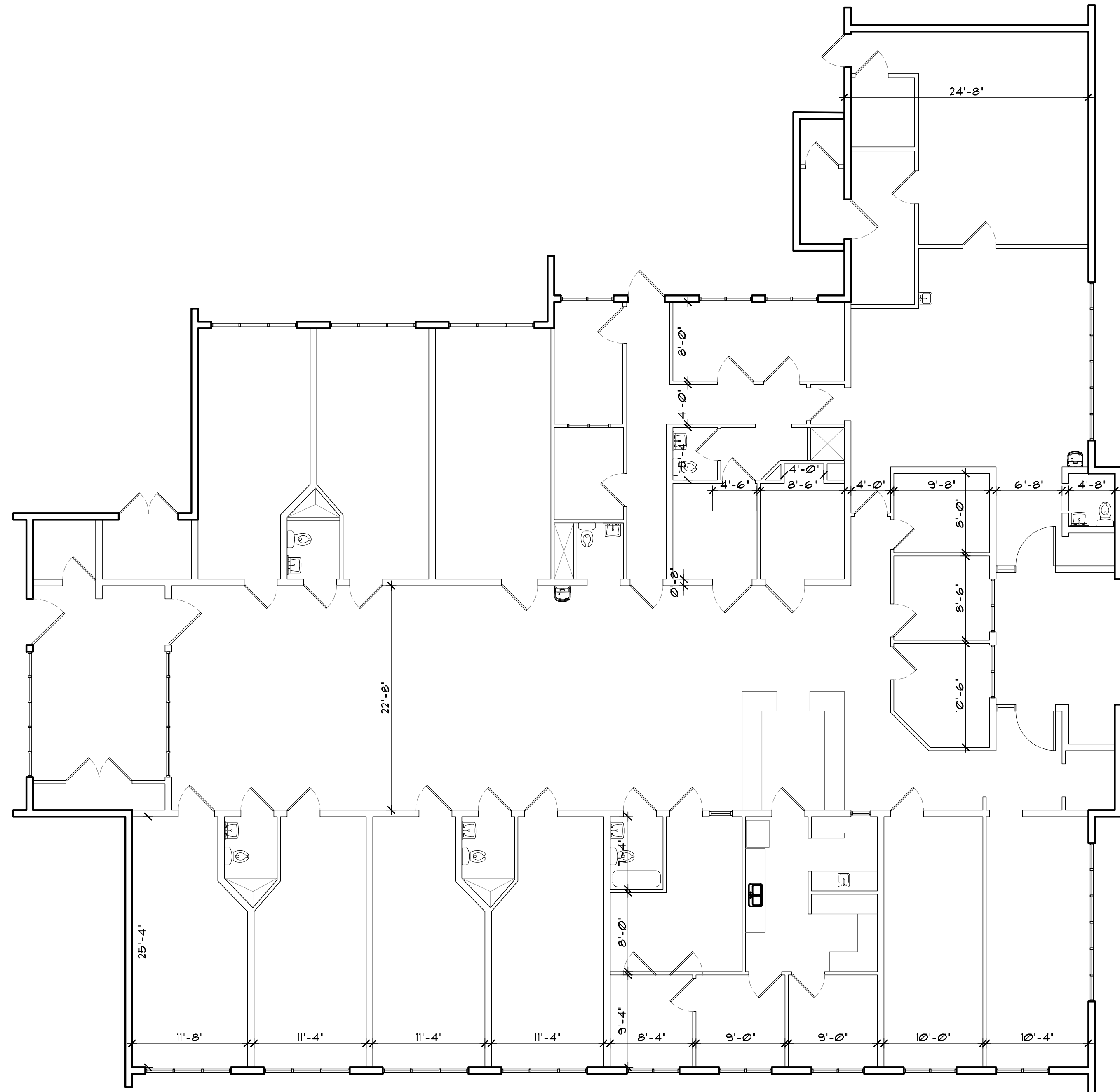
	EXISTING EXTERIOR CMU WALLS W/ TO REMAIN (V.I.F)
	EXISTING INTERIOR WALLS TO REMAIN
	EXISTING STRUCTURAL COLUMN TO REMAIN
	EXISTING INTERIOR WALLS TO BE REMOVED IN ITS ENTIRETY

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DISPOSAL NOTES

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BUILDING H FLOOR PLAN

EXISTING/DEMO.

EXISTING GROSS SQUARE FOOTAGE: 7,443±
SCALE: 1/8" = 1'-0"

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ISSUED FOR:
PRELIM
03-29-2023

MICHAEL F. SOFARELLI JR.
STATE OF FLORIDA
BOARD OF ARCHITECTURE
REGISTRATION No.:

PROJECT:
P.E.M.H.S. RENOVATION
11254 58TH STREET NORTH - PINELLAS PARK, FL 33782

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Revisions:

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BUILDING H
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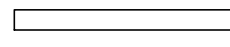


Filename:
PEM1H6

Date:
03-29-2023

PROJECT No:
23021

Sheet:
A-1

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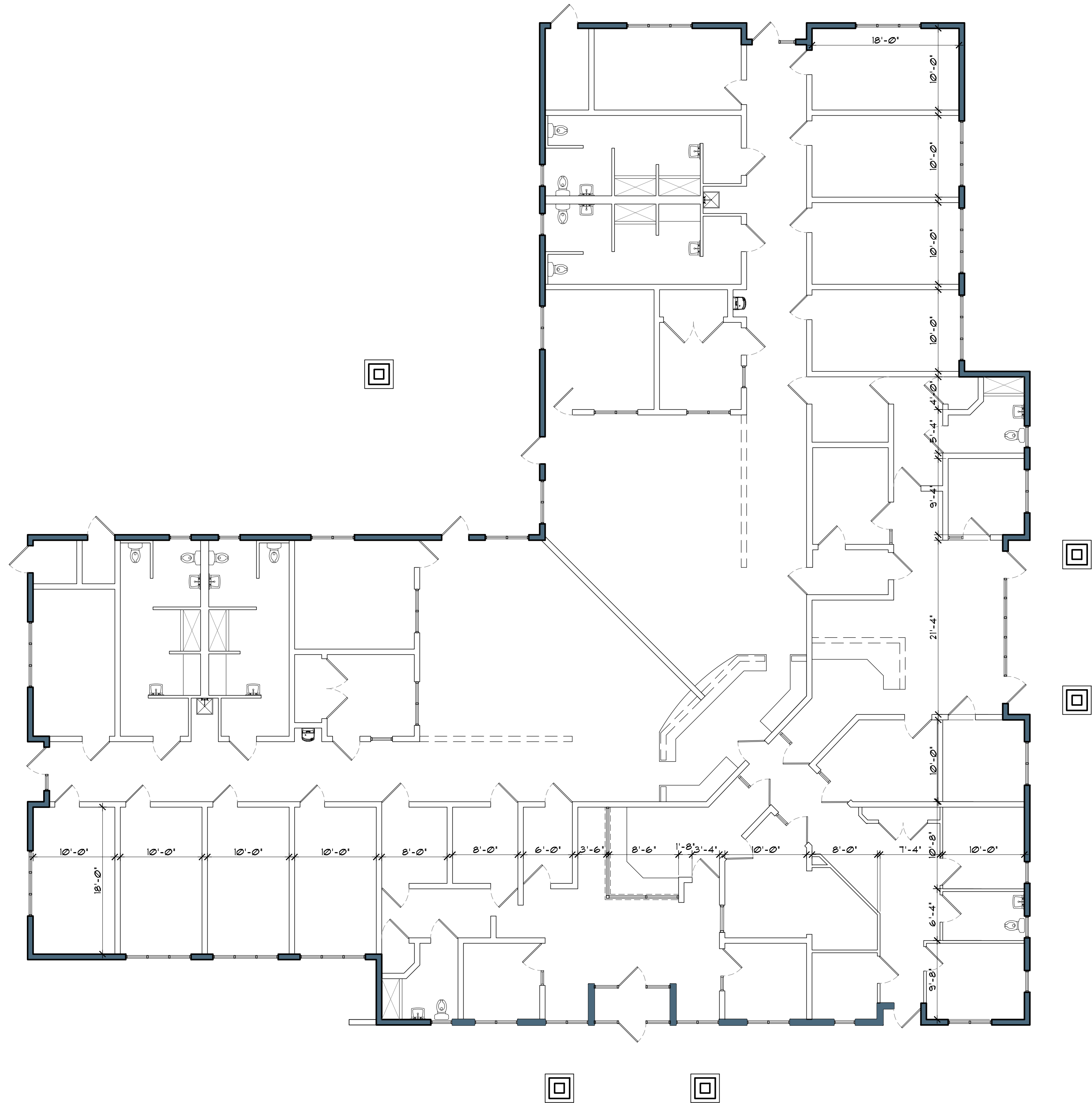
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BUILDING J FLOOR PLAN

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SCALE: 1/8" = 1'-0"

PEMHS, Inc.							
Children's Stabilization and Crisis Center							
General Contractor Proposal Summary							
May 26, 2023 R1							
Item	Gilbane	Hennessy	Creative				Comment
Design Phase Fee	56,690	2,500	30,000				
Construction Phase Fee (%)	6.25%	5%	5.50%				
Reimbursables	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>				
Total Fee & Reimbursable	56,690	2,500	30,000				
Reimbursable Adjustments	N/A	N/A	N/A				
Start Up Electric		-					
Traffic Control							
Temp Toilets							
Temp Water							
Temp Electric							
Temp Fire Protection							
Temp Fences							
Info Signage							
Protect roads							
Clean Up							
Trash Chute							
Dumpsters	-	-	-				
Total Adjustments		-	-				
Adj. Total Fee & Reimburs	56,690	2,500	30,000				

Change Order Fee (%)	6.25%	5.00%	5.50%				
Self Perform (Y/N) (+O&P)	Yes some	No	Yes some				
Labor Burdens (%)	49.25%	49.00%	32.50%				
Liability Insurance	0.00997	In Burden	0.0045				
Bond	0.60%	0.90%	0.75%				
Proposed Schedule (Months)							
CSCC	13.5 Months	9 Months	12 Months				
Proposed Field Staff	3 Full Time	1 Full Time plus HO Support	1 Full Time plus HO Support				
Exceptions to Contract (Y/N)	Yes Many	No	Yes Some				
<u>Item</u>	<u>Gilbane</u>	<u>Hennessy</u>	<u>Creative</u>				<u>Comment</u>
Responsive (Y/N)	Yes	Yes	Yes				
Other Notes	Site Plan unique		Early Procurements				
	High Safety & Security						

WRD CONSTRUCTION CONSULTANTS

William R. DiMarino, P.E.
FL #CGC 043446

2701 Regency Oaks Blvd.
#N407
Clearwater, FL 33759
727-742-3041
Email: wrdconsu1@hotmail.com

SPECIALIZING IN

- *Project Management
- *Planning
- *Scheduling
- *Estimating
- *Value Engineering

- *Owner's Representatives
- *Change Order Control
- *Constructability Review
- *Project Close Out
- *Claims Prevention

MEMO August 26, 2023

To: Helena Calhoun

Subject: Basis of Contract Award to HCS

The contract award of Hennessy Construction Services to be the General Contractor for the PEMHS Childrens' Stabilization and Crisis Center Project was the result of a formal RFP and Selection process for General Contractor Services. The Invitation, RFP, and Proposal Analysis are attached hereto as reference documents.

The Selection Committee members were:

Maxine Booker__PEMHS
Helana Calhoun__PEMHS
Kathy Delgado__PEMHS
Michael Sofarelli, AIA__Architect
William R. DiMarino, P.E.__Program Manager

April 5, 2023. Invitation was issued to Gilbane Building Company, Creative Contractors, and Hennessy
April 27, 2023. Preproposal Conference was held at PEMHS. All Contractors attended.

May 26, 2023. Proposals received from GBCo, CCI, and HCS

June 8, 2023. Contractor interviews / presentations were conducted with each GC given 45 minutes.

June 8, 2023. Selection Committee convened for approximately 1 Hour immediately after the presentations to discuss all aspects of the Proposals; Qualifications both Corporate and proposed individuals; Proposed Plans of Actions; Exceptions to the Contract; Safety Records; Commercial Terms; etc. of each of the General Contractors. As a result of the discussions the Committee unanimously agreed that Hennessy Construction Services should be selected as the General Contractor for the PEMHS Project.

Respectfully submitted for PEMHS
WRD Construction Consultants



William R. DiMarino, P.E.
President

WRD CONSTRUCTION CONSULTANTS

William R. DiMarino, P.E.
FL #CGC 043446

2701 Regency Oaks Blvd.
#N407
Clearwater, FL 33759
727-742-3041
Email: wrdconsu1@hotmail.com

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- *Scheduling
- *Estimating
- *Value Engineering

- *Owner's Representatives
- *Change Order Control
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- *Project Close Out
- *Claims Prevention

MEMO April 5, 2023

To: Creative Contractors, Inc.
Hennessy Construction
Gilbane Building Company

Attn: J. Bomstein
Attn: M. Stalker
Attn: L. Henry

From: William R. DiMarino

PEMHS, Inc. (Owner) has invited you to submit a Proposal for General Contractor Services and join our Team for the Children's Stabilization and Crisis Center (CSCC) Project located at PEMHS in Pinellas Park, FL. The Owner has retained us to provide Program Management Services for the Project, and as part of those services we are managing this Request for Proposal (RFP) process.

The Design Team(s) are:

Architect: Sofarelli & Associates Architecture, Inc.
Civil Engineer: Transystems

Enclosed is the RFP for your use. Please note that there will be a mandatory Pre-Proposal Conference at the PEMHS on April 27, 2023 @ 10:00 AM which you must attend as a condition precedent to be awarded this project. Additional information will be provided at that Conference. All proposals shall be reviewed and evaluated in their entirety for completeness, quality, and commercial terms. The selection of the General Contractor shall be at the sole discretion of the Owner.

I look forward to seeing you at PEMHS on the 27th. In the interim if you have any questions, please feel free to contact me.

cc: M. Booker, H. Calhoun, K. Delgado, G. Wennlund, M. Sofarelli

PEMHS, INC.
CHILDREN'S STABILIZATION and CRISIS CENTER
REQUEST FOR PROPOSAL

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INTRODUCTION

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INTRODUCTION

PEMHS, Inc. (PEMHS) (the Owner) is embarking on a Children's Stabilization and Crisis Center (CSCC) Project located on the campus of PEMHS @ 11254 58th Street N. Pinellas Park, FL 33782. The Owner has retained WRD Construction Consultants (WRD) to be the Program Manager; and Sofarelli & Associates Architecture, Inc. (SAA) to be the Architect/Engineer for the Project.

To achieve its project objectives, the Owner desires to retain a firm for General Contractor Services within the next forty-five (45) days. And it is the Owner's intent that the Program Manager, Architect/Engineer, and General Contractor shall work with the Owner and other Consultants in a harmonious manner during the Design and Construction phases utilizing the described project delivery process in this RFP.

The General Contractor Services are described in the attached form of Agreement. The selected firm shall have the ability to meet all the requirements of the Agreement and shall be expected to sign the Agreement without exception.

Questions concerning this RFP shall be directed to William R. DiMarino of WRD Construction Consultants. Six (6) fully bound Proposals shall be submitted not later than 10:00 AM on May 26, 2023, to:

Maxine Booker, CEO & President
PEMHS, Inc.
11254 58th Street N.
Pinellas Park, FL 33782

- Mandatory Pre-Proposal Conference:
Location: PEMHS Campus
April 27, 2023 @ 10:00 AM
****Check in at the Main Administration Building. You will then be directed to the proper location.***
- Presentations and / or Interviews:
By invitation at the sole discretion of the Owner

I. **Description of Project**

The Project will include the following, but not limited to, items:

- A. Mobilization of Site. **Note: Demolition of Buildings C, D, E, and F has been awarded to Cross Construction. Management of this**

Work is not part of this RFP. Buildings D, E, and F will be demolished during the 2nd and 3rd Quarters of 2023. The Occupants of Building C will be relocated to the new CSCC after which Cross Construction will demolish Building C, and this Contractor will complete the project Sitework.

- B. New construction of a one (1) Story 11,000 SF +/- CSCC with connections to, as well as Renovations within, Buildings H and J.
- C. All sitework required for the complete project.

II. Anticipated Project Schedule

- Refer to Master Project Schedule

III. Project Delivery Process

PEMHS, Inc. will utilize a quality driven, synergistic Team process to deliver its Project. This process takes the issue of Partnering to a level beyond what is typically found in today's industry.

The Process is founded on the Quality Statement:

CREATIVE THINKING KNOWS NO BOUNDARIES

With a Mission that our Project shall:

- *Result in the best value – not the lowest/highest cost*
- *Be managed by the Team*
- *Not have any RFI's or Change Orders*

Interaction amongst team members, and the ability to openly convey ideas, is paramount to the success of the Project. The Management Team meets bi-weekly during the Design Phase and bi-weekly during the Construction Phase to ensure that tasks are being accomplished, communications are flowing, decisions are being made, and the Project is on the correct course. These meetings are not intended to expend the time to solve the specific issue(s). Rather, they are intended to identify what the issue is, who will do it, and when it will be done. Typically, breakout / work sessions occur amongst individuals who are also on-site to perform their required tasks involving design issues with Users; meetings with local officials; site inspections; pay request reviews; etc., before, and/or after, the meeting.

PEMHS, Inc. will utilize the services of a Program Manager to facilitate the Delivery Process. And, it is expected that each Team member represented at the meeting be empowered to act on behalf of that entity. Minutes are taken, and action lists are created to ensure that each Team member is a 'stake holder' in the process.

The Management Team for this Project is:

	<u>NAME</u>	<u>ENTITY</u>
• Owner	H. Calhoun	PEMHS
• Program Manager	W. DiMarino	WRD
• Architect/Engineer	M. Sofarelli	SAA
• General Contractor	T.B.D.	T.B.D.

The organization of this Team is best described as a wheel with the Project as the hub; the Team members as the spokes; and Program Manager as the rim.

IV. Required Information

A. Relevant Experience; Back Log; & Project Staffing

1. Briefly describe your Company's relevant experience for this project.
2. Provide your current workload and backlog of projects.
3. Provide a Project organizational chart, identifying all your staff members (include a staff loading diagram for all personnel for the duration of the project) and indicating whether they are assigned to this project on a full or part-time basis. Show how each interacts with other staff members assigned to this project as well as the Project Team. For each assigned staff member include a detailed resume indicating Education; Professional Licenses/Registrations; Relevant Experience; and years with your firm.

B. Services

1. Describe how your Design Phase Services will be provided with specific attention to scheduling, estimating, constructability, value engineering, document reviews, Trade Contractor bidding, and the GMP. **Be specific to this project.**

2. Describe how your Construction Phase Services will be provided with specific attention to what (if any) categories of Work you intend to self perform; why you would self perform that Work; and how you would intend to establish the Cost of that Work in the Guaranteed Maximum Price as well as be compensated for that Work. ***Be specific to this project and submit separate commercial terms for self perform Work.***

3. Describe your firm's method of coordinating the efforts of the various Trade Contractors; how you would intend to utilize the site; access work; and mitigate the impact of construction operations on the Academy and surrounding community with particular attention to how materials will be received; streets maintained & cleaned; etc. during all Phases of this Project. **{Submit a Site Utilization Plan(s)}** Note: The following information:
 - a. The construction site is on a functioning Mental Health Crisis Stabilization Center (property with critical concerns for safety, security, noise, and daily operations. No temporary facilities shall be allowed outside of the immediate construction zone on the attached Site Plan.
 - b. Access to, and/or use of, PEMHS facilities is strictly prohibited.
 - c. Parking for tradesmen shall be prohibited on site outside of the fenced zone.
 - d. *Smoking and/or use of tobacco products shall be prohibited on, and within, the limits of the Admiral Farragut Academy property at all times.* This rule shall be implemented upon mobilization of the site and will be strictly enforced regardless of the stage of construction. Violators shall be removed and barred from the Project site at the discretion of the Owner.

4. Provide a list of the Trade Contractors and Suppliers that you would propose utilizing for this Project. What is your experience with these Contractors and Suppliers?

5. Describe in detail how you intend to identify, estimate, manage, and implement strategies and procedures for labor and material shortages, as well as escalation factors, if any, in the GMP.

6. Refer to the Master Project Schedule. **Provide your anticipated Time of Construction from the Notice to Proceed to Certificate of Occupancy.**
7. From your perspective, what are the three most important issues of this project? Why are they the most important? How would you address and/or resolve the issues?
8. Why should you be selected as the General Contractor for this Project?

C. Miscellaneous

1. Provide your bonding capacity and a Certification of Intent to Bond this Project from your Surety if awarded this Contract.
2. Do you take any exceptions to the Form of Agreement? If yes, explain in detail.
3. The Documents provided with this RFP are intended to be construed as information only for the sole purpose of familiarizing the Proposer of the Scope of this Project.
4. All Proposals and submitted information shall remain the property of the Owner.

COMMERCIAL PROPOSAL
PEMHS, INC.
CHILDREN'S STABILIZATION and CRISIS CENTER

- A) For the Design Phase Services enumerated in paragraph 7.1.1 of the Form of Agreement we propose a Lump Sum Fee in the amount of:

(\$ _____)

- B) For the Construction Phase Services during the Construction Phase enumerated in paragraph 7.1.2 of the Form of Agreement we propose a Fee in the amount of _____% of the Cost of the Work to be converted to a Lump Sum Fee as part of the eventual approved GMP:

- C) For the percentage (%) Fee to be added for Changes in the Project as enumerated in subparagraph 7.2.1 of the Form of Agreement we propose: (_____%)

- D) For categories of Work which the Contractor intends to, or may, self-perform submit a separate sheet identifying those categories, and the hourly wages reimbursable pursuant to subparagraph 8.2.1 for the personnel performing the Work. Separate and detail the labor burdens for each trade.

- E) For labor burdens as enumerated in subparagraph 8.2.3 of the form of Agreement we propose: (_____%) Submit Breakdown of this %

- F) Provide your rate and method of calculation for your Liability Insurance premium:

- G) Provide your Bonding rate for this Project: _____

(Signature Page 2 Follows)

Signature Page
Commercial Proposal
PEMHS, Inc.
Children's Stabilization and Crisis Center

FIRM: _____

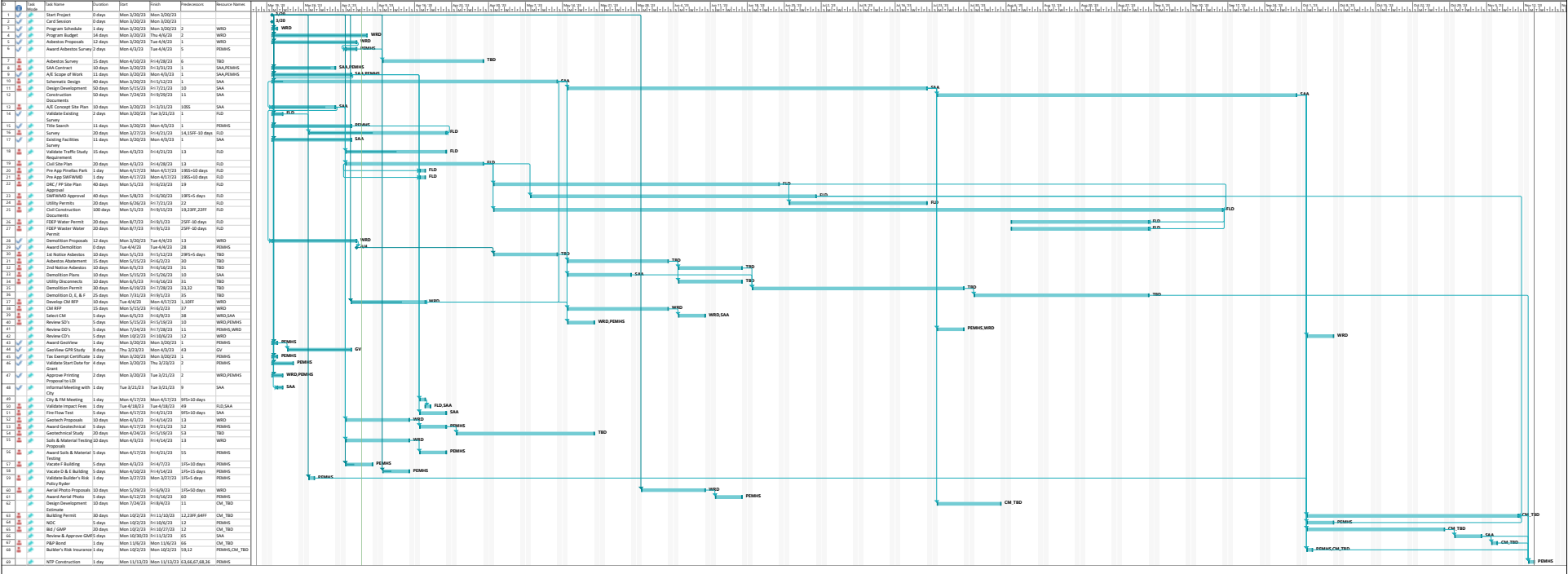
BY: _____

TITLE: _____

DATE: _____

NOTARY:

PMHS
 Children's Stabilization and Crisis Center
 Program Schedule



ISSUED FOR:
PRELIM
03-29-2023

MICHAEL F. SOFARELLI JR.
STATE OF FLORIDA
BOARD OF ARCHITECTURE
REGISTRATION No.:

PROJECT:
**P.E.M.H.S.
RENOVATION**
11254 58TH STREET NORTH - PINELLAS PARK, FL 33782

SOFARELLI & ASSOCIATES ARCHITECTURE
MICHAEL F. SOFARELLI JR. A.I.A.
6385 142ND AVENUE NORTH
CLEARWATER, FL 34617
PHONE (727) 540-5555 FAX (727) 540-4419
EMAIL: sofarell@verizon.net

Revisions:

Content:
ARCHITECTURAL
SITE PLAN

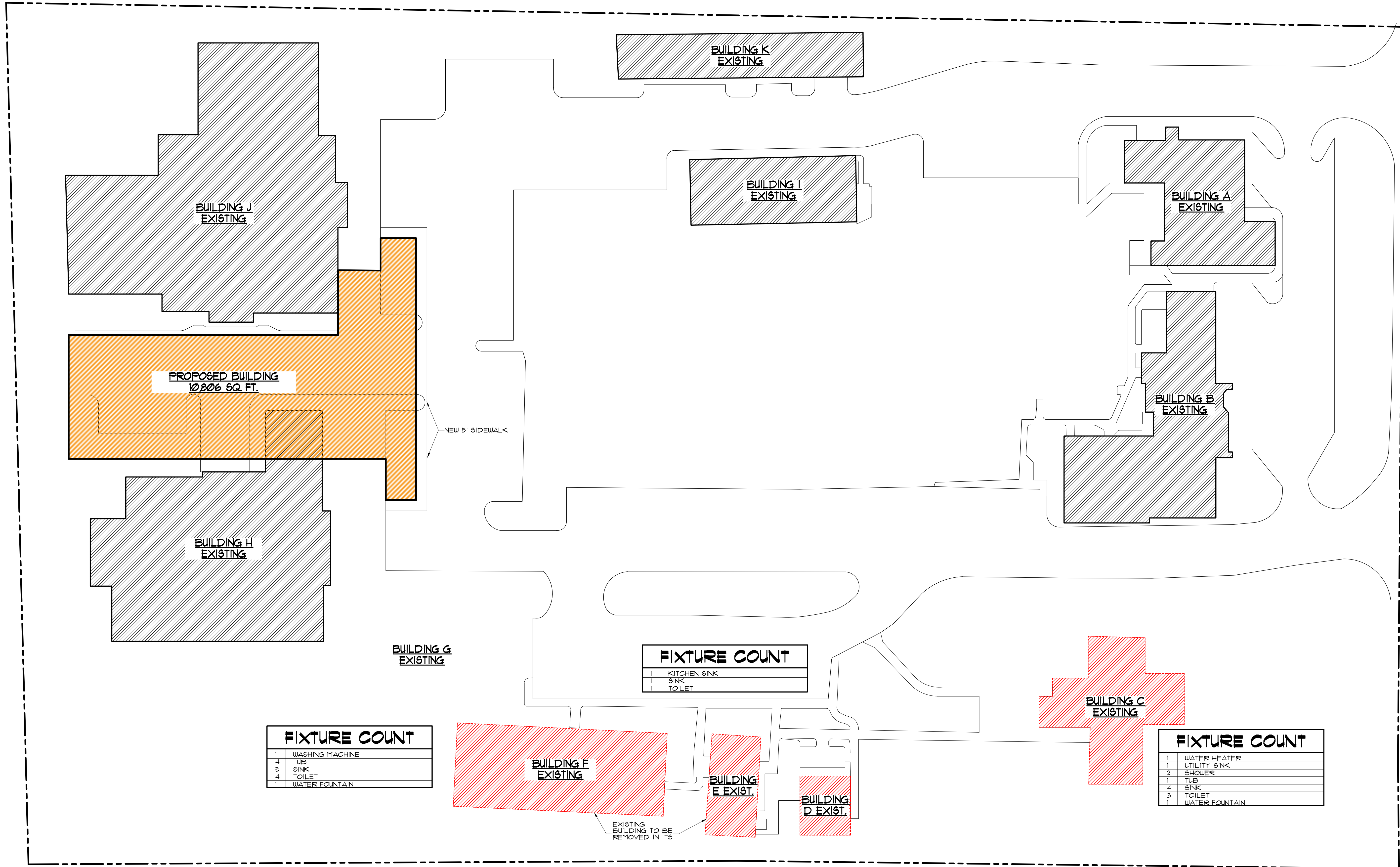
Filename:
PEMHS

Date:
03-29-2023

PROJECT No:
23021

Sheet:

A-0



FIXTURE COUNT

1	WASHING MACHINE
4	TUB
5	SINK
4	TOILET
1	WATER FOUNTAIN

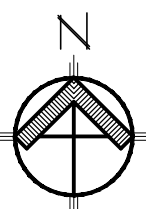
FIXTURE COUNT

1	KITCHEN SINK
1	SINK
1	TOILET

FIXTURE COUNT

1	WATER HEATER
1	UTILITY SINK
2	SHOWER
1	TUB
4	SINK
3	TOILET
1	WATER FOUNTAIN

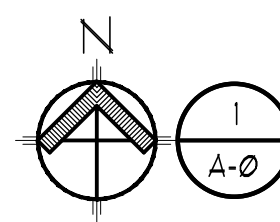
EXISTING
BUILDING TO BE
REMOVED IN ITS



1
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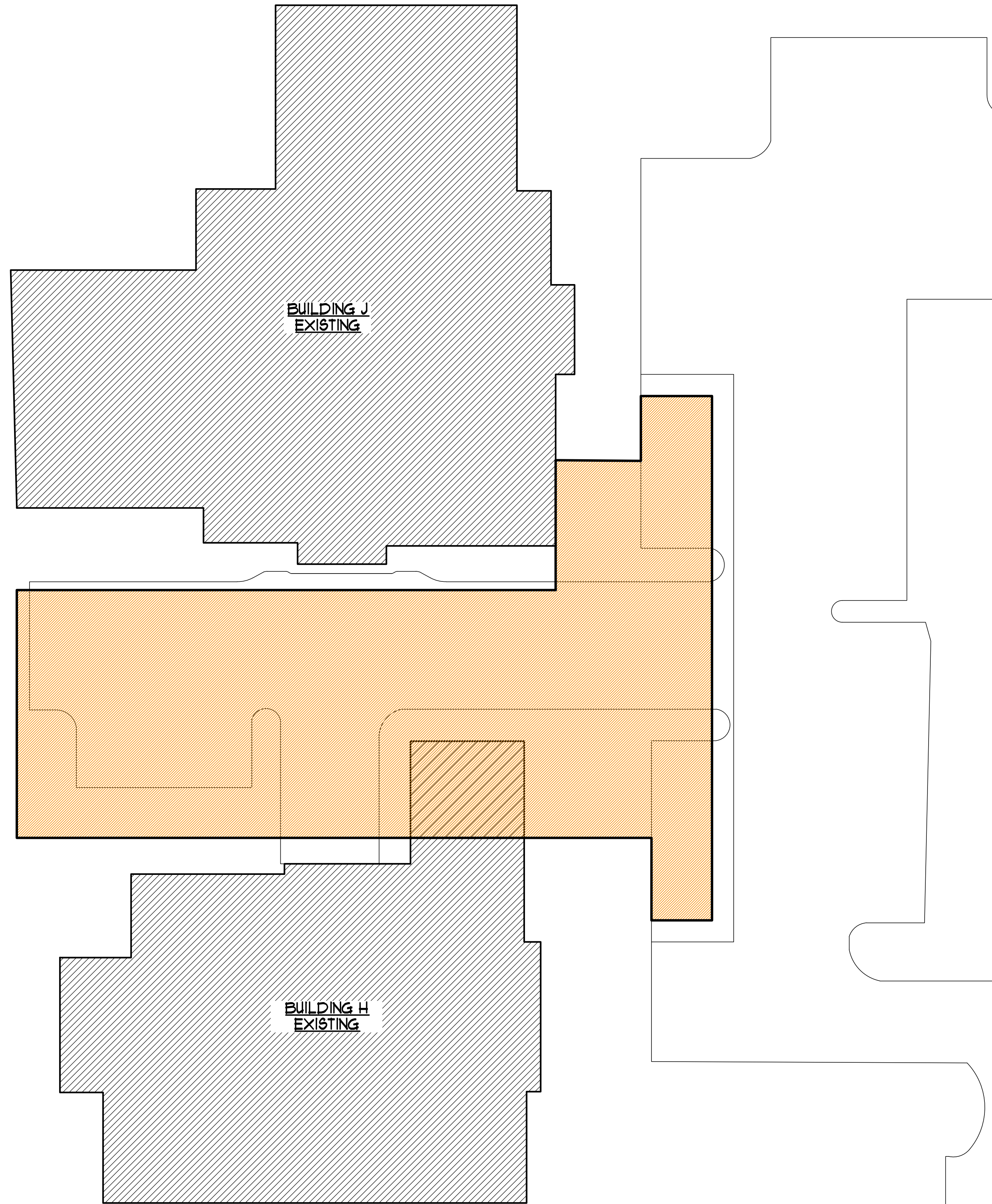
ARCHITECTURAL SITE PLAN
EXISTING

SCALE: N.T.S.



ENLARGED ARCHITECTURAL SITE PLAN EXISTING

SCALE: N.T.S.



ISSUED FOR:
PRELIM
03-29-2023

MICHAEL F. SOFARELLI, JR.
STATE OF FLORIDA
BOARD OF ARCHITECTURE
REGISTRATION No.:

PROJECT:
**P.E.M.H.S.
RENOVATION**
11254 58TH STREET NORTH - PINELLAS PARK, FL 33782

SOFARELLI & ASSOCIATES ARCHITECTURE
MICHAEL F. SOFARELLI, JR., AIA.
6385 142ND AVENUE NORTH
CLEARWATER, FLORIDA 34617
PHONE (727) 540-5535 FAX (727) 550-4419
EMAIL: sofarell@verizon.net

Revisions:

Content:
ENLARGED
ARCHITECTURAL
SITE PLAN

Filename:
PEMHS


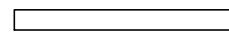


Date:
03-29-2023

PROJECT No:
23021

Sheet:

A-01

WALL LEGEND

	EXISTING EXTERIOR CMU WALLS W/ TO REMAIN (V.I.F.)
	EXISTING INTERIOR WALLS TO REMAIN
	EXISTING STRUCTURAL COLUMN TO REMAIN
	EXISTING INTERIOR WALLS TO BE REMOVED IN ITS ENTIRETY

IMPORTANT

- CONTRACTOR AND ALL SUB-TRADES (WITHOUT EXCEPTION) SHALL FIELD VERIFY ALL DIMENSIONS AND EXISTING CONDITIONS PRIOR TO ORDERING AND INSTALLATION OF ANY AND ALL MATERIALS. NOTIFY ARCHITECT AND/OR E.O.R. IN WRITING, OF ANY DISCREPANCIES PRIOR TO PROCEEDING.
 - EFFORTS HAVE BEEN MADE TO VERIFY EXISTING CONDITIONS. NO DESTRUCTIVE TESTING HAS BEEN PERFORMED TO VERIFY EXISTING CONSTRUCTION. COMPREHENSIVE FIELD VERIFICATION SHALL BE REQUIRED BY THE CONTRACTOR DURING DEMOLITION AND PRIOR TO ORDERING AND INSTALLATION OF ANY AND ALL MATERIALS.
 - THE GENERAL CONTRACTOR SHALL MEET WITH ALL SUBCONTRACTORS ON-SITE PRIOR TO STARTING ANY WORK TO VERIFY ANY/ALL EXISTING PLUMBING, HVAC, ELECTRICAL, ETC. CONDITIONS PERTAINING TO THIS PROJECT. MINUTES FROM THIS/THESE MEETING(S) AND FINDINGS IN THE FIELD SHALL BE SUBMITTED TO THE ARCHITECT PRIOR TO CONSTRUCTION.
 - IF THE DRAWINGS AND THE FIELD CONDITIONS ARE NOT IN AGREEMENT, THIS CONTRACTOR TO NOTIFY THE G.C. AND/OR THE ARCHITECT AND/OR ENGINEER BEFORE STARTING ANY WORK. ANY INCONSISTENCIES NEED TO BE CORRECTED BEFORE INSTALLATION BEGINS. IF THIS CONTRACTOR STARTS INSTALLATION WITHOUT THE CORRECTED DRAWINGS, HE/SHE WILL BE RESPONSIBLE FOR ANY AND ALL COSTS (BEYOND THE ORIGINAL CONTRACTED AMOUNT) INCURRED BY NECESSARY CHANGES TO CORRECT THE INCONSISTENCIES.
- *** THE CONTRACTOR SHALL NOTIFY THE ARCHITECT IMMEDIATELY IF ANY WORK INDICATED IN THE CONTRACT DOCUMENTS CANNOT BE PERFORMED DUE TO EXISTING FIELD CONDITIONS. *****

DEMOLITION NOTES

- THESE DRAWINGS HAVE BEEN DEVELOPED FROM EXISTING DRAWINGS WHICH MAY NOT REFLECT ACTUAL FIELD CONDITIONS. THE CONTRACTOR SHALL VERIFY THESE DRAWINGS WITH EXISTING FIELD CONDITIONS AND NOTIFY THE ARCHITECT IMMEDIATELY OF INCONSISTENCIES BETWEEN THESE DRAWINGS AND ACTUAL CONDITIONS BEFORE PROCEEDING WITH CONSTRUCTION.
- THE CONTRACTOR SHALL NOTIFY THE ARCHITECT IMMEDIATELY IF ANY WORK INDICATED IN THE CONTRACT DOCUMENTS CANNOT BE PERFORMED DUE TO EXISTING FIELD CONDITIONS.
- IF ANY EXISTING FIREPROOFING OR FIRE ASSEMBLIES WHICH ARE SUPPOSED TO REMAIN ARE DAMAGED DURING DEMOLITION, THEY SHALL BE REPAIRED TO CONFORM TO ORIGINAL FIRE PROTECTION REQUIREMENTS. CONTACT ARCHITECT TO VERIFY U.L. ASSEMBLIES TO BE USED FOR REPAIRS.
- REMOVE EXISTING CONSTRUCTION AS INDICATED. TYPICAL WALL REMOVAL INCLUDES MECHANICAL, PLUMBING, COMMUNICATIONS, INFORMATION SYSTEMS & ELECTRICAL SYSTEMS CONTAINED THERE-IN. REMOVE DOORS & FINISHES AND OTHER FIXTURES AS REQUIRED. AFTER REMOVAL OF PIPE CHASES, PATCH HOLES IN EXISTING FLOORS, PATCH ADJOINING WALLS, FLOOR AND DECK TO CREATE A CONTINUOUS LEVEL SURFACE. PREPARE SURFACES TO RECEIVE NEW FINISH PER FINISH SCHEDULE INTERIOR DESIGN PLANS, ETC. & APPROVED BY OWNER AND/OR TENANT. (WHERE NEW FINISHES ARE CALLED FOR ON EXISTING SURFACES, REMOVE THE EXISTING FINISH AS NECESSARY & PREPARE SURFACE TO RECEIVE THE NEW FINISH.)
- FOR EXTENT AND LOCATION OF CHANNELING OF EXISTING FLOOR SLABS REFER TO MECHANICAL, PLUMBING, FIRE PROTECTION, COMMUNICATIONS, INFORMATION SYSTEMS, AND ELECTRICAL DRAWINGS. IF EXISTING PIPING OR CONDUIT WORK (OTHER THAN THE DESIRED CONNECTION) IS ENCOUNTERED WHILE CHANNELING, THE CONTRACTOR SHALL NOTIFY THE ARCHITECT BEFORE CONTINUING.
- THE CONTRACTOR SHALL VERIFY THAT EXIT EGRESS IS MAINTAINED FOR ALL OCCUPIED AREAS OF THE BUILDING THROUGHOUT ALL PHASES OF CONSTRUCTION.
- DEMOLITION WORK SHALL BE EXECUTED IN CONFORMANCE WITH ALL CODES AND ORDINANCES AS SET FORTH BY ALL GOVERNING AUTHORITIES.
- THE CONTRACTOR SHALL BRACE ALL EXISTING STRUCTURES AND ALL STRUCTURAL ELEMENTS AS NECESSARY DURING DEMOLITION.
- THE CONTRACTOR SHALL NOT CUT STRUCTURAL WORK IN A MANNER RESULTING IN A REDUCTION OF LOAD CARRYING CAPACITY OR LOAD/DEFLECTION RATIO. THE CONTRACTOR SHALL NOTIFY THE ARCHITECT OF ALL STRUCTURAL CUTS PRIOR TO EXECUTION SO THAT APPROVAL CAN BE OBTAINED FROM THE ARCHITECT AND STRUCTURAL ENGINEER.
- THE EXISTING BUILDING ENVELOPE SHALL BE MAINTAINED IN WATER TIGHT CONDITION AT ALL TIMES THROUGHOUT ALL PHASES OF CONSTRUCTION.
- IF THE EXISTING CONSTRUCTION IS FOUND TO CONTAIN ASBESTOS, CONTACT PROPERTY MANAGEMENT IMMEDIATELY, AND THE ARCHITECT IN WRITING. REMOVAL, DISPOSAL AND THE REPLACEMENT OF THE ASBESTOS MATERIAL SHALL BE IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL REGULATIONS. (REPLACE THE ASBESTOS MATERIAL WITH NEW MATERIAL AS APPROVED BY THE ARCHITECT.)
- THE CONTRACTOR SHALL REPLACE OR REPAIR ANY EXISTING TO REMAIN FINISHES, ETC. WHICH ARE DAMAGED DURING DEMOLITION (I.E.-CEILING TILE, WALL COVERINGS, FLOOR COVERINGS, CORNER GRID, GUARDS, WALL GUARDS, HANDRAILS, CHAIR RAILS, MOLDINGS, ETC.).
- WHERE OPENINGS ARE CREATED IN EXISTING CONSTRUCTION SCHEDULED TO REMAIN (SUCH AS REMOVAL OF DOORS OR WINDOWS IN EXISTING WALLS TO REMAIN) FURNISH AND INSTALL NEW CONSTRUCTION OF TYPE AND RATING, IF ANY, FINISH SUCH SEALED OPENINGS TO MATCH THE EXISTING UNLESS NEW FINISHES ARE SCHEDULED FOR THOSE SURFACES.
- REMOVE ALL ABANDONED ELECTRICAL WIRING BACK TO PANEL.
- PREP FLOOR SLAB IN AREAS OF NEW WORK FOR INSTALLATION OF NEW FLOOR FINISHES AS REQUIRED.
- ALL UNUSED MECHANICAL AND PLUMBING TO BE CAPPED OFF AND TERMINATE EXISTING WALLS THAT CONTAIN PLUMBING, ELECTRICAL OR OTHER SERVICES REQUIRING MODIFICATION SHALL BE CUT BACK TO THE NEAREST STUD TO ALLOW REQUIRED WORK. AFTER COMPLETION, RECONSTRUCT TO A CONDITION THAT MATCHES NEW CONSTRUCTION, FLUSH WITH ADJACENT SURFACES.

DISPOSAL NOTES

- OBSOLETE ELECTRONICS DISPOSAL:**
SAFE DISPOSAL OF CATHODE RAY TUBES (CRT'S) OR PICTURE TUBES FOUND IN ALL COMPUTER MONITORS, TV SETS AND OTHER ELECTRONIC SYSTEMS, ARE MANUFACTURED WITH LEADED GLASS. THE U.S. ENVIRONMENTAL PROTECTION AGENCY, THROUGH THE LIGHTNING OF LEAD LEVEL REQUIREMENTS IN ITS LAND DISPOSAL RESTRICTIONS, HAS DECLARED THAT, AS OF MAY 8, 1995, ALL CRT'S WILL BE DECLARED AS HAZARDOUS WASTE. OBSOLETE COMPUTER SYSTEMS, COPIERS, FAX MACHINES, AND OTHER ELECTRONICS MUST BE RECYCLED.
- BATTERY DISPOSAL:**
DISPOSAL OF ALL BATTERIES GENERATED FROM OWNER / CONSUMER AND INDUSTRIAL ACTIVITIES BECAME REGULATED ON SEPTEMBER 1, 1996. WET AND DRY CELL BATTERIES MUST BE TREATED AS HAZARDOUS WASTE AND CANNOT BE DISPOSED OF IN THE DUMPSTER. VIRTUALLY EVERY TYPE OF BATTERY MUST NOW BE RECYCLED.
- G.C. TO LOCATE ANY SUCH MATERIALS IN SPACE TO BE RENOVATED, AND DETAIL THE METHOD OF DISPOSAL FOR BENEFIT OF BUILDING DEPT.**

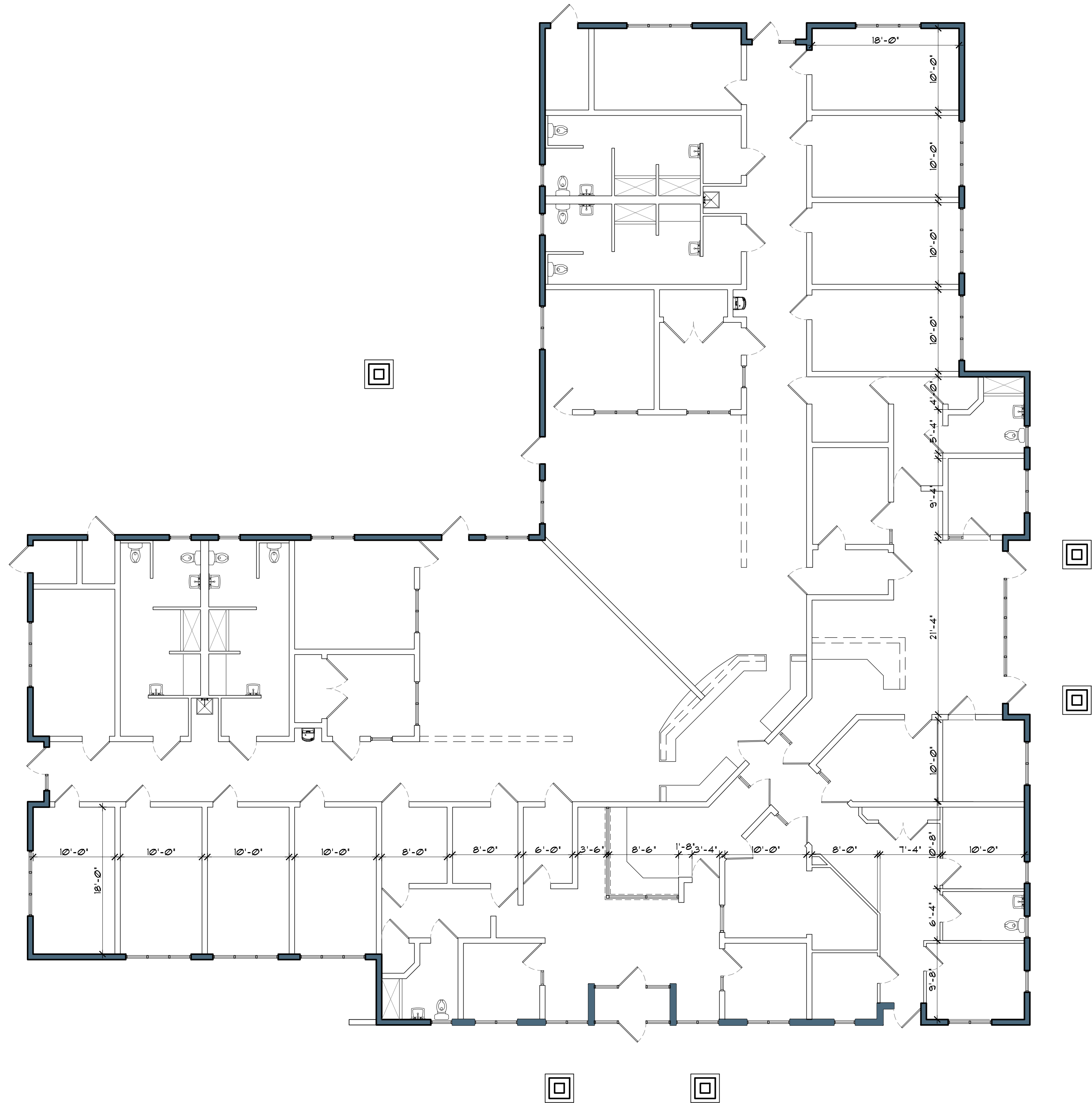
EXISTING STRUCTURAL FRAMING

CONTRACTOR TO NOTIFY TENANT REP. & ARCHITECT FOR ANY RELOCATION OF PROPOSED FLOOR PENETRATIONS

***** THE CONTRACTOR SHALL NOTIFY THE ARCHITECT IMMEDIATELY IF ANY WORK INDICATED IN THE CONTRACT DOCUMENTS CANNOT BE PERFORMED DUE TO EXISTING FIELD CONDITIONS. *****

IMPORTANT

- CONTRACTOR AND ALL SUB-TRADES (WITHOUT EXCEPTION) SHALL FIELD VERIFY ALL DIMENSIONS AND EXISTING CONDITIONS PRIOR TO ORDERING AND INSTALLATION OF ANY AND ALL MATERIALS. NOTIFY ARCHITECT AND/OR E.O.R. IN WRITING, OF ANY DISCREPANCIES PRIOR TO PROCEEDING.
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- *** THE CONTRACTOR SHALL NOTIFY THE ARCHITECT IMMEDIATELY IF ANY WORK INDICATED IN THE CONTRACT DOCUMENTS CANNOT BE PERFORMED DUE TO EXISTING FIELD CONDITIONS. *****



BUILDING J FLOOR PLAN

EXISTING/DEMO.

EXISTING GROSS SQUARE FOOTAGE: 7,443±
SCALE: 1/8" = 1'-0"

PEMHS, Inc.							
Children's Stabilization and Crisis Center							
General Contractor Proposal Summary							
May 26, 2023 R1							
Item	Gilbane	Hennessy	Creative				Comment
Design Phase Fee	56,690	2,500	30,000				
Construction Phase Fee (%)	6.25%	5%	5.50%				
Reimbursables	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>				
Total Fee & Reimbursable	56,690	2,500	30,000				
Reimbursable Adjustments	N/A	N/A	N/A				
Start Up Electric		-					
Traffic Control							
Temp Toilets							
Temp Water							
Temp Electric							
Temp Fire Protection							
Temp Fences							
Info Signage							
Protect roads							
Clean Up							
Trash Chute							
Dumpsters	-	-	-				
Total Adjustments		-	-				
Adj. Total Fee & Reimburs	56,690	2,500	30,000				

Change Order Fee (%)	6.25%	5.00%	5.50%				
Self Perform (Y/N) (+O&P)	Yes some	No	Yes some				
Labor Burdens (%)	49.25%	49.00%	32.50%				
Liability Insurance	0.00997	In Burden	0.0045				
Bond	0.60%	0.90%	0.75%				
Proposed Schedule (Months)							
CSCC	13.5 Months	9 Months	12 Months				
Proposed Field Staff	3 Full Time	1 Full Time plus HO Support	1 Full Time plus HO Support				
Exceptions to Contract (Y/N)	Yes Many	No	Yes Some				
<u>Item</u>	<u>Gilbane</u>	<u>Hennessy</u>	<u>Creative</u>				<u>Comment</u>
Responsive (Y/N)	Yes	Yes	Yes				
Other Notes	Site Plan unique		Early Procurements				
	High Safety & Security						

WRD CONSTRUCTION CONSULTANTS

William R. DiMarino, P.E.
FL #CGC 043446

2701 Regency Oaks Blvd.
#N407
Clearwater, FL 33759
727-742-3041
Email: wrdconsu1@hotmail.com

SPECIALIZING IN

- *Project Management
- *Planning
- *Scheduling
- *Estimating
- *Value Engineering

- *Owner's Representatives
- *Change Order Control
- *Constructability Review
- *Project Close Out
- *Claims Prevention

MEMO August 26, 2023

To: Helena Calhoun

Subject: Basis of Contract Award to HCS

The contract award of Hennessy Construction Services to be the General Contractor for the PEMHS Childrens' Stabilization and Crisis Center Project was the result of a formal RFP and Selection process for General Contractor Services. The Invitation, RFP, and Proposal Analysis are attached hereto as reference documents.

The Selection Committee members were:

Maxine Booker__PEMHS
Helana Calhoun__PEMHS
Kathy Delgado__PEMHS
Michael Sofarelli, AIA__Architect
William R. DiMarino, P.E.__Program Manager

April 5, 2023. Invitation was issued to Gilbane Building Company, Creative Contractors, and Hennessy
April 27, 2023. Preproposal Conference was held at PEMHS. All Contractors attended.
May 26, 2023. Proposals received from GBCo, CCI, and HCS
June 8, 2023. Contractor interviews / presentations were conducted with each GC given 45 minutes.

June 8, 2023. Selection Committee convened for approximately 1 Hour immediately after the presentations to discuss all aspects of the Proposals; Qualifications both Corporate and proposed individuals; Proposed Plans of Actions; Exceptions to the Contract; Safety Records; Commercial Terms; etc. of each of the General Contractors. As a result of the discussions the Committee unanimously agreed that Hennessy Construction Services should be selected as the General Contractor for the PEMHS Project.

Respectfully submitted for PEMHS
WRD Construction Consultants



William R. DiMarino, P.E.
President

WRD CONSTRUCTION CONSULTANTS

William R. DiMarino, P.E.
FL #CGC 043446

2701 Regency Oaks Blvd.
#N407
Clearwater, FL 33759
727-742-3041
Email: wrdconsu1@hotmail.com

SPECIALIZING IN

- *Project Management
- *Planning
- *Scheduling
- *Estimating
- *Value Engineering

- *Owner's Representatives
- *Change Order Control
- *Constructability Review
- *Project Close Out
- *Claims Prevention

MEMO April 5, 2023

To: Creative Contractors, Inc.
Hennessy Construction
Gilbane Building Company

Attn: J. Bomstein
Attn: M. Stalker
Attn: L. Henry

From: William R. DiMarino

PEMHS, Inc. (Owner) has invited you to submit a Proposal for General Contractor Services and join our Team for the Children's Stabilization and Crisis Center (CSCC) Project located at PEMHS in Pinellas Park, FL. The Owner has retained us to provide Program Management Services for the Project, and as part of those services we are managing this Request for Proposal (RFP) process.

The Design Team(s) are:

Architect: Sofarelli & Associates Architecture, Inc.
Civil Engineer: Transystems

Enclosed is the RFP for your use. Please note that there will be a mandatory Pre-Proposal Conference at the PEMHS on April 27, 2023 @ 10:00 AM which you must attend as a condition precedent to be awarded this project. Additional information will be provided at that Conference. All proposals shall be reviewed and evaluated in their entirety for completeness, quality, and commercial terms. The selection of the General Contractor shall be at the sole discretion of the Owner.

I look forward to seeing you at PEMHS on the 27th. In the interim if you have any questions, please feel free to contact me.

cc: M. Booker, H. Calhoun, K. Delgado, G. Wennlund, M. Sofarelli

PEMHS, INC.
CHILDREN'S STABILIZATION and CRISIS CENTER
REQUEST FOR PROPOSAL

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 II. ANTICIPATED PROJECT SCHEDULE
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TAB 3 OWNER – CONTRACTOR AGREEMENT

ATTACHMENTS Master Project Schedule
 Conceptual Site Plan

INTRODUCTION

PEMHS, Inc. (PEMHS) (the Owner) is embarking on a Children's Stabilization and Crisis Center (CSCC) Project located on the campus of PEMHS @ 11254 58th Street N. Pinellas Park, FL 33782. The Owner has retained WRD Construction Consultants (WRD) to be the Program Manager; and Sofarelli & Associates Architecture, Inc. (SAA) to be the Architect/Engineer for the Project.

To achieve its project objectives, the Owner desires to retain a firm for General Contractor Services within the next forty-five (45) days. And it is the Owner's intent that the Program Manager, Architect/Engineer, and General Contractor shall work with the Owner and other Consultants in a harmonious manner during the Design and Construction phases utilizing the described project delivery process in this RFP.

The General Contractor Services are described in the attached form of Agreement. The selected firm shall have the ability to meet all the requirements of the Agreement and shall be expected to sign the Agreement without exception.

Questions concerning this RFP shall be directed to William R. DiMarino of WRD Construction Consultants. Six (6) fully bound Proposals shall be submitted not later than 10:00 AM on May 26, 2023, to:

Maxine Booker, CEO & President
PEMHS, Inc.
11254 58th Street N.
Pinellas Park, FL 33782

- Mandatory Pre-Proposal Conference:
Location: PEMHS Campus
April 27, 2023 @ 10:00 AM
****Check in at the Main Administration Building. You will then be directed to the proper location.***
- Presentations and / or Interviews:
By invitation at the sole discretion of the Owner

I. Description of Project

The Project will include the following, but not limited to, items:

- A. Mobilization of Site. **Note: Demolition of Buildings C, D, E, and F has been awarded to Cross Construction. Management of this**

Work is not part of this RFP. Buildings D, E, and F will be demolished during the 2nd and 3rd Quarters of 2023. The Occupants of Building C will be relocated to the new CSCC after which Cross Construction will demolish Building C, and this Contractor will complete the project Sitework.

- B. New construction of a one (1) Story 11,000 SF +/- CSCC with connections to, as well as Renovations within, Buildings H and J.
- C. All sitework required for the complete project.

II. Anticipated Project Schedule

- Refer to Master Project Schedule

III. Project Delivery Process

PEMHS, Inc. will utilize a quality driven, synergistic Team process to deliver its Project. This process takes the issue of Partnering to a level beyond what is typically found in today's industry.

The Process is founded on the Quality Statement:

CREATIVE THINKING KNOWS NO BOUNDARIES

With a Mission that our Project shall:

- *Result in the best value – not the lowest/highest cost*
- *Be managed by the Team*
- *Not have any RFI's or Change Orders*

Interaction amongst team members, and the ability to openly convey ideas, is paramount to the success of the Project. The Management Team meets bi-weekly during the Design Phase and bi-weekly during the Construction Phase to ensure that tasks are being accomplished, communications are flowing, decisions are being made, and the Project is on the correct course. These meetings are not intended to expend the time to solve the specific issue(s). Rather, they are intended to identify what the issue is, who will do it, and when it will be done. Typically, breakout / work sessions occur amongst individuals who are also on-site to perform their required tasks involving design issues with Users; meetings with local officials; site inspections; pay request reviews; etc., before, and/or after, the meeting.

PEMHS, Inc. will utilize the services of a Program Manager to facilitate the Delivery Process. And, it is expected that each Team member represented at the meeting be empowered to act on behalf of that entity. Minutes are taken, and action lists are created to ensure that each Team member is a 'stake holder' in the process.

The Management Team for this Project is:

	<u>NAME</u>	<u>ENTITY</u>
• Owner	H. Calhoun	PEMHS
• Program Manager	W. DiMarino	WRD
• Architect/Engineer	M. Sofarelli	SAA
• General Contractor	T.B.D.	T.B.D.

The organization of this Team is best described as a wheel with the Project as the hub; the Team members as the spokes; and Program Manager as the rim.

IV. Required Information

A. Relevant Experience; Back Log; & Project Staffing

1. Briefly describe your Company's relevant experience for this project.
2. Provide your current workload and backlog of projects.
3. Provide a Project organizational chart, identifying all your staff members (include a staff loading diagram for all personnel for the duration of the project) and indicating whether they are assigned to this project on a full or part-time basis. Show how each interacts with other staff members assigned to this project as well as the Project Team. For each assigned staff member include a detailed resume indicating Education; Professional Licenses/Registrations; Relevant Experience; and years with your firm.

B. Services

1. Describe how your Design Phase Services will be provided with specific attention to scheduling, estimating, constructability, value engineering, document reviews, Trade Contractor bidding, and the GMP. **Be specific to this project.**

2. Describe how your Construction Phase Services will be provided with specific attention to what (if any) categories of Work you intend to self perform; why you would self perform that Work; and how you would intend to establish the Cost of that Work in the Guaranteed Maximum Price as well as be compensated for that Work. ***Be specific to this project and submit separate commercial terms for self perform Work.***

3. Describe your firm's method of coordinating the efforts of the various Trade Contractors; how you would intend to utilize the site; access work; and mitigate the impact of construction operations on the Academy and surrounding community with particular attention to how materials will be received; streets maintained & cleaned; etc. during all Phases of this Project. **{Submit a Site Utilization Plan(s)}** Note: The following information:
 - a. The construction site is on a functioning Mental Health Crisis Stabilization Center (property with critical concerns for safety, security, noise, and daily operations. No temporary facilities shall be allowed outside of the immediate construction zone on the attached Site Plan.
 - b. Access to, and/or use of, PEMHS facilities is strictly prohibited.
 - c. Parking for tradesmen shall be prohibited on site outside of the fenced zone.
 - d. *Smoking and/or use of tobacco products shall be prohibited on, and within, the limits of the Admiral Farragut Academy property at all times.* This rule shall be implemented upon mobilization of the site and will be strictly enforced regardless of the stage of construction. Violators shall be removed and barred from the Project site at the discretion of the Owner.

4. Provide a list of the Trade Contractors and Suppliers that you would propose utilizing for this Project. What is your experience with these Contractors and Suppliers?

5. Describe in detail how you intend to identify, estimate, manage, and implement strategies and procedures for labor and material shortages, as well as escalation factors, if any, in the GMP.

6. Refer to the Master Project Schedule. **Provide your anticipated Time of Construction from the Notice to Proceed to Certificate of Occupancy.**
7. From your perspective, what are the three most important issues of this project? Why are they the most important? How would you address and/or resolve the issues?
8. Why should you be selected as the General Contractor for this Project?

C. Miscellaneous

1. Provide your bonding capacity and a Certification of Intent to Bond this Project from your Surety if awarded this Contract.
2. Do you take any exceptions to the Form of Agreement? If yes, explain in detail.
3. The Documents provided with this RFP are intended to be construed as information only for the sole purpose of familiarizing the Proposer of the Scope of this Project.
4. All Proposals and submitted information shall remain the property of the Owner.

COMMERCIAL PROPOSAL
PEMHS, INC.
CHILDREN'S STABILIZATION and CRISIS CENTER

- A) For the Design Phase Services enumerated in paragraph 7.1.1 of the Form of Agreement we propose a Lump Sum Fee in the amount of:

(\$ _____)

- B) For the Construction Phase Services during the Construction Phase enumerated in paragraph 7.1.2 of the Form of Agreement we propose a Fee in the amount of _____% of the Cost of the Work to be converted to a Lump Sum Fee as part of the eventual approved GMP:

- C) For the percentage (%) Fee to be added for Changes in the Project as enumerated in subparagraph 7.2.1 of the Form of Agreement we propose: (_____%)

- D) For categories of Work which the Contractor intends to, or may, self-perform submit a separate sheet identifying those categories, and the hourly wages reimbursable pursuant to subparagraph 8.2.1 for the personnel performing the Work. Separate and detail the labor burdens for each trade.

- E) For labor burdens as enumerated in subparagraph 8.2.3 of the form of Agreement we propose: (_____ %) Submit Breakdown of this %

- F) Provide your rate and method of calculation for your Liability Insurance premium:

- G) Provide your Bonding rate for this Project: _____

(Signature Page 2 Follows)

Signature Page
Commercial Proposal
PEMHS, Inc.
Children's Stabilization and Crisis Center

FIRM: _____

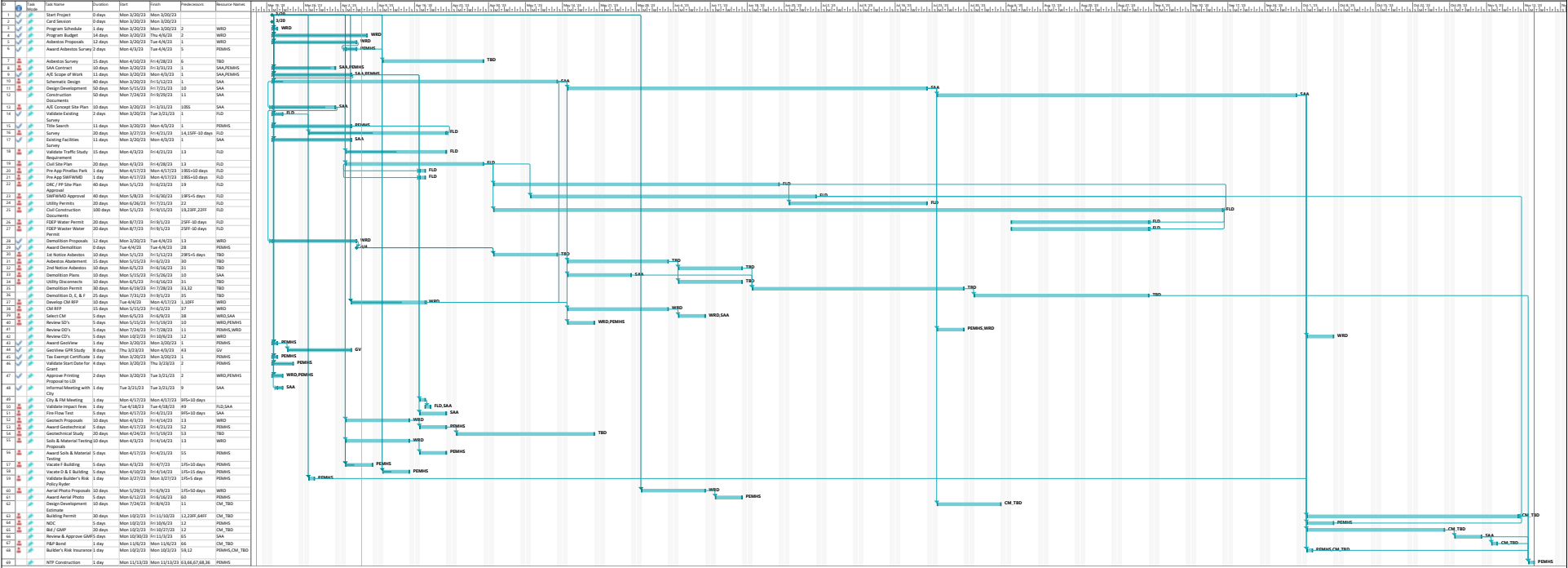
BY: _____

TITLE: _____

DATE: _____

NOTARY:

PMHS
 Children's Stabilization and Crisis Center
 Program Schedule



ISSUED FOR:
PRELIM
03-29-2023

MICHAEL F. SOFARELLI JR.
STATE OF FLORIDA
BOARD OF ARCHITECTURE
REGISTRATION No.:

PROJECT:
**P.E.M.H.S.
RENOVATION**
11254 58TH STREET NORTH - PINELLAS PARK, FL 33782

SOFARELLI & ASSOCIATES ARCHITECTURE
MICHAEL F. SOFARELLI JR. A.I.A.
6385 142nd AVENUE NORTH
CLEARWATER, FL 34617
PHONE (727) 540-5555 FAX (727) 540-4419
EMAIL: sofarell@verizon.net

Revisions:

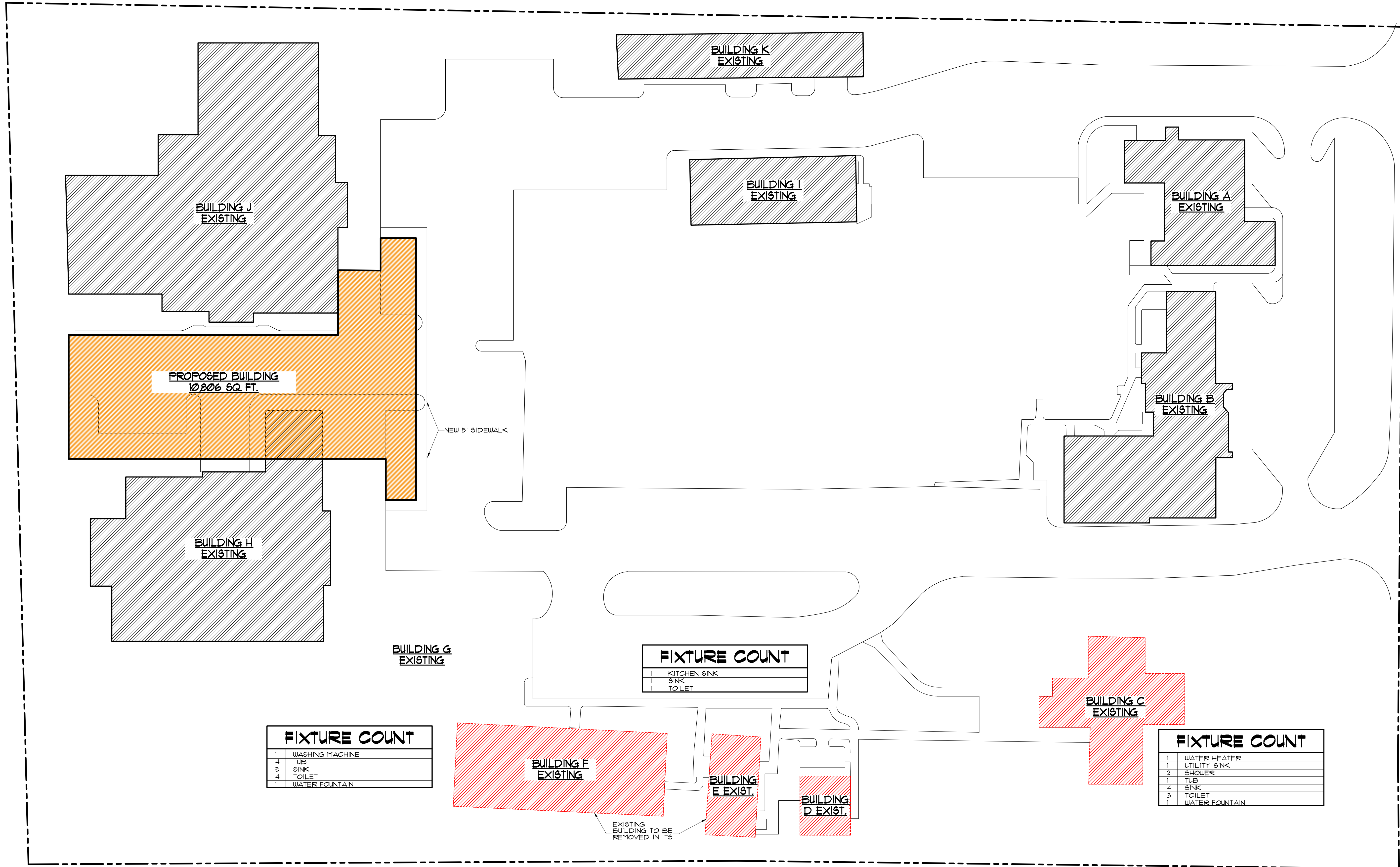
Content:
ARCHITECTURAL
SITE PLAN

Filename:
PEMHS

Date:
03-29-2023

PROJECT No:
23021

Sheet:
A-0



FIXTURE COUNT

1	WASHING MACHINE
4	TUB
5	SINK
4	TOILET
1	WATER FOUNTAIN

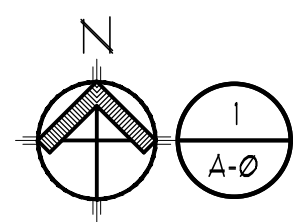
FIXTURE COUNT

1	KITCHEN SINK
1	SINK
1	TOILET

FIXTURE COUNT

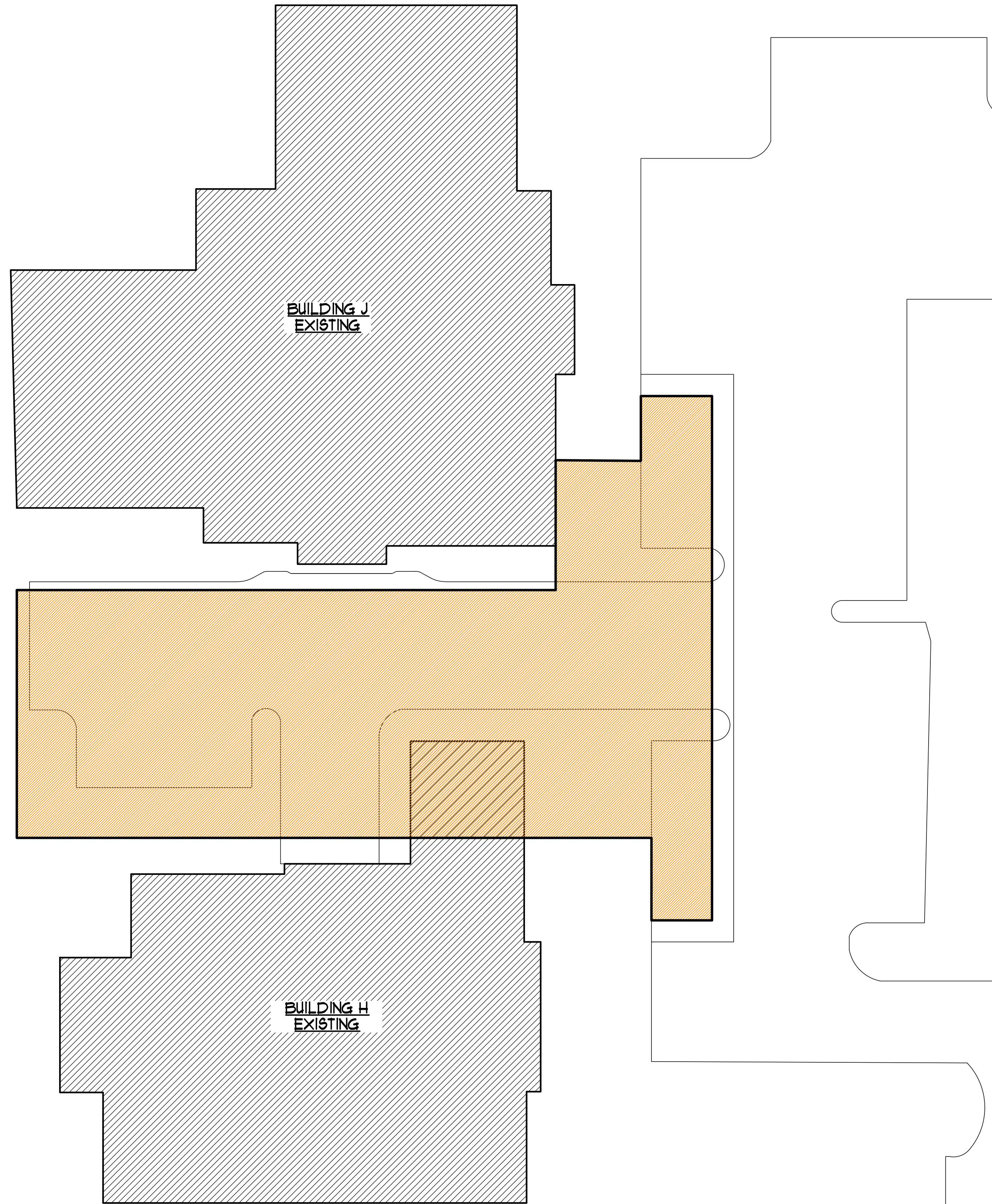
1	WATER HEATER
1	UTILITY SINK
2	SHOWER
1	TUB
4	SINK
3	TOILET
1	WATER FOUNTAIN

EXISTING BUILDING TO BE REMOVED IN ITS ENTIRETY



ENLARGED ARCHITECTURAL SITE PLAN EXISTING

SCALE: N.T.S.



ISSUED FOR:
PRELIM
03-29-2023

MICHAEL F. SOFARELLI, JR.
STATE OF FLORIDA
BOARD OF ARCHITECTURE
REGISTRATION No.:

PROJECT:
**P.E.M.H.S.
RENOVATION**
11254 58TH STREET NORTH - PINELLAS PARK, FL 33782

SOFARELLI & ASSOCIATES ARCHITECTURE
MICHAEL F. SOFARELLI, JR., AIA.
6385 142ND AVENUE NORTH
CLEARWATER, FL 34617
PHONE (727) 540-5535 FAX (727) 550-4419
EMAIL sofarell@verizon.net

Revisions:

Content:
ENLARGED
ARCHITECTURAL
SITE PLAN

Filename:
PEMHS


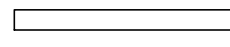


Date:
03-29-2023

PROJECT No:
23021

Sheet:

A-01

WALL LEGEND

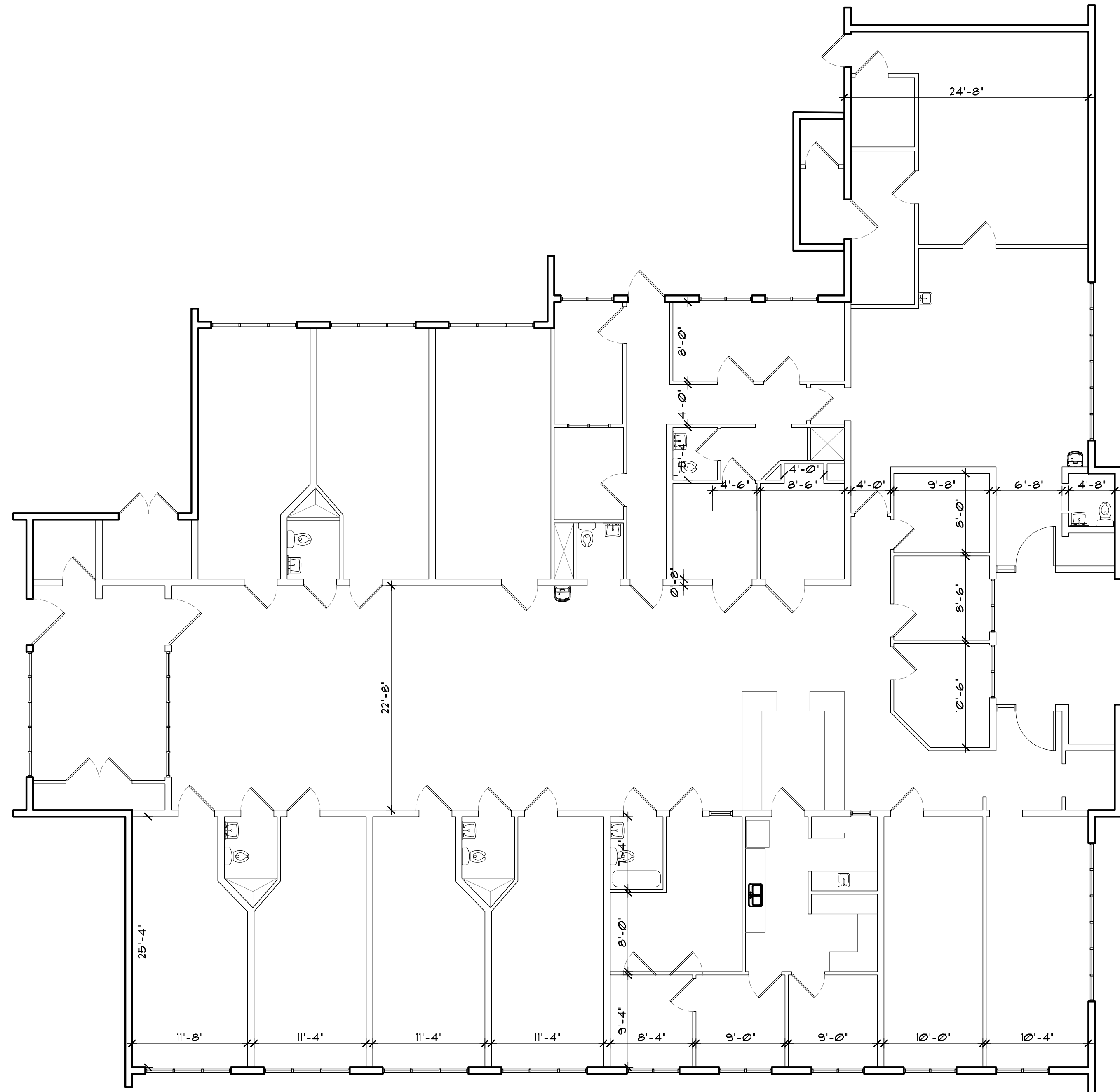
	EXISTING EXTERIOR CMU WALLS W/ TO REMAIN (V.I.F)
	EXISTING INTERIOR WALLS TO REMAIN
	EXISTING STRUCTURAL COLUMN TO REMAIN
	EXISTING INTERIOR WALLS TO BE REMOVED IN ITS ENTIRETY

IMPORTANT

- CONTRACTOR AND ALL SUB-TRADES (WITHOUT EXCEPTION) SHALL FIELD VERIFY ALL DIMENSIONS AND EXISTING CONDITIONS PRIOR TO ORDERING AND INSTALLATION OF ANY AND ALL MATERIALS. NOTIFY ARCHITECT AND/OR E.O.R. IN WRITING, OF ANY DISCREPANCIES PRIOR TO PROCEEDING.
 - EFFORTS HAVE BEEN MADE TO VERIFY EXISTING CONDITIONS. NO DESTRUCTIVE TESTING HAS BEEN PERFORMED TO VERIFY EXISTING CONSTRUCTION. COMPREHENSIVE FIELD VERIFICATION SHALL BE REQUIRED BY THE CONTRACTOR DURING DEMOLITION AND PRIOR TO ORDERING AND INSTALLATION OF ANY AND ALL MATERIALS.
 - THE GENERAL CONTRACTOR SHALL MEET WITH ALL SUBCONTRACTORS ON-SITE PRIOR TO STARTING ANY WORK TO VERIFY ANY/ALL EXISTING PLUMBING, HVAC, ELECTRICAL, ETC. CONDITIONS PERTAINING TO THIS PROJECT. MINUTES FROM THIS/THESE MEETING(S) AND FINDINGS IN THE FIELD SHALL BE SUBMITTED TO THE ARCHITECT PRIOR TO CONSTRUCTION.
 - IF THE DRAWINGS AND THE FIELD CONDITIONS ARE NOT IN AGREEMENT, THIS CONTRACTOR TO NOTIFY THE G.C. AND/OR THE ARCHITECT AND/OR ENGINEER BEFORE STARTING ANY WORK. ANY INCONSISTENCIES NEED TO BE CORRECTED BEFORE INSTALLATION BEGINS. IF THIS CONTRACTOR STARTS INSTALLATION WITHOUT THE CORRECTED DRAWINGS, HE/SHE WILL BE RESPONSIBLE FOR ANY AND ALL COSTS (BEYOND THE ORIGINAL CONTRACTED AMOUNT) INCURRED BY NECESSARY CHANGES TO CORRECT THE INCONSISTENCIES.
- *** THE CONTRACTOR SHALL NOTIFY THE ARCHITECT IMMEDIATELY IF ANY WORK INDICATED IN THE CONTRACT DOCUMENTS CANNOT BE PERFORMED DUE TO EXISTING FIELD CONDITIONS. *****

DEMOLITION NOTES

- THESE DRAWINGS HAVE BEEN DEVELOPED FROM EXISTING DRAWINGS WHICH MAY NOT REFLECT ACTUAL FIELD CONDITIONS. THE CONTRACTOR SHALL VERIFY THESE DRAWINGS WITH EXISTING FIELD CONDITIONS AND NOTIFY THE ARCHITECT IMMEDIATELY OF INCONSISTENCIES BETWEEN THESE DRAWINGS AND ACTUAL CONDITIONS BEFORE PROCEEDING WITH CONSTRUCTION.
- THE CONTRACTOR SHALL NOTIFY THE ARCHITECT IMMEDIATELY IF ANY WORK INDICATED IN THE CONTRACT DOCUMENTS CANNOT BE PERFORMED DUE TO EXISTING FIELD CONDITIONS.
- IF ANY EXISTING FIREPROOFING OR FIRE ASSEMBLIES WHICH ARE SUPPOSED TO REMAIN ARE DAMAGED DURING DEMOLITION, THEY SHALL BE REPAIRED TO CONFORM TO ORIGINAL FIRE PROTECTION REQUIREMENTS. CONTACT ARCHITECT TO VERIFY U.L. ASSEMBLIES TO BE USED FOR REPAIRS.
- REMOVE EXISTING CONSTRUCTION AS INDICATED. TYPICAL WALL REMOVAL INCLUDES MECHANICAL, PLUMBING, COMMUNICATIONS, INFORMATION SYSTEMS & ELECTRICAL SYSTEMS CONTAINED THERE-IN. REMOVE DOORS & FINISHES AND OTHER FIXTURES AS REQUIRED. AFTER REMOVAL OF PIPE CHASES, PATCH HOLES IN EXISTING FLOORS, PATCH ADJOINING WALLS, FLOOR AND DECK TO CREATE A CONTINUOUS LEVEL SURFACE. PREPARE SURFACES TO RECEIVE NEW FINISH PER FINISH SCHEDULE. INTERIOR DESIGN FINISH, ETC. & APPROVED BY OWNER AND/OR TENANT. (WHERE NEW FINISHES ARE CALLED FOR ON EXISTING SURFACES, REMOVE THE EXISTING FINISH AS NECESSARY & PREPARE SURFACE TO RECEIVE THE NEW FINISH.)
- FOR EXTENT AND LOCATION OF CHANNELING OF EXISTING FLOOR SLABS REFER TO MECHANICAL, PLUMBING, FIRE PROTECTION, COMMUNICATIONS, INFORMATION SYSTEMS, AND ELECTRICAL DRAWINGS. IF EXISTING PIPING OR CONDUIT WORK (OTHER THAN THE DESIRED CONNECTION) IS ENCOUNTERED WHILE CHANNELING, THE CONTRACTOR SHALL NOTIFY THE ARCHITECT BEFORE CONTINUING.
- THE CONTRACTOR SHALL VERIFY THAT EXIT EGRESS IS MAINTAINED FOR ALL OCCUPIED AREAS OF THE BUILDING THROUGHOUT ALL PHASES OF CONSTRUCTION.
- DEMOLITION WORK SHALL BE EXECUTED IN CONFORMANCE WITH ALL CODES AND ORDINANCES AS SET FORTH BY ALL GOVERNING AUTHORITIES.
- THE CONTRACTOR SHALL BRACE ALL EXISTING STRUCTURES AND ALL STRUCTURAL ELEMENTS AS NECESSARY DURING DEMOLITION.
- THE CONTRACTOR SHALL NOT CUT STRUCTURAL WORK IN A MANNER RESULTING IN A REDUCTION OF LOAD CARRYING CAPACITY OR LOAD/DEFLECTION RATIO. THE CONTRACTOR SHALL NOTIFY THE ARCHITECT OF ALL STRUCTURAL CUTS PRIOR TO EXECUTION SO THAT APPROVAL CAN BE OBTAINED FROM THE ARCHITECT AND STRUCTURAL ENGINEER.
- THE EXISTING BUILDING ENVELOPE SHALL BE MAINTAINED IN WATER TIGHT CONDITION AT ALL TIMES THROUGHOUT ALL PHASES OF CONSTRUCTION.
- IF THE EXISTING CONSTRUCTION IS FOUND TO CONTAIN ASBESTOS, CONTACT PROPERTY MANAGEMENT IMMEDIATELY, AND THE ARCHITECT IN WRITING. REMOVAL, DISPOSAL AND THE REPLACEMENT OF THE ASBESTOS MATERIAL SHALL BE IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL REGULATIONS. (REPLACE THE ASBESTOS MATERIAL WITH NEW MATERIAL AS APPROVED BY THE ARCHITECT.)
- THE CONTRACTOR SHALL REPLACE OR REPAIR ANY EXISTING TO REMAIN FINISHES, ETC. WHICH ARE DAMAGED DURING DEMOLITION (I.E.-CEILING TILE, WALL COVERINGS, FLOOR COVERINGS, CORNER GRID, GUARDS, WALL GUARDS, HANDRAILS, CHAIR RAILS, MOLDINGS, ETC.).
- WHERE OPENINGS ARE CREATED IN EXISTING CONSTRUCTION SCHEDULED TO REMAIN (SUCH AS REMOVAL OF DOORS OR WINDOWS IN EXISTING WALLS TO REMAIN) FURNISH AND INSTALL NEW CONSTRUCTION OF TYPE AND RATING, IF ANY, FINISH SUCH SEALED OPENINGS TO MATCH THE EXISTING UNLESS NEW FINISHES ARE SCHEDULED FOR THOSE SURFACES.
- REMOVE ALL ABANDONED ELECTRICAL WIRING BACK TO PANEL.
- PREP FLOOR SLAB IN AREAS OF NEW WORK FOR INSTALLATION OF NEW FLOOR FINISHES AS REQUIRED.
- ALL UNUSED MECHANICAL AND PLUMBING TO BE CAPPED OFF AND TERMINATE EXISTING WALLS THAT CONTAIN PLUMBING, ELECTRICAL OR OTHER SERVICES REQUIRING MODIFICATION SHALL BE CUT BACK TO THE NEAREST STUD TO ALLOW REQUIRED WORK. AFTER COMPLETION, RECONSTRUCT TO A CONDITION THAT MATCHES NEW CONSTRUCTION, FLUSH WITH ADJACENT SURFACES.



DISPOSAL NOTES

- OBSOLETE ELECTRONICS DISPOSAL:**
SAFE DISPOSAL OF CATHODE RAY TUBES (CRT'S) OR PICTURE TUBES FOUND IN ALL COMPUTER MONITORS, TV SETS AND OTHER ELECTRONIC SYSTEMS, ARE MANUFACTURED WITH LEADED GLASS. THE U.S. ENVIRONMENTAL PROTECTION AGENCY, THROUGH THE LIGHTENING OF LEAD LEVEL REQUIREMENTS IN ITS LAND DISPOSAL RESTRICTIONS, HAS DECLARED THAT, AS OF MAY 8, 1993, ALL CRT'S WILL BE DECLARED AS HAZARDOUS WASTE. OBSOLETE COMPUTER SYSTEMS, COPIERS, FAX MACHINES, AND OTHER ELECTRONICS MUST BE RECYCLED.
- BATTERY DISPOSAL:**
DISPOSAL OF ALL BATTERIES GENERATED FROM OWNER / CONSUMER AND INDUSTRIAL ACTIVITIES BECAME REGULATED ON SEPTEMBER 1, 1996. WET AND DRY CELL BATTERIES MUST BE TREATED AS HAZARDOUS WASTE AND CANNOT BE DISPOSED OF IN THE DUMPSTER. VIRTUALLY EVERY TYPE OF BATTERY MUST NOW BE RECYCLED.
- G.C. TO LOCATE ANY SUCH MATERIALS IN SPACE TO BE RENOVATED, AND DETAIL THE METHOD OF DISPOSAL FOR BENEFIT OF BUILDING DEPT.**

EXISTING STRUCTURAL FRAMING

CONTRACTOR TO NOTIFY TENANT REP. & ARCHITECT FOR ANY RELOCATION OF PROPOSED FLOOR PENETRATIONS

***** THE CONTRACTOR SHALL NOTIFY THE ARCHITECT IMMEDIATELY IF ANY WORK INDICATED IN THE CONTRACT DOCUMENTS CANNOT BE PERFORMED DUE TO EXISTING FIELD CONDITIONS. *****

IMPORTANT

- CONTRACTOR AND ALL SUB-TRADES (WITHOUT EXCEPTION) SHALL FIELD VERIFY ALL DIMENSIONS AND EXISTING CONDITIONS PRIOR TO ORDERING AND INSTALLATION OF ANY AND ALL MATERIALS. NOTIFY ARCHITECT AND/OR E.O.R. IN WRITING, OF ANY DISCREPANCIES PRIOR TO PROCEEDING.
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BUILDING H FLOOR PLAN

EXISTING/DEMO.

EXISTING GROSS SQUARE FOOTAGE: 7,443±
SCALE: 1/8" = 1'-0"

WALL LEGEND

	EXISTING EXTERIOR CMU WALLS W/ TO REMAIN (V.I.F.)
	EXISTING INTERIOR WALLS TO REMAIN
	EXISTING STRUCTURAL COLUMN TO REMAIN
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- THE CONTRACTOR SHALL NOT CUT STRUCTURAL WORK IN A MANNER RESULTING IN A REDUCTION OF LOAD CARRYING CAPACITY OR LOAD/DEFLECTION RATIO. THE CONTRACTOR SHALL NOTIFY THE ARCHITECT OF ALL STRUCTURAL CUTS PRIOR TO EXECUTION SO THAT APPROVAL CAN BE OBTAINED FROM THE ARCHITECT AND STRUCTURAL ENGINEER.
- THE EXISTING BUILDING ENVELOPE SHALL BE MAINTAINED IN WATER TIGHT CONDITION AT ALL TIMES THROUGHOUT ALL PHASES OF CONSTRUCTION.
- IF THE EXISTING CONSTRUCTION IS FOUND TO CONTAIN ASBESTOS, CONTACT PROPERTY MANAGEMENT IMMEDIATELY, AND THE ARCHITECT IN WRITING. REMOVAL, DISPOSAL AND THE REPLACEMENT OF THE ASBESTOS MATERIAL SHALL BE IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL REGULATIONS. (REPLACE THE ASBESTOS MATERIAL WITH NEW MATERIAL AS APPROVED BY THE ARCHITECT.)
- THE CONTRACTOR SHALL REPLACE OR REPAIR ANY EXISTING TO REMAIN FINISHES, ETC. WHICH ARE DAMAGED DURING DEMOLITION (I.E.-CEILING TILE, WALL COVERINGS, FLOOR COVERINGS, CORNER GRID, GUARDS, WALL GUARDS, HANDRAILS, CHAIR RAILS, MOLDINGS, ETC.).
- WHERE OPENINGS ARE CREATED IN EXISTING CONSTRUCTION SCHEDULED TO REMAIN (SUCH AS REMOVAL OF DOORS OR WINDOWS IN EXISTING WALLS TO REMAIN) FURNISH AND INSTALL NEW CONSTRUCTION OF TYPE AND RATING, IF ANY, FINISH SUCH SEALED OPENINGS TO MATCH THE EXISTING UNLESS NEW FINISHES ARE SCHEDULED FOR THOSE SURFACES.
- REMOVE ALL ABANDONED ELECTRICAL WIRING BACK TO PANEL.
- PREP FLOOR SLAB IN AREAS OF NEW WORK FOR INSTALLATION OF NEW FLOOR FINISHES AS REQUIRED.
- ALL UNUSED MECHANICAL AND PLUMBING TO BE CAPPED OFF AND TERMINATE EXISTING WALLS THAT CONTAIN PLUMBING, ELECTRICAL OR OTHER SERVICES REQUIRING MODIFICATION SHALL BE CUT BACK TO THE NEAREST STUD TO ALLOW REQUIRED WORK AFTER COMPLETION, RECONSTRUCT TO A CONDITION THAT MATCHES NEW CONSTRUCTION, FLUSH WITH ADJACENT SURFACES.

DISPOSAL NOTES

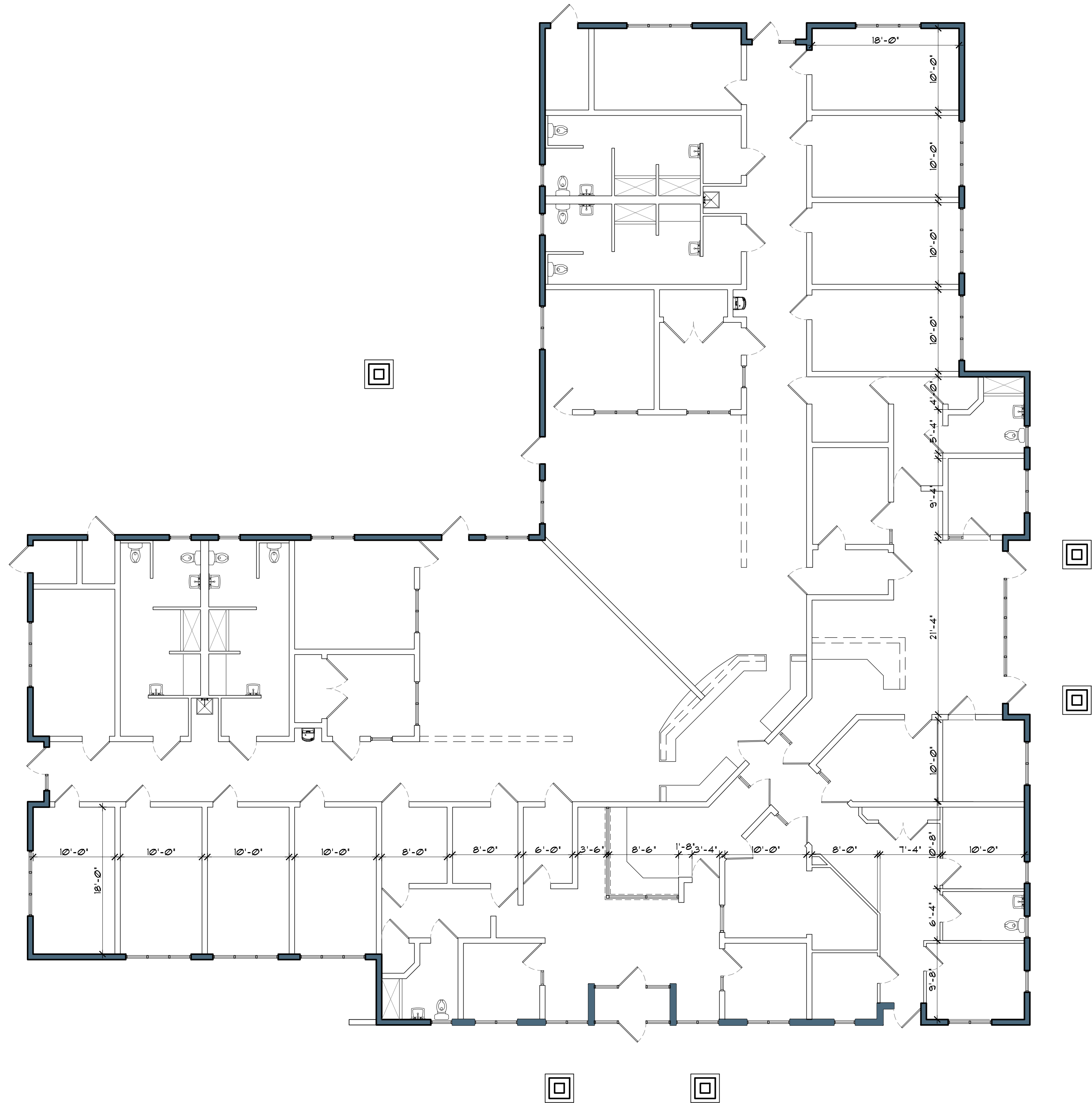
- OBSOLETE ELECTRONICS DISPOSAL:**
SAFE DISPOSAL OF CATHODE RAY TUBES (CRT'S) OR PICTURE TUBES FOUND IN ALL COMPUTER MONITORS, TV SETS AND OTHER ELECTRONIC SYSTEMS, ARE MANUFACTURED WITH LEADED GLASS. THE U.S. ENVIRONMENTAL PROTECTION AGENCY, THROUGH THE LIGHTNING OF LEAD LEVEL REQUIREMENTS IN ITS LAND DISPOSAL RESTRICTIONS, HAS DECLARED THAT, AS OF MAY 8, 1995, ALL CRT'S WILL BE DECLARED AS HAZARDOUS WASTE. OBSOLETE COMPUTER SYSTEMS, COPIERS, FAX MACHINES, AND OTHER ELECTRONICS MUST BE RECYCLED.
- BATTERY DISPOSAL:**
DISPOSAL OF ALL BATTERIES GENERATED FROM OWNER / CONSUMER AND INDUSTRIAL ACTIVITIES BECAME REGULATED ON SEPTEMBER 1, 1996. WET AND DRY CELL BATTERIES MUST BE TREATED AS HAZARDOUS WASTE AND CANNOT BE DISPOSED OF IN THE DUMPSTER. VIRTUALLY EVERY TYPE OF BATTERY MUST NOW BE RECYCLED.
- G.C. TO LOCATE ANY SUCH MATERIALS IN SPACE TO BE RENOVATED, AND DETAIL THE METHOD OF DISPOSAL FOR BENEFIT OF BUILDING DEPT.**

EXISTING STRUCTURAL FRAMING

- CONTRACTOR TO NOTIFY TENANT REP. & ARCHITECT FOR ANY RELOCATION OF PROPOSED FLOOR PENETRATIONS
- *** THE CONTRACTOR SHALL NOTIFY THE ARCHITECT IMMEDIATELY IF ANY WORK INDICATED IN THE CONTRACT DOCUMENTS CANNOT BE PERFORMED DUE TO EXISTING FIELD CONDITIONS. *****

IMPORTANT

- CONTRACTOR AND ALL SUB-TRADES (WITHOUT EXCEPTION) SHALL FIELD VERIFY ALL DIMENSIONS AND EXISTING CONDITIONS PRIOR TO ORDERING AND INSTALLATION OF ANY AND ALL MATERIALS. NOTIFY ARCHITECT AND/OR E.O.R. IN WRITING, OF ANY DISCREPANCIES PRIOR TO PROCEEDING.
 - EFFORTS HAVE BEEN MADE TO VERIFY EXISTING CONDITIONS. NO DESTRUCTIVE TESTING HAS BEEN PERFORMED TO VERIFY EXISTING CONSTRUCTION. COMPREHENSIVE FIELD VERIFICATION SHALL BE REQUIRED BY THE CONTRACTOR DURING DEMOLITION AND PRIOR TO ORDERING AND INSTALLATION OF ANY AND ALL MATERIALS.
 - THE GENERAL CONTRACTOR SHALL MEET WITH ALL SUBCONTRACTORS ON-SITE PRIOR TO STARTING ANY WORK TO VERIFY ANY/ALL EXISTING PLUMBING, HVAC, ELECTRICAL, ETC. CONDITIONS PERTAINING TO THIS PROJECT. MINUTES FROM THIS/THESE MEETING(S) AND FINDINGS IN THE FIELD SHALL BE SUBMITTED TO THE ARCHITECT PRIOR TO CONSTRUCTION.
 - IF THE DRAWINGS AND THE FIELD CONDITIONS ARE NOT IN AGREEMENT, THIS CONTRACTOR TO NOTIFY THE G.C. AND/OR THE ARCHITECT AND/OR ENGINEER BEFORE STARTING ANY WORK. ANY INCONSISTENCIES NEED TO BE CORRECTED BEFORE INSTALLATION BEGINS. IF THIS CONTRACTOR STARTS INSTALLATION WITHOUT THE CORRECTED DRAWINGS, HE/SHE WILL BE RESPONSIBLE FOR ANY AND ALL COSTS (BEYOND THE ORIGINAL CONTRACTED AMOUNT) INCURRED BY NECESSARY CHANGES TO CORRECT THE INCONSISTENCIES.
- *** THE CONTRACTOR SHALL NOTIFY THE ARCHITECT IMMEDIATELY IF ANY WORK INDICATED IN THE CONTRACT DOCUMENTS CANNOT BE PERFORMED DUE TO EXISTING FIELD CONDITIONS. *****



BUILDING J FLOOR PLAN

EXISTING/DEMO.

EXISTING GROSS SQUARE FOOTAGE: 7,443±
SCALE: 1/8" = 1'-0"

PEMHS, Inc.							
Children's Stabilization and Crisis Center							
General Contractor Proposal Summary							
May 26, 2023 R1							
Item	Gilbane	Hennessy	Creative				Comment
Design Phase Fee	56,690	2,500	30,000				
Construction Phase Fee (%)	6.25%	5%	5.50%				
Reimbursables	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>				
Total Fee & Reimbursable	56,690	2,500	30,000				
Reimbursable Adjustments	N/A	N/A	N/A				
Start Up Electric		-					
Traffic Control							
Temp Toilets							
Temp Water							
Temp Electric							
Temp Fire Protection							
Temp Fences							
Info Signage							
Protect roads							
Clean Up							
Trash Chute							
Dumpsters	-	-	-				
Total Adjustments		-	-				
Adj. Total Fee & Reimburs	56,690	2,500	30,000				

Change Order Fee (%)	6.25%	5.00%	5.50%				
Self Perform (Y/N) (+O&P)	Yes some	No	Yes some				
Labor Burdens (%)	49.25%	49.00%	32.50%				
Liability Insurance	0.00997	In Burden	0.0045				
Bond	0.60%	0.90%	0.75%				
Proposed Schedule (Months)							
CSCC	13.5 Months	9 Months	12 Months				
Proposed Field Staff	3 Full Time	1 Full Time plus HO Support	1 Full Time plus HO Support				
Exceptions to Contract (Y/N)	Yes Many	No	Yes Some				
<u>Item</u>	<u>Gilbane</u>	<u>Hennessy</u>	<u>Creative</u>				<u>Comment</u>
Responsive (Y/N)	Yes	Yes	Yes				
Other Notes	Site Plan unique		Early Procurements				
	High Safety & Security						

WRD CONSTRUCTION CONSULTANTS

William R. DiMarino, P.E.
FL #CGC 043446

2701 Regency Oaks Blvd.
#N407
Clearwater, FL 33759
727-742-3041
Email: wrdconsu1@hotmail.com

SPECIALIZING IN

- *Project Management
- *Planning
- *Scheduling
- *Estimating
- *Value Engineering

- *Owner's Representatives
- *Change Order Control
- *Constructability Review
- *Project Close Out
- *Claims Prevention

MEMO August 26, 2023

To: Helena Calhoun

Subject: Basis of Contract Award to HCS

The contract award of Hennessy Construction Services to be the General Contractor for the PEMHS Childrens' Stabilization and Crisis Center Project was the result of a formal RFP and Selection process for General Contractor Services. The Invitation, RFP, and Proposal Analysis are attached hereto as reference documents.

The Selection Committee members were:

Maxine Booker__PEMHS
Helana Calhoun__PEMHS
Kathy Delgado__PEMHS
Michael Sofarelli, AIA__Architect
William R. DiMarino, P.E.__Program Manager

April 5, 2023. Invitation was issued to Gilbane Building Company, Creative Contractors, and Hennessy

April 27, 2023. Preproposal Conference was held at PEMHS. All Contractors attended.

May 26, 2023. Proposals received from GBCo, CCI, and HCS

June 8, 2023. Contractor interviews / presentations were conducted with each GC given 45 minutes.

June 8, 2023. Selection Committee convened for approximately 1 Hour immediately after the presentations to discuss all aspects of the Proposals; Qualifications both Corporate and proposed individuals; Proposed Plans of Actions; Exceptions to the Contract; Safety Records; Commercial Terms; etc. of each of the General Contractors. As a result of the discussions the Committee unanimously agreed that Hennessy Construction Services should be selected as the General Contractor for the PEMHS Project.

Respectfully submitted for PEMHS
WRD Construction Consultants



William R. DiMarino, P.E.
President

WRD CONSTRUCTION CONSULTANTS

William R. DiMarino, P.E.
FL #CGC 043446

2701 Regency Oaks Blvd.
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- *Project Management
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- *Change Order Control
- *Constructability Review
- *Project Close Out
- *Claims Prevention

MEMO April 5, 2023

To: Creative Contractors, Inc.
Hennessy Construction
Gilbane Building Company

Attn: J. Bomstein
Attn: M. Stalker
Attn: L. Henry

From: William R. DiMarino

PEMHS, Inc. (Owner) has invited you to submit a Proposal for General Contractor Services and join our Team for the Children's Stabilization and Crisis Center (CSCC) Project located at PEMHS in Pinellas Park, FL. The Owner has retained us to provide Program Management Services for the Project, and as part of those services we are managing this Request for Proposal (RFP) process.

The Design Team(s) are:

Architect: Sofarelli & Associates Architecture, Inc.
Civil Engineer: Transystems

Enclosed is the RFP for your use. Please note that there will be a mandatory Pre-Proposal Conference at the PEMHS on April 27, 2023 @ 10:00 AM which you must attend as a condition precedent to be awarded this project. Additional information will be provided at that Conference. All proposals shall be reviewed and evaluated in their entirety for completeness, quality, and commercial terms. The selection of the General Contractor shall be at the sole discretion of the Owner.

I look forward to seeing you at PEMHS on the 27th. In the interim if you have any questions, please feel free to contact me.

cc: M. Booker, H. Calhoun, K. Delgado, G. Wennlund, M. Sofarelli

PEMHS, INC.
CHILDREN'S STABILIZATION and CRISIS CENTER
REQUEST FOR PROPOSAL

TABLE OF CONTENTS

INTRODUCTION

TAB 1 I. DESCRIPTION OF PROJECT
 II. ANTICIPATED PROJECT SCHEDULE
 III. PROJECT DELIVERY PROCESS
 IV. REQUIRED INFORMATION

TAB 2 COMMERCIAL PROPOSAL

TAB 3 OWNER – CONTRACTOR AGREEMENT

ATTACHMENTS Master Project Schedule
 Conceptual Site Plan

INTRODUCTION

PEMHS, Inc. (PEMHS) (the Owner) is embarking on a Children's Stabilization and Crisis Center (CSCC) Project located on the campus of PEMHS @ 11254 58th Street N. Pinellas Park, FL 33782. The Owner has retained WRD Construction Consultants (WRD) to be the Program Manager; and Sofarelli & Associates Architecture, Inc. (SAA) to be the Architect/Engineer for the Project.

To achieve its project objectives, the Owner desires to retain a firm for General Contractor Services within the next forty-five (45) days. And it is the Owner's intent that the Program Manager, Architect/Engineer, and General Contractor shall work with the Owner and other Consultants in a harmonious manner during the Design and Construction phases utilizing the described project delivery process in this RFP.

The General Contractor Services are described in the attached form of Agreement. The selected firm shall have the ability to meet all the requirements of the Agreement and shall be expected to sign the Agreement without exception.

Questions concerning this RFP shall be directed to William R. DiMarino of WRD Construction Consultants. Six (6) fully bound Proposals shall be submitted not later than 10:00 AM on May 26, 2023, to:

Maxine Booker, CEO & President
PEMHS, Inc.
11254 58th Street N.
Pinellas Park, FL 33782

- Mandatory Pre-Proposal Conference:
Location: PEMHS Campus
April 27, 2023 @ 10:00 AM
****Check in at the Main Administration Building. You will then be directed to the proper location.***
- Presentations and / or Interviews:
By invitation at the sole discretion of the Owner

I. Description of Project

The Project will include the following, but not limited to, items:

- A. Mobilization of Site. **Note: Demolition of Buildings C, D, E, and F has been awarded to Cross Construction. Management of this**

Work is not part of this RFP. Buildings D, E, and F will be demolished during the 2nd and 3rd Quarters of 2023. The Occupants of Building C will be relocated to the new CSCC after which Cross Construction will demolish Building C, and this Contractor will complete the project Sitework.

- B. New construction of a one (1) Story 11,000 SF +/- CSCC with connections to, as well as Renovations within, Buildings H and J.
- C. All sitework required for the complete project.

II. Anticipated Project Schedule

- Refer to Master Project Schedule

III. Project Delivery Process

PEMHS, Inc. will utilize a quality driven, synergistic Team process to deliver its Project. This process takes the issue of Partnering to a level beyond what is typically found in today's industry.

The Process is founded on the Quality Statement:

CREATIVE THINKING KNOWS NO BOUNDARIES

With a Mission that our Project shall:

- *Result in the best value – not the lowest/highest cost*
- *Be managed by the Team*
- *Not have any RFI's or Change Orders*

Interaction amongst team members, and the ability to openly convey ideas, is paramount to the success of the Project. The Management Team meets bi-weekly during the Design Phase and bi-weekly during the Construction Phase to ensure that tasks are being accomplished, communications are flowing, decisions are being made, and the Project is on the correct course. These meetings are not intended to expend the time to solve the specific issue(s). Rather, they are intended to identify what the issue is, who will do it, and when it will be done. Typically, breakout / work sessions occur amongst individuals who are also on-site to perform their required tasks involving design issues with Users; meetings with local officials; site inspections; pay request reviews; etc., before, and/or after, the meeting.

PEMHS, Inc. will utilize the services of a Program Manager to facilitate the Delivery Process. And, it is expected that each Team member represented at the meeting be empowered to act on behalf of that entity. Minutes are taken, and action lists are created to ensure that each Team member is a 'stake holder' in the process.

The Management Team for this Project is:

	<u>NAME</u>	<u>ENTITY</u>
• Owner	H. Calhoun	PEMHS
• Program Manager	W. DiMarino	WRD
• Architect/Engineer	M. Sofarelli	SAA
• General Contractor	T.B.D.	T.B.D.

The organization of this Team is best described as a wheel with the Project as the hub; the Team members as the spokes; and Program Manager as the rim.

IV. Required Information

A. Relevant Experience; Back Log; & Project Staffing

1. Briefly describe your Company's relevant experience for this project.
2. Provide your current workload and backlog of projects.
3. Provide a Project organizational chart, identifying all your staff members (include a staff loading diagram for all personnel for the duration of the project) and indicating whether they are assigned to this project on a full or part-time basis. Show how each interacts with other staff members assigned to this project as well as the Project Team. For each assigned staff member include a detailed resume indicating Education; Professional Licenses/Registrations; Relevant Experience; and years with your firm.

B. Services

1. Describe how your Design Phase Services will be provided with specific attention to scheduling, estimating, constructability, value engineering, document reviews, Trade Contractor bidding, and the GMP. ***Be specific to this project.***

2. Describe how your Construction Phase Services will be provided with specific attention to what (if any) categories of Work you intend to self perform; why you would self perform that Work; and how you would intend to establish the Cost of that Work in the Guaranteed Maximum Price as well as be compensated for that Work. ***Be specific to this project and submit separate commercial terms for self perform Work.***

3. Describe your firm's method of coordinating the efforts of the various Trade Contractors; how you would intend to utilize the site; access work; and mitigate the impact of construction operations on the Academy and surrounding community with particular attention to how materials will be received; streets maintained & cleaned; etc. during all Phases of this Project. **{Submit a Site Utilization Plan(s)}** Note: The following information:
 - a. The construction site is on a functioning Mental Health Crisis Stabilization Center (property with critical concerns for safety, security, noise, and daily operations. No temporary facilities shall be allowed outside of the immediate construction zone on the attached Site Plan.
 - b. Access to, and/or use of, PEMHS facilities is strictly prohibited.
 - c. Parking for tradesmen shall be prohibited on site outside of the fenced zone.
 - d. *Smoking and/or use of tobacco products shall be prohibited on, and within, the limits of the Admiral Farragut Academy property at all times.* This rule shall be implemented upon mobilization of the site and will be strictly enforced regardless of the stage of construction. Violators shall be removed and barred from the Project site at the discretion of the Owner.

4. Provide a list of the Trade Contractors and Suppliers that you would propose utilizing for this Project. What is your experience with these Contractors and Suppliers?

5. Describe in detail how you intend to identify, estimate, manage, and implement strategies and procedures for labor and material shortages, as well as escalation factors, if any, in the GMP.

6. Refer to the Master Project Schedule. **Provide your anticipated Time of Construction from the Notice to Proceed to Certificate of Occupancy.**
7. From your perspective, what are the three most important issues of this project? Why are they the most important? How would you address and/or resolve the issues?
8. Why should you be selected as the General Contractor for this Project?

C. Miscellaneous

1. Provide your bonding capacity and a Certification of Intent to Bond this Project from your Surety if awarded this Contract.
2. Do you take any exceptions to the Form of Agreement? If yes, explain in detail.
3. The Documents provided with this RFP are intended to be construed as information only for the sole purpose of familiarizing the Proposer of the Scope of this Project.
4. All Proposals and submitted information shall remain the property of the Owner.

COMMERCIAL PROPOSAL
PEMHS, INC.
CHILDREN'S STABILIZATION and CRISIS CENTER

- A) For the Design Phase Services enumerated in paragraph 7.1.1 of the Form of Agreement we propose a Lump Sum Fee in the amount of:

(\$ _____)

- B) For the Construction Phase Services during the Construction Phase enumerated in paragraph 7.1.2 of the Form of Agreement we propose a Fee in the amount of _____% of the Cost of the Work to be converted to a Lump Sum Fee as part of the eventual approved GMP:

- C) For the percentage (%) Fee to be added for Changes in the Project as enumerated in subparagraph 7.2.1 of the Form of Agreement we propose: (_____%)

- D) For categories of Work which the Contractor intends to, or may, self-perform submit a separate sheet identifying those categories, and the hourly wages reimbursable pursuant to subparagraph 8.2.1 for the personnel performing the Work. Separate and detail the labor burdens for each trade.

- E) For labor burdens as enumerated in subparagraph 8.2.3 of the form of Agreement we propose: (_____%) Submit Breakdown of this %

- F) Provide your rate and method of calculation for your Liability Insurance premium:

- G) Provide your Bonding rate for this Project: _____

(Signature Page 2 Follows)

Signature Page
Commercial Proposal
PEMHS, Inc.
Children's Stabilization and Crisis Center

FIRM: _____

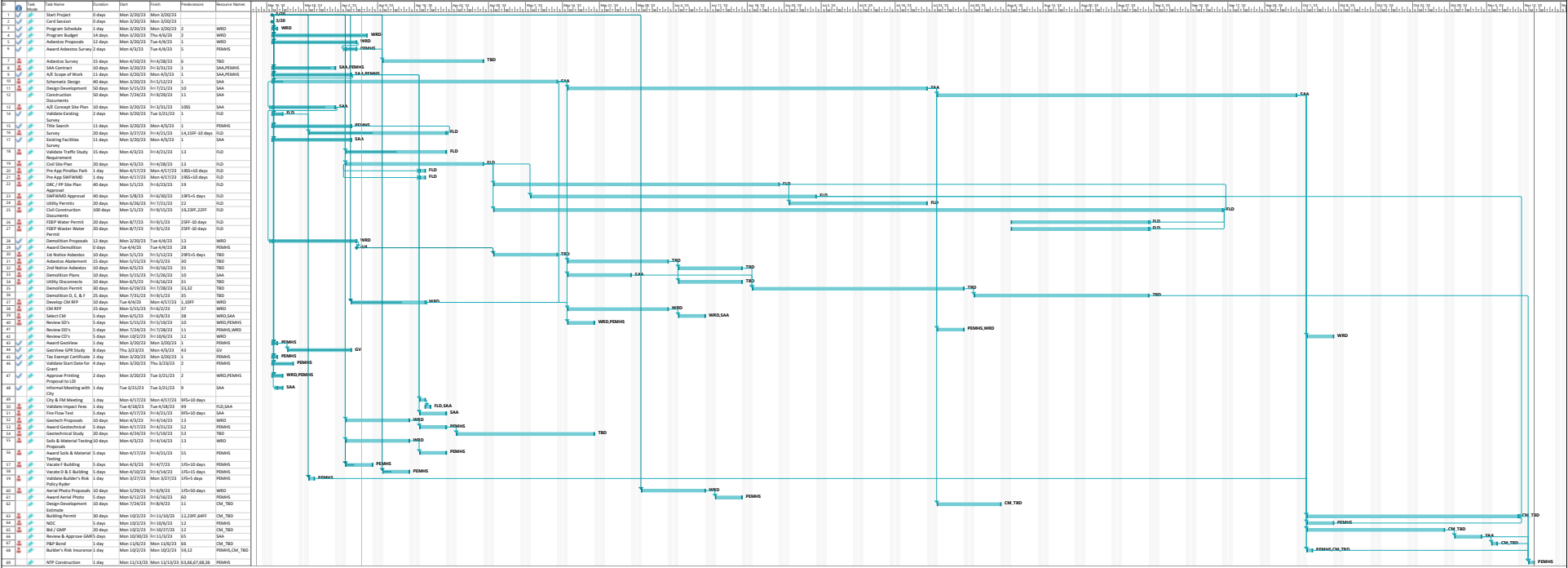
BY: _____

TITLE: _____

DATE: _____

NOTARY:

PMHS
 Children's Stabilization and Crisis Center
 Program Schedule



ISSUED FOR:
PRELIM
03-29-2023

MICHAEL F. SOFARELLI JR.
STATE OF FLORIDA
BOARD OF ARCHITECTURE
REGISTRATION No.:

PROJECT:
**P.E.M.H.S.
RENOVATION**
11254 58TH STREET NORTH - PINELLAS PARK, FL 33782

SOFARELLI & ASSOCIATES ARCHITECTURE
MICHAEL F. SOFARELLI JR. A.I.A.
6385 142nd AVENUE NORTH
CLEARWATER, FL 34617
PHONE (727) 540-5555 FAX (727) 540-4419
EMAIL: sofarell@verizon.net

Revisions:

Content:
ARCHITECTURAL
SITE PLAN

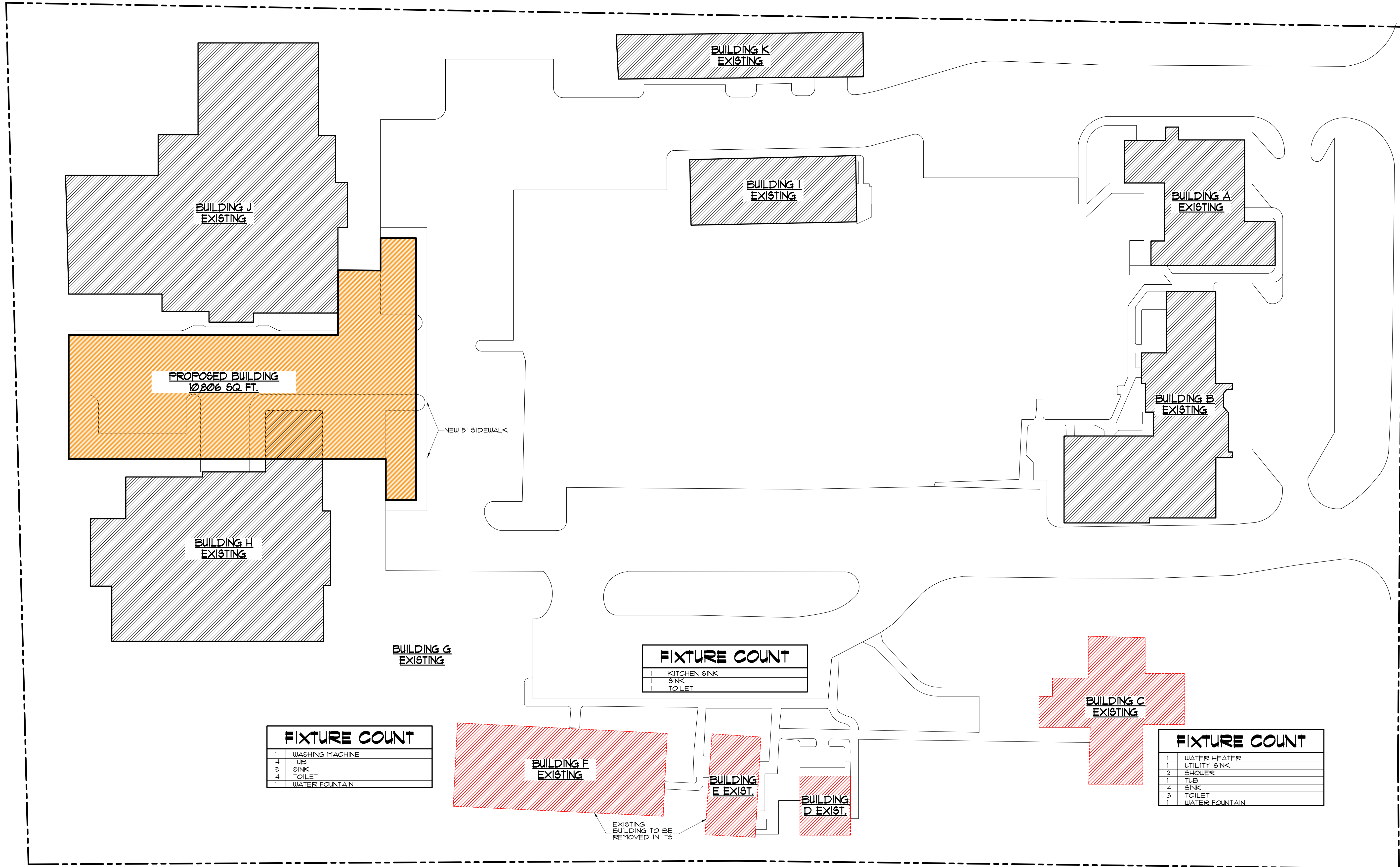
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Date:
03-29-2023

PROJECT No:
23021

Sheet:

A-0



FIXTURE COUNT

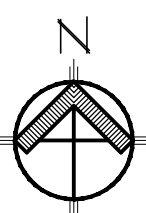
1	WASHING MACHINE
4	TUB
5	SINK
4	TOILET
1	WATER FOUNTAIN

FIXTURE COUNT

1	KITCHEN SINK
1	SINK
1	TOILET

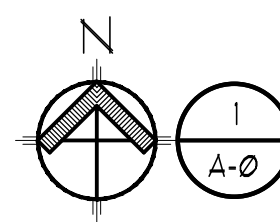
FIXTURE COUNT

1	WATER HEATER
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2	SHOWER
1	TUB
4	SINK
3	TOILET
1	WATER FOUNTAIN



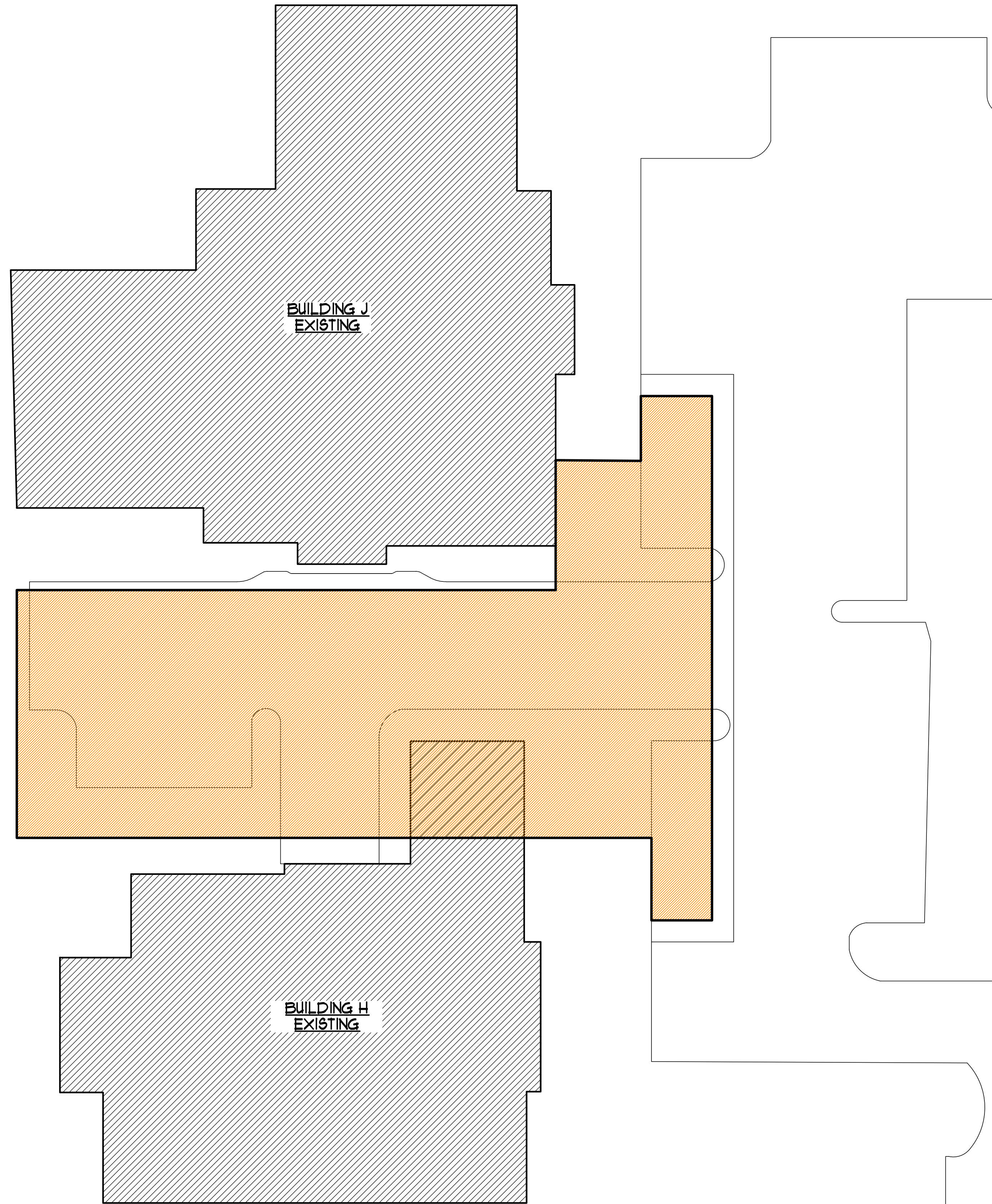
ARCHITECTURAL SITE PLAN
EXISTING

SCALE: N.T.S.



ENLARGED ARCHITECTURAL SITE PLAN EXISTING

SCALE: N.T.S.



ISSUED FOR:
PRELIM
03-29-2023

MICHAEL F. SOFARELLI JR.
STATE OF FLORIDA
BOARD OF ARCHITECTURE
REGISTRATION No.:

PROJECT:
**P.E.M.H.S.
RENOVATION**
11254 58TH STREET NORTH - PINELLAS PARK, FL 33782

SOFARELLI & ASSOCIATES ARCHITECTURE
MICHAEL F. SOFARELLI JR., AIA.
6385 142ND AVENUE NORTH
CLEARWATER, FLORIDA 34617
PHONE (727) 540-5535 FAX (727) 550-4419
EMAIL sofarell@verizon.net

Revisions:

Content:
ENLARGED
ARCHITECTURAL
SITE PLAN

Filename:
PEMH6


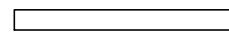


Date:
03-29-2023

PROJECT No:
23021

Sheet:

A-01

WALL LEGEND

	EXISTING EXTERIOR CMU WALLS W/ TO REMAIN (V.I.F.)
	EXISTING INTERIOR WALLS TO REMAIN
	EXISTING STRUCTURAL COLUMN TO REMAIN
	EXISTING INTERIOR WALLS TO BE REMOVED IN ITS ENTIRETY

IMPORTANT

- CONTRACTOR AND ALL SUB-TRADES (WITHOUT EXCEPTION) SHALL FIELD VERIFY ALL DIMENSIONS AND EXISTING CONDITIONS PRIOR TO ORDERING AND INSTALLATION OF ANY AND ALL MATERIALS. NOTIFY ARCHITECT AND/OR E.O.R. IN WRITING, OF ANY DISCREPANCIES PRIOR TO PROCEEDING.
 - EFFORTS HAVE BEEN MADE TO VERIFY EXISTING CONDITIONS. NO DESTRUCTIVE TESTING HAS BEEN PERFORMED TO VERIFY EXISTING CONSTRUCTION. COMPREHENSIVE FIELD VERIFICATION SHALL BE REQUIRED BY THE CONTRACTOR DURING DEMOLITION AND PRIOR TO ORDERING AND INSTALLATION OF ANY AND ALL MATERIALS.
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 - IF THE DRAWINGS AND THE FIELD CONDITIONS ARE NOT IN AGREEMENT, THIS CONTRACTOR TO NOTIFY THE G.C. AND/OR THE ARCHITECT AND/OR ENGINEER BEFORE STARTING ANY WORK. ANY INCONSISTENCIES NEED TO BE CORRECTED BEFORE INSTALLATION BEGINS. IF THIS CONTRACTOR STARTS INSTALLATION WITHOUT THE CORRECTED DRAWINGS, HE/SHE WILL BE RESPONSIBLE FOR ANY AND ALL COSTS (BEYOND THE ORIGINAL CONTRACTED AMOUNT) INCURRED BY NECESSARY CHANGES TO CORRECT THE INCONSISTENCIES.
- *** THE CONTRACTOR SHALL NOTIFY THE ARCHITECT IMMEDIATELY IF ANY WORK INDICATED IN THE CONTRACT DOCUMENTS CANNOT BE PERFORMED DUE TO EXISTING FIELD CONDITIONS. *****

DEMOLITION NOTES

- THESE DRAWINGS HAVE BEEN DEVELOPED FROM EXISTING DRAWINGS WHICH MAY NOT REFLECT ACTUAL FIELD CONDITIONS. THE CONTRACTOR SHALL VERIFY THESE DRAWINGS WITH EXISTING FIELD CONDITIONS AND NOTIFY THE ARCHITECT IMMEDIATELY OF INCONSISTENCIES BETWEEN THESE DRAWINGS AND ACTUAL CONDITIONS BEFORE PROCEEDING WITH CONSTRUCTION.
- THE CONTRACTOR SHALL NOTIFY THE ARCHITECT IMMEDIATELY IF ANY WORK INDICATED IN THE CONTRACT DOCUMENTS CANNOT BE PERFORMED DUE TO EXISTING FIELD CONDITIONS.
- IF ANY EXISTING FIREPROOFING OR FIRE ASSEMBLIES WHICH ARE SUPPOSED TO REMAIN ARE DAMAGED DURING DEMOLITION, THEY SHALL BE REPAIRED TO CONFORM TO ORIGINAL FIRE PROTECTION REQUIREMENTS. CONTACT ARCHITECT TO VERIFY U.L. ASSEMBLIES TO BE USED FOR REPAIRS.
- REMOVE EXISTING CONSTRUCTION AS INDICATED. TYPICAL WALL REMOVAL INCLUDES MECHANICAL, PLUMBING, COMMUNICATIONS, INFORMATION SYSTEMS & ELECTRICAL SYSTEMS CONTAINED THERE-IN. REMOVE DOORS & FINISHES AND OTHER FIXTURES AS REQUIRED. AFTER REMOVAL OF PIPE CHASES, PATCH HOLES IN EXISTING FLOORS, PATCH ADJOINING WALLS, FLOOR AND DECK TO CREATE A CONTINUOUS LEVEL SURFACE. PREPARE SURFACES TO RECEIVE NEW FINISH PER FINISH SCHEDULE INTERIOR DESIGN PLANS, ETC. & APPROVED BY OWNER AND/OR TENANT. (WHERE NEW FINISHES ARE CALLED FOR ON EXISTING SURFACES, REMOVE THE EXISTING FINISH AS NECESSARY & PREPARE SURFACE TO RECEIVE THE NEW FINISH.)
- FOR EXTENT AND LOCATION OF CHANNELING OF EXISTING FLOOR SLABS REFER TO MECHANICAL, PLUMBING, FIRE PROTECTION, COMMUNICATIONS, INFORMATION SYSTEMS, AND ELECTRICAL DRAWINGS. IF EXISTING PIPING OR CONDUIT WORK (OTHER THAN THE DESIRED CONNECTION) IS ENCOUNTERED WHILE CHANNELING, THE CONTRACTOR SHALL NOTIFY THE ARCHITECT BEFORE CONTINUING.
- THE CONTRACTOR SHALL VERIFY THAT EXIT EGRESS IS MAINTAINED FOR ALL OCCUPIED AREAS OF THE BUILDING THROUGHOUT ALL PHASES OF CONSTRUCTION.
- DEMOLITION WORK SHALL BE EXECUTED IN CONFORMANCE WITH ALL CODES AND ORDINANCES AS SET FORTH BY ALL GOVERNING AUTHORITIES.
- THE CONTRACTOR SHALL BRACE ALL EXISTING STRUCTURES AND ALL STRUCTURAL ELEMENTS AS NECESSARY DURING DEMOLITION.
- THE CONTRACTOR SHALL NOT CUT STRUCTURAL WORK IN A MANNER RESULTING IN A REDUCTION OF LOAD CARRYING CAPACITY OR LOAD/DEFLECTION RATIO. THE CONTRACTOR SHALL NOTIFY THE ARCHITECT OF ALL STRUCTURAL CUTS PRIOR TO EXECUTION SO THAT APPROVAL CAN BE OBTAINED FROM THE ARCHITECT AND STRUCTURAL ENGINEER.
- THE EXISTING BUILDING ENVELOPE SHALL BE MAINTAINED IN WATER TIGHT CONDITION AT ALL TIMES THROUGHOUT ALL PHASES OF CONSTRUCTION.
- IF THE EXISTING CONSTRUCTION IS FOUND TO CONTAIN ASBESTOS, CONTACT PROPERTY MANAGEMENT IMMEDIATELY, AND THE ARCHITECT IN WRITING. REMOVAL, DISPOSAL AND THE REPLACEMENT OF THE ASBESTOS MATERIAL SHALL BE IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL REGULATIONS. (REPLACE THE ASBESTOS MATERIAL WITH NEW MATERIAL AS APPROVED BY THE ARCHITECT.)
- THE CONTRACTOR SHALL REPLACE OR REPAIR ANY EXISTING TO REMAIN FINISHES, ETC. WHICH ARE DAMAGED DURING DEMOLITION (I.E.-CEILING TILE, WALL COVERINGS, FLOOR COVERINGS, CORNER GRID, GUARDS, WALL GUARDS, HANDRAILS, CHAIR RAILS, MOLDINGS, ETC.).
- WHERE OPENINGS ARE CREATED IN EXISTING CONSTRUCTION SCHEDULED TO REMAIN (SUCH AS REMOVAL OF DOORS OR WINDOWS IN EXISTING WALLS TO REMAIN) FURNISH AND INSTALL NEW CONSTRUCTION OF TYPE AND RATING, IF ANY, FINISH SUCH SEALED OPENINGS TO MATCH THE EXISTING UNLESS NEW FINISHES ARE SCHEDULED FOR THOSE SURFACES.
- REMOVE ALL ABANDONED ELECTRICAL WIRING BACK TO PANEL.
- PREP FLOOR SLAB IN AREAS OF NEW WORK FOR INSTALLATION OF NEW FLOOR FINISHES AS REQUIRED.
- ALL UNUSED MECHANICAL AND PLUMBING TO BE CAPPED OFF AND TERMINATE EXISTING WALLS THAT CONTAIN PLUMBING, ELECTRICAL OR OTHER SERVICES REQUIRING MODIFICATION SHALL BE CUT BACK TO THE NEAREST STUD TO ALLOW REQUIRED WORK AFTER COMPLETION, RECONSTRUCT TO A CONDITION THAT MATCHES NEW CONSTRUCTION, FLUSH WITH ADJACENT SURFACES.

DISPOSAL NOTES

- OBSOLETE ELECTRONICS DISPOSAL:**
SAFE DISPOSAL OF CATHODE RAY TUBES (CRT'S) OR PICTURE TUBES FOUND IN ALL COMPUTER MONITORS, TV SETS AND OTHER ELECTRONIC SYSTEMS, ARE MANUFACTURED WITH LEADED GLASS. THE U.S. ENVIRONMENTAL PROTECTION AGENCY, THROUGH THE LIGHTNING OF LEAD LEVEL REQUIREMENTS IN ITS LAND DISPOSAL RESTRICTIONS, HAS DECLARED THAT, AS OF MAY 8, 1995, ALL CRT'S WILL BE DECLARED AS HAZARDOUS WASTE. OBSOLETE COMPUTER SYSTEMS, COPIERS, FAX MACHINES, AND OTHER ELECTRONICS MUST BE RECYCLED.
- BATTERY DISPOSAL:**
DISPOSAL OF ALL BATTERIES GENERATED FROM OWNER / CONSUMER AND INDUSTRIAL ACTIVITIES BECAME REGULATED ON SEPTEMBER 1, 1996. WET AND DRY CELL BATTERIES MUST BE TREATED AS HAZARDOUS WASTE AND CANNOT BE DISPOSED OF IN THE DUMPSTER. VIRTUALLY EVERY TYPE OF BATTERY MUST NOW BE RECYCLED.
- G.C. TO LOCATE ANY SUCH MATERIALS IN SPACE TO BE RENOVATED, AND DETAIL THE METHOD OF DISPOSAL FOR BENEFIT OF BUILDING DEPT.**

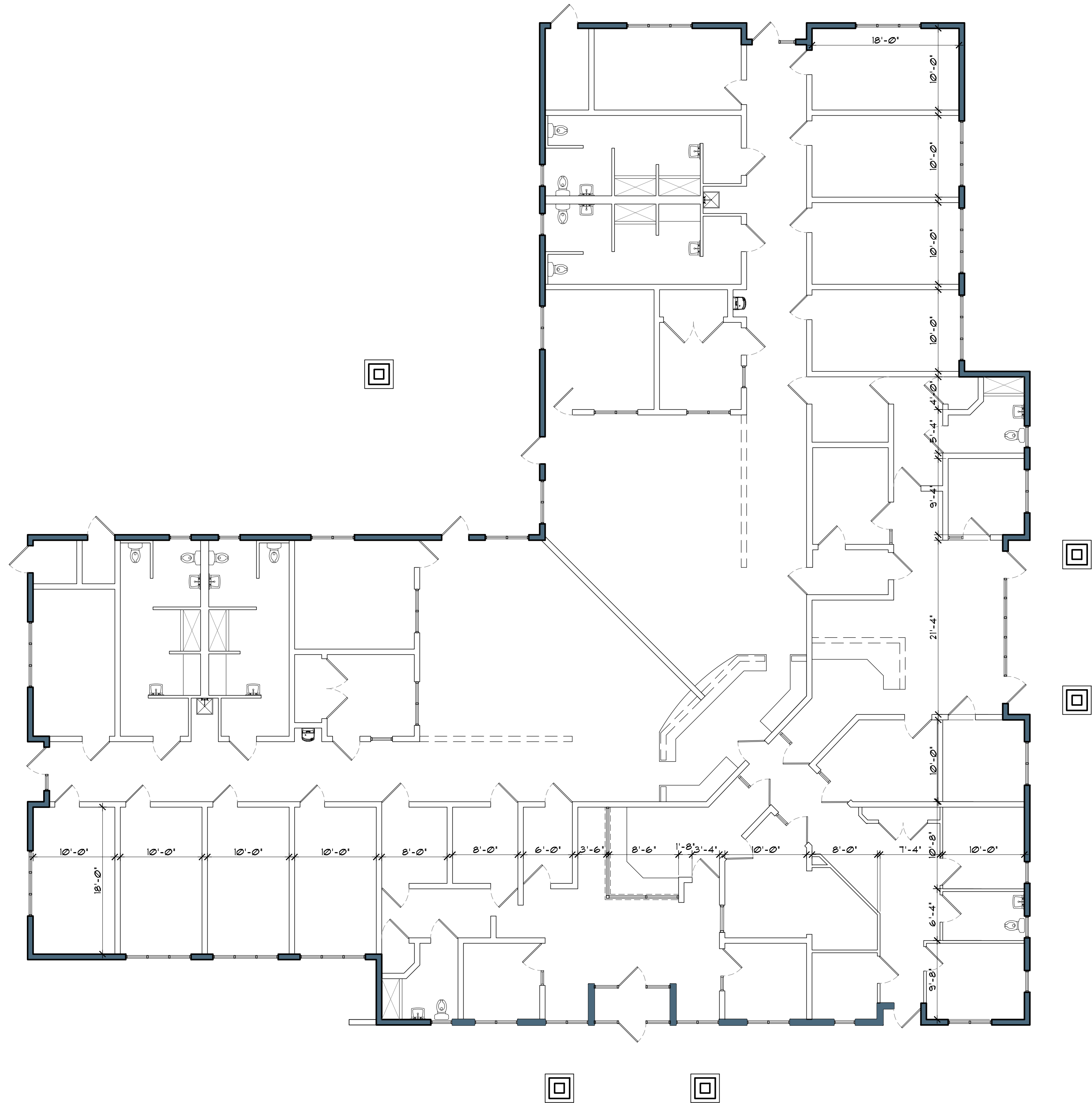
EXISTING STRUCTURAL FRAMING

CONTRACTOR TO NOTIFY TENANT REP. & ARCHITECT FOR ANY RELOCATION OF PROPOSED FLOOR PENETRATIONS

***** THE CONTRACTOR SHALL NOTIFY THE ARCHITECT IMMEDIATELY IF ANY WORK INDICATED IN THE CONTRACT DOCUMENTS CANNOT BE PERFORMED DUE TO EXISTING FIELD CONDITIONS. *****

IMPORTANT

- CONTRACTOR AND ALL SUB-TRADES (WITHOUT EXCEPTION) SHALL FIELD VERIFY ALL DIMENSIONS AND EXISTING CONDITIONS PRIOR TO ORDERING AND INSTALLATION OF ANY AND ALL MATERIALS. NOTIFY ARCHITECT AND/OR E.O.R. IN WRITING, OF ANY DISCREPANCIES PRIOR TO PROCEEDING.
 - EFFORTS HAVE BEEN MADE TO VERIFY EXISTING CONDITIONS. NO DESTRUCTIVE TESTING HAS BEEN PERFORMED TO VERIFY EXISTING CONSTRUCTION. COMPREHENSIVE FIELD VERIFICATION SHALL BE REQUIRED BY THE CONTRACTOR DURING DEMOLITION AND PRIOR TO ORDERING AND INSTALLATION OF ANY AND ALL MATERIALS.
 - THE GENERAL CONTRACTOR SHALL MEET WITH ALL SUBCONTRACTORS ON-SITE PRIOR TO STARTING ANY WORK TO VERIFY ANY/ALL EXISTING PLUMBING, HVAC, ELECTRICAL, ETC. CONDITIONS PERTAINING TO THIS PROJECT. MINUTES FROM THIS/THESE MEETING(S) AND FINDINGS IN THE FIELD SHALL BE SUBMITTED TO THE ARCHITECT PRIOR TO CONSTRUCTION.
 - IF THE DRAWINGS AND THE FIELD CONDITIONS ARE NOT IN AGREEMENT, THIS CONTRACTOR TO NOTIFY THE G.C. AND/OR THE ARCHITECT AND/OR ENGINEER BEFORE STARTING ANY WORK. ANY INCONSISTENCIES NEED TO BE CORRECTED BEFORE INSTALLATION BEGINS. IF THIS CONTRACTOR STARTS INSTALLATION WITHOUT THE CORRECTED DRAWINGS, HE/SHE WILL BE RESPONSIBLE FOR ANY AND ALL COSTS (BEYOND THE ORIGINAL CONTRACTED AMOUNT) INCURRED BY NECESSARY CHANGES TO CORRECT THE INCONSISTENCIES.
- *** THE CONTRACTOR SHALL NOTIFY THE ARCHITECT IMMEDIATELY IF ANY WORK INDICATED IN THE CONTRACT DOCUMENTS CANNOT BE PERFORMED DUE TO EXISTING FIELD CONDITIONS. *****



BUILDING J FLOOR PLAN

EXISTING/DEMO.

EXISTING GROSS SQUARE FOOTAGE: 7,443±
SCALE: 1/8" = 1'-0"

ISSUED FOR:
PRELIM
03-29-2023

MICHAEL F. SOFARELLI JR.,
STATE OF FLORIDA
BOARD OF ARCHITECTURE
REGISTRATION No.:

PROJECT:
**P.E.M.H.S.
RENOVATION**
11254 58TH STREET NORTH - PINELLAS PARK, FL 33782

SOFARELLI & ASSOCIATES ARCHITECTURE
MICHAEL F. SOFARELLI JR., AIA
6385 142ND AVENUE NORTH
CLEARWATER, FL 34617
PHONE (727) 540-5555 FAX (727) 550-4419
EMAIL: sofarell@verizon.net

Revisions:

Content:
EXISTING/DEMO.
BUILDING H
FLOOR PLAN

Filename:
PEM1H6

Date:
03-29-2023

PROJECT No:
23021

Sheet:
A-1

PEMHS, Inc.							
Children's Stabilization and Crisis Center							
General Contractor Proposal Summary							
May 26, 2023 R1							
Item	Gilbane	Hennessy	Creative				Comment
Design Phase Fee	56,690	2,500	30,000				
Construction Phase Fee (%)	6.25%	5%	5.50%				
Reimbursables	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>				
Total Fee & Reimbursable	56,690	2,500	30,000				
Reimbursable Adjustments	N/A	N/A	N/A				
Start Up Electric		-					
Traffic Control							
Temp Toilets							
Temp Water							
Temp Electric							
Temp Fire Protection							
Temp Fences							
Info Signage							
Protect roads							
Clean Up							
Trash Chute							
Dumpsters	-	-	-				
Total Adjustments		-	-				
Adj. Total Fee & Reimburs	56,690	2,500	30,000				

Change Order Fee (%)	6.25%	5.00%	5.50%				
Self Perform (Y/N) (+O&P)	Yes some	No	Yes some				
Labor Burdens (%)	49.25%	49.00%	32.50%				
Liability Insurance	0.00997	In Burden	0.0045				
Bond	0.60%	0.90%	0.75%				
Proposed Schedule (Months)							
CSCC	13.5 Months	9 Months	12 Months				
Proposed Field Staff	3 Full Time	1 Full Time plus HO Support	1 Full Time plus HO Support				
Exceptions to Contract (Y/N)	Yes Many	No	Yes Some				
<u>Item</u>	<u>Gilbane</u>	<u>Hennessy</u>	<u>Creative</u>				<u>Comment</u>
Responsive (Y/N)	Yes	Yes	Yes				
Other Notes	Site Plan unique		Early Procurements				
	High Safety & Security						

PEMHS, Inc.							
Children's Stabilization and Crisis Center							
Program Budget							
Updated through 8.24.2023							
Forecast Through							
R3 8.24.2023							
Code	Item	Budget	Actual Paid	Forecast	Variance	Comment	
A. SOFT COSTS							
10000	A/E Fee	699,600	66,000	699,600	-	SAA	
10001	A/E Reimbursables	-	-	-	-	SAA>N/A	
10002	Civil Engineer Fee	-	-	-	-	In A/E above	
10003	Civil Engineer Reimbursables	-	-	-	-	In A/E above	
10004	Threshold Inspector	-	-	-	-	N/A	
10005	Landscape Architect Fee	-	-	-	-	In A/E above	
10006	Arborist Fee	-	-	-	-	In A/E above	
	Curtain Wall Consultant Fee		-			In A/E above	
	Elevator Consultant Fee		-			In A/E above	
	Parking Consultant Fee		-			N/A	
	Acoustics Consultant Fee		-			In A/E above	
	Security Consultant Fee		-			In A/E above	
10007	Retail Designer Fee		-		-	N/A	
	Interior Design Consultant Fee		-			In A/E above	
	Site Walls Structural Fee		-			In A/E above	
10008	Wayfinding Consultant Fee	15,000	-	15,000	-	WRD Estimate	
	Code Consultant Fee		-			In A/E above	
	A/V Consultant Fee		-			In A/E above	
	Tel / Data Consultant Fee		-			In A/E above	
	Lighting Consultant Fee		-			In A/E above	
	Equipment Planner		-			N/A	
10009	Harris A/ E Fee	100,000	100,000	100,000	-	Closed	
10010	Harris Reimbursables	8,127	8,127	8,127	-	Closed	
10011	Utility Survey	3,800	3,600	3,600	200	GeoView	
	Blank	-	-	-	-		
11000	Asbestos Survey	-	-	-	-	In Cross	
11001	Environmental Engineer	-	-	-	-	N/A	
11002	Water Intrusion Survey	-	-	-	-	N/A	
11003	Geotechnical Fee	15,000	7,830	8,250	6,750	DESI	
10100	Program Mgr. Fee	385,000	79,833	390,000	(5,000)	WRD CC	
10101	Program Mgr. Reimbursables	25,000	466	5,000	20,000	WRD CC	
10200	GC Design Phase Fee	40,000	-	2,500	37,500	HCS	
10201	Blank	-	-	-	-		
11004	Permit	137,695	-	107,495	30,200	2% HC	
11005	Impact Fees	-	-	-	-	Depends on Program	
11006	Civil Permits Fees	7,500	265	7,500	-	WRD Estimate	
11007	Survey / Legal Descriptions	-	-	-	-	In A/E above	
	Survey / Layout	-	-	-	-	In Hard Cost	
11008	Meter / Tap Fees	10,000	-	10,000	-	WRD Estimate	
11009	Legal	15,000	4,160	7,500	7,500	Fletcher Fischer	
11010	Printing	35,000	213	35,000	-	WRD Estimate	
11011	Site Security	-	-	-	-	Not required	
11012	Builder's Risk Ins.	-	-	-	-	Rider to Owner	
11013	Security Consultant	-	-	-	-	In A/E above	
11014	AHCA	-	-	-	-	N/A	
11015	Marketing / Advertising	-	-	-	-	Excluded	
11016	Restaurant Vendor	-	-	-	-	N/A	
11017	Owner's Liability Ins.	-	-	-	-	N/A	
11018	Owner's Reimbursables	-	-	-	-	Excluded	
11019	Campaign Costs	-	-	-	-	Excluded	
11020	Rendering	-	-	-	-	N/A	
11021	Financing	-	-	-	-	N/A	

Code	Item	Budget	Actual Paid	Forecast	Variance	Comment
11022	Traffic & Parking Study	-	-	-	-	N/A
11023	Blank	-	-	-	-	
11024	Title Search Fees	150	150	150	-	Pinellas Park Title
11025	Predevelopment Costs		-	-	-	N/A
11026	Hygienist		-	-	-	N/A
	Other		-		-	
	Other		-		-	
	Other	-	-	-	-	
	Subtotal A	1,496,872	270,643	1,399,722	97,150	
	B. HARD COSTS					
20000	Hard Cost in GMP	3,575,000	-	7,788,235	(4,213,235)	HCS Estimate
20001	Demolition	49,750	32,028	50,028	(278)	Cross Construction
21000	Sitework in GMP	750,000	-	-	750,000	In HCS Estimate
21001	Hard Cost in GMP	1,000,000	-	-	1,000,000	In HCS Estimate
22000	Added 900 SF	435,000	-	-	435,000	In HCS Estimate
22001	Added Bldg. H Conference	360,000	-	-	360,000	In HCS Estimate
23000	Expanded Porte Cochere	515,000	-	-	515,000	In HCS Estimate
23001	Site Work to meet Standards	200,000	-	-	200,000	In HCS Estimate
24000	N/A		-	-	-	
24001	N/A		-	-	-	
25000	N/A		-	-	-	
25001	N/A		-	-	-	
26000	N/A		-	-	-	
26001	N/A		-	-	-	
27000	N/A		-	-	-	
27001	N/A		-	-	-	
28000	N/A		-	-	-	
28001	N/A		-	-	-	
	Other		-		-	
	Other	-	-	-	-	
	<i>Presubtotal</i>	<u>6,884,750</u>	<u>32,028</u>	<u>7,838,263</u>	<u>(953,513)</u>	
	Escalation	-	-	-	-	Excluded
	Subtotal B	6,884,750	32,028	7,838,263	(953,513)	
	C. OTHER OWNER COSTS					
30000	Asbestos Abatement	50,000	-	-	50,000	N/A
30001	Mold Remediation	-	-	-	-	Excluded
30002	FF&E	500,000	-	500,000	-	WRD Estimate
30003	Kitchen Equipment		-	-	-	N/A
30004	Kitchen Utensils et al	-	-	-	-	N/A
30005	Duke Services	50,000	-	50,000	-	WRD Estimate
30006	Duke Relocations		-		-	In Duke Services
30007	Start Up Utilities	10,000	-	10,000	-	WRD Estimate
30008	Knology Relocations		-		-	N/A
30009	Verizon Relocations - All	25,000	-	25,000	-	WRD Estimate
30010	Test & Balance	-	-	-	-	In Hard Cost
30011	Soils / Materials Testing	34,424	-	26,874	7,550	.5% Hard Costs
30012	Donor Wall	25,000	-	25,000	-	WRD Estimate
30013	Wayfinding	35,000	-	35,000	-	WRD Estimate
30014	Tree Trimming et al	5,000	-	5,000	-	WRD Estimate
30015	Project Sign	5,000	380	380	4,620	LDI
30016	Land	-	-	-	-	N/A
30017	Tenant Build Out Allowance	-	-	-	-	N/A
30018	N/A	-	-	-	-	N/A
30019	Relocate Personell	-	-	-	-	N/A
30020	Valet Parking	N/A		-	-	N/A
30021	Demolition Other	-	-	-	-	N/A
30022	Mock Ups	-	-	-	-	N/A
30023	N/A	-	-	-	-	N/A

<u>Code</u>	<u>Item</u>	<u>Budget</u>	<u>Actual Paid</u>	<u>Forecast</u>	<u>Variance</u>	<u>Comment</u>
30024	N/A	-	-	-	-	N/A
30025	Blank	-	-	-	-	
30026	N/A	-	-	-	-	N/A
30027	Brighthouse Relocations	-	-	-	-	N/A
30028	CATV	-	-	-	-	N/A
30029	Photography	10,000	-	10,000	-	WRD Estimate
30030	Existing Conditions	-	-	-	-	WRD Estimate
30031	Physicist	-	-	-	-	N/A
30032	Other	-	-	-	-	
30033	Other	-	-	-	-	
30034	Other	-	-	-	-	
30035	Other	-	-	-	-	
30036	Other	-	-	-	-	
30037	Other	-	-	-	-	
30038	Other	-	-	-	-	
30039	Other	-	-	-	-	
30040	Other	-	-	-	-	
30041	Other	-	-	-	-	
30042	Other	-	-	-	-	
	Subtotal C	749,424	380	687,254	62,170	
	TOTAL A + B + C	9,131,046	303,051	9,925,239	(794,193)	
	Contingency @10%	<u>913,105</u>	<u>-</u>	<u>118,911</u>		
	Total Program Costs	10,044,150	303,051	10,044,150		

**SUBSTANCE ABUSE & MENTAL HEALTH SERVICES
PROJECTED COST CENTER OPERATING AND CAPITAL BUDGET**

AGENCY Personal Enrichment through Mental Health Services, Inc.

7/11/2023

CONTRACT # _____

PART I: PROJECTED FUNDING SOURCES & REVENUES

FUNDING SOURCES & REVENUES A	Adult Mental Health		Adult Substan	Child Substance Abuse			Non-SAMH Cost Center	Total Funding (F+G) H	
	Crisis Support/ Emerg	Crisis Stabilization E _{2-a}	Intervention	JARF	BNET	CAT TEAM			
IA TOTAL STATE SAMH FUNDING									
(1) CFBHN	\$3,425,525	\$4,886,464	\$0	\$102,584	\$416,930	\$800,000	\$0	\$9,631,503	
(2) DCF	\$0	\$4,888,698	\$0	\$0	\$0	\$0	\$0	\$4,888,698	0
IB OTHER GOVT FUNDING									
(1) Other State Agency Funding	\$0	\$0	\$0	\$0	\$0	\$0	\$42,000	\$42,000	
(2) Medicaid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
(3) Local Government	\$873,025	\$934,429	\$0	\$1,665	\$0	\$0	\$3,677,202	\$5,486,321	
(4) Federal Grants and Contracts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
(5) In-kind from local govt only	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
TOT OTHER GOVT FUNDING =	\$873,025	\$934,429	\$0	\$1,665	\$0	\$0	\$3,719,202	\$5,528,321	
	=====	=====	=====	=====	=====	=====	=====	=====	
IC ALL OTHER REVENUES									
(1) 1st & 2nd Party Payments	\$0	\$6,954	\$0	\$0	\$0	\$0	\$0	\$6,954	
(2) 3rd Party Payments (except Medicare)	\$0	\$2,552,746	\$0	\$0	\$0	\$0	\$0	\$2,552,746	
(3) Medicare	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
(4) Contributions and Donations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
(5) Other	\$24,000	\$0	\$0	\$0	\$0	\$0	\$540,250	\$564,250	
(6) In-kind	\$13,324	\$0	\$0	\$0	\$0	\$0	\$0	\$13,324	
TOT ALL OTHER REVENUES =	\$37,324	\$2,559,700	\$0	\$0	\$0	\$0	\$540,250	\$3,137,274	
	=====	=====	=====	=====	=====	=====	=====	=====	
TOTAL PROJECTED FUNDING =	\$4,335,874	\$8,380,593	\$0	\$104,249	\$416,930	\$800,000	\$4,259,452	\$23,185,796	
	=====	=====	=====	=====	=====	=====	=====	=====	

**SUBSTANCE ABUSE & MENTAL HEALTH SERVICES
PROJECTED COST CENTER OPERATING AND CAPITAL BUDGET**

AGENCY Personal Enrichment through Mental Health Services, Inc

7/11/2023

CONTRACT # _____

*except IIC & IID

PART II: PROJECTED EXPENSES										
EXPENSE CATEGORIES A	Crisis Support/Emerg	Crisis Stabilization B _{2-a}	Intervention	JARF	BNET	CAT TEAM	Non-SAMH Cost Center	Other Support Costs (optional) H	Administration I	Total Expenses (F+G+H*+I*) J
IIA PERSONNEL EXPENSES										
(1) Salaries	\$2,620,069	\$4,556,565	\$0	\$80,790	\$296,491	\$562,831	\$2,114,496	\$0	\$899,279	\$11,130,522
(2) Fringe Benefits	\$437,342	\$760,582	\$0	\$13,485	\$49,490	\$93,948	\$352,952	\$0	\$150,108	\$1,857,907
TOTAL PERSONNEL EXPENSES =	\$3,057,411	\$5,317,147	\$0	\$94,275	\$345,982	\$656,779	\$2,467,448	\$0	\$1,049,387	\$12,988,429
IIIB OTHER EXPENSES										
(1) Building Occupancy	\$62,265	\$177,401	\$0	\$3,160	\$11,459	\$21,113	\$80,259	\$55,676	\$32,420	\$443,753
(2) Professional Services	\$56,765	\$859,379	\$0	\$7,146	\$39,200	\$379	\$1,425	\$0	\$173,794	\$1,138,088
(3) Travel	\$11,636	\$215	\$0	\$1	\$2,596	\$18,620	\$23,795	\$14,200	\$8,800	\$79,863
(4) Equipment	\$36,834	\$87,130	\$0	\$713	\$4,935	\$11,850	\$57,267	\$57,338	\$278,933	\$535,001
(5) Food Services	\$0	\$441,162	\$0	\$7,477	\$0	\$0	\$0	(\$31,030)	\$600	\$418,210
(6) Medical and Pharmacy	\$44,049	\$330,250	\$0	\$4,032	\$60,050	\$123	\$21,675	(\$26,274)	\$205	\$434,111
(7) Subcontracted Services	\$249,733	\$0	\$0	\$0	\$0	\$0	\$445,570	\$11,229	\$647,809	\$1,354,341
(8) Insurance	\$137,960	\$239,927	\$0	\$4,254	\$15,612	\$29,636	\$111,339	\$0	\$47,352	\$586,080
(9) Interest Paid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$18,124	\$18,124
(10) Operating Supplies & Expenses	\$53,091	\$159,707	\$0	\$619	\$8,528	\$13,483	\$120,096	\$30,966	\$192,515	\$579,004
(11) Other	\$3,600	\$107,430	\$0	\$1,075	\$0	\$0	\$0	(\$112,105)	\$1,670	\$1,670
(12) Donated Items	\$0	\$0	\$0	\$0	\$100	\$100	\$500	\$0	\$161,200	\$161,900
TOTAL OTHER EXPENSES =	\$655,934	\$2,402,601	\$0	\$28,479	\$142,479	\$95,304	\$861,926	\$0	\$1,563,421	\$5,750,144
TOT PERSONNEL & OTH EXP =	\$3,713,345	\$7,719,748	\$0	\$122,754	\$488,460	\$752,083	\$3,329,374	\$0	\$2,612,809	\$18,738,573
IIC DISTRIBUTED INDIRECT COSTS										
(a) Other Support Costs (Optional)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(b) Administration	\$601,662	\$1,250,807	\$0	\$19,890	\$79,144	\$121,858	\$539,448	\$0	(\$2,612,809)	\$0
TOT DISTR'D INDIRECT COSTS =	\$601,662	\$1,250,807	\$0	\$19,890	\$79,144	\$121,858	\$539,448	\$0	(\$2,612,809)	\$0
TOTAL PROJECTED OPER EXPENSES =	\$4,315,007	\$8,970,555	\$0	\$142,644	\$567,604	\$873,941	\$3,868,822	XXXXXXXXXX	XXXXXXXXXX	\$18,738,573

PEMHS, Inc. Board Officers FY2023- 2024

LEE W. SCHARRER, CHAIRMAN

Business: Owner, Jacob Lee Enterprises
DBA: Gift of Life Adoptions
100 Deerpath Drive, Oldsmar, FL 34677
Cell Phone: (727) 234-5705
Email: lscharrer@verison.net
Elected 2008: Years of Service: 3

LYNN W. STONE, VICE-CHAIR

Business: Hillsborough County
Children's Services
3191 Clay Mangum Lane, Tampa, FL. 33618
Cell Phone: (727) 946-3096
Email: lynnwstone@yahoo.com
Elected 2007: Years of Service: 16

RONALD KNAUS, SECRETARY/TREASURER

RETIRED Psychiatrist, Osteopathic Medicine
175 - 1st Street S., Apt. 2105
St. Petersburg, FL. 33701
Cell Phone: (727) 215-8104
Email: ron.knaus@gmail.com
Elected 2004: Years of Service: 18

MATTHEW SCHWARZ

Business: Owner
Basil Leaf LLC
6395 Gulf Blvd, St. Pete Beach FL, 33706
Phone: (727) 360-4000 Office
Fax:
Cell Phone: (727) 639-1438
Email: matthewbschwarz@gmail.com
Elected 2008: Years of Service: 15

LAVERNE Feaster-Johnson, LCSW, BCD

RETIRED – Bay Pines VA
Business: Private Practice/Individual
Couple Therapist
1229 – 63rd Terrace South, St. Petersburg, FL. 33705
Cell Phone: (727) 278-6199
Email: laverne.feaster@gmail.com
Elected 2005: Years of Service: 18

DONNA B. WELCH

Business: CEO, My Daughter's Keeper of Tampa
Bay, Inc.
2400 Madrid Way S, St. Petersburg, FL 33712
Cell Phone: (727) 422-6827
Email: dbwelch1@gmail.com
Elected 2020: Year of service 3

TRACY R. JOHNSON

Business: Inpatient Medicine Social Work Flow
Supervisor, Department of Veteran Affairs-Bay
Pines VA Healthcare System
6335 92ND PI N., Unit 2302
Pinellas Park, FL 33782
Cell Phone: (727) 729-9308
Email: tracy.renee.johnson@gmail.com
Elected 2020: Years of service 3

LUCILE CASEY

Business Realtor/Sales
Berkshire Hathaway Home Services
3235 San Mateo Street, Clearwater, FL 33759
Cell Phone: (727) 409-6456
Email: lucilecasey@gmail.com
Elected 1995 Years of service 28

Carole Harris, RETIRED

Professor of Behavioral Medicine and Psychiatry
670 Island Way #904
Clearwater Beach, FL 33767
Phone: (404)386-8950
Email: charris3030@gmail.com
Elected: 7/2023

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11254 58TH STREET City or town, state or province, country, and ZIP or foreign postal code PINELLAS PARK, FL 33782 F Name and address of principal officer: MATTHEW SCHWARZ SAME AS C ABOVE	D Employer identification number 59-3153549 E Telephone number 727-362-4305 G Gross receipts \$ 20,696,857. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.PEMHS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1981 M State of legal domicile: FL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC. IS DEDICATED TO ENHANCING THE MENTAL		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	243
6	Total number of volunteers (estimate if necessary)	6	20
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	1,195,379.	3,760,011.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,160,566.	16,622,729.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	646.	397.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	179,586.	312,931.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,536,177.	20,696,068.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	10,969,032.	12,134,067.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,441,708.	6,905,871.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,410,740.	19,039,938.
19	Revenue less expenses. Subtract line 18 from line 12	125,437.	1,656,130.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	11,372,621.	10,297,849.
22	Net assets or fund balances. Subtract line 21 from line 20	4,242,943.	1,678,836.
22		7,129,678.	8,619,013.

Part II Signature Block

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

Sign Here	Signature of officer MAXINE BOOKER, PRESIDENT/CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name CATHERINE HAUG	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01395474
	Firm's name ▶ CARR, RIGGS & INGRAM, LLC Firm's address ▶ 600 CLEVELAND STREET, SUITE 1000 CLEARWATER, FL 33755	Firm's EIN ▶ 72-1396621 Phone no. 727.446.0504

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

PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.

Form 990 (2021)

59-3153549 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC IS DEDICATED TO ENHANCING THE MENTAL HEALTH, FAMILY FUNCTIONING, AND DEVELOPMENT OF ADULTS AND CHILDREN IN OUR COMMUNITY.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 14,987,182. including grants of \$) (Revenue \$ 14,680,400.) CRISIS SUPPORT/CRISIS STABILIZATION IS THE LARGEST SINGLE PROGRAM IN THE AGENCY REPRESENTING 79% OF THE TOTAL EXPENSE OF THE AGENCY. THIS PROGRAM PROVIDES EMERGENCY SERVICES ON A 24/7 BASIS TO ADULTS AND CHILDREN, URGENT CARE AVAILABLE SIX DAYS PER WEEK ON A WALK IN BASIS, MOBILE CRISIS RESPONSE TEAM ON A 24/7 BASIS, AND CRISIS STABILIZATION SERVICES COMPRISED OF 45 ADULT PSYCHIATRIC INPATIENT BEDS AND 14 CHILD PSYCHIATRIC INPATIENT BEDS. CO-LOCATED WITH THE CHILDREN'S BEDS IS A 1 BED JUVENILE ADDICTION RECEIVING FACILITY. THE PROGRAM IS THE ONLY PUBLIC PSYCHIATRIC RECEIVING FACILITY IN THE COUNTY. AS SUCH, THE PROGRAM FOCUSES ON PROVIDING ACCESS TO CARE FOR THOSE INDIVIDUALS IN THE COUNTY WHO ARE INDIGENT OR OTHERWISE NOT ABLE TO ACCESS CARE IN OTHER HOSPITALS.

4b (Code:) (Expenses \$ 1,431,890. including grants of \$) (Revenue \$ 1,402,617.) THE FAMILY SERVICES INITIATIVE (FSI), FAMILY CONNECTION NAVIGATION (FCN), AND HOME NAVIGATION CONSISTS OF THE JUVENILE WELFARE BOARD WITH COLLABORATIVE PARTNERS INCLUDING THE 211 REGIONAL CALL CENTER/PINELLAS FAMILY SERVICES TEAM (TRIAGE), CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK (CFBHN-UTILIZATION MANAGEMENT), PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES (PEHMS -NAVIGATION), PINELLAS COUNTY SCHOOLS, SERVICE PROVIDERS AND VENDORS. THE FAMILY SERVICES INITIATIVE PROVIDES DIRECT ACCESS FOR FAMILIES THROUGH 211'S PINELLAS FAMILY SERVICES TEAM AND ACCESS FOR COMMUNITY PROVIDERS SEEKING WRAP AROUND SERVICES THROUGH CFBHN'S UTILIZATION MANAGEMENT PROCESS.

PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES (PEMHS) PROVIDES THE
4c (Code:) (Expenses \$ 890,260. including grants of \$) (Revenue \$ 853,432.) THE PIC TEAM IS AN INTERVENTION AND DIVERSION BASED PROGRAM, WITH THE GOAL OF INTERVENING WITH INDIVIDUALS IN A BEHAVIORAL HEALTH CRISIS, AND CONNECTING THEM WITH APPROPRIATE LEVEL OF CARE SERVICES WITH THE PURPOSE OF REDUCING THE UNNECESSARY USE OF LAW ENFORCEMENT VIA 911 AND WELLNESS CHECK CALLS. IT IS THE GOAL OF PIC TEAM TO IDENTIFY BARRIERS TO ACCESSING AND RETAINING BEHAVIORAL HEALTH SERVICES FOR COMMUNITY MEMBERS, AND TO IMPROVE THE OVERALL CONTINUUM OF CARE. PIC TEAM OFFERS IMMEDIATE AND SHORT TERM BEHAVIORAL HEALTH INTERVENTION SERVICES, TO INCLUDE ASSESSMENT, INFORMATION AND REFERRAL LINKAGE, RECOVERY SUPPORT, AND SHORT TERM COUNSELING. IN THE FISCAL YEAR ENDING ON JUNE 30, 2022 THE PROGRAM SERVED 262 INDIVIDUALS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 17,309,332.

Form 990 (2021)

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Part IV Checklist of Required Schedules

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

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	41
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 243		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
	If "Yes," complete Form 6069.		

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Form 990 (2021)

59-3153549 Page 6

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **ZOFIA WHITING, CFO - 727-545-7570**
11254 58TH STREET, PINELLAS PARK, FL 33782

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATTHEW SCHWARZ CHAIRMAN	4.00	X		X				0.	0.	0.
(2) JERRILYN EVANS VICE-CHAIRMAN	4.00	X		X				0.	0.	0.
(3) LYNN STONE SECRETARY/TREASURER	4.00	X		X				0.	0.	0.
(4) LUCILE CASEY DIRECTOR	1.00	X						0.	0.	0.
(5) LAVERNE FEASTER-JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(6) DR. RON KNAUS DIRECTOR	1.00	X						0.	0.	0.
(7) DONNA B. WELCH DIRECTOR	1.00	X						0.	0.	0.
(8) TRACY R. JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(9) A. MATTHEW ROSEN DIRECTOR	1.00	X						0.	0.	0.
(10) LEE W CHARRER DIRECTOR	1.00	X						0.	0.	0.
(11) MAXINE BOOKER CEO	43.00 4.00			X				144,648.	0.	9,285.
(12) ZOFIA WHITING CFO	44.00			X				106,948.	0.	448.
(13) DR. MARY LOWREY MEDICAL DIRECTOR	40.00				X			166,189.	0.	12,417.
(14) DEMETRIOS TZEMOPOULOS REGISTERED NURSE	41.00					X		125,684.	0.	7,041.
(15) SUSAN HERPER APRN	40.00					X		126,011.	0.	12,676.
(16) SCOTT KAMINSKY LPN	52.00					X		115,494.	0.	184.
(17) STEPHANIE SATTERFIELD RN	45.00					X		102,482.	0.	11,199.

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SYLVIA TAYLOR MHT	78.00					X		127,387.	0.	7,389.
1b Subtotal								1,014,843.	0.	60,639.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,014,843.	0.	60,639.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PINELLAS PARK MENTAL HEALTH ASSOCIATES INC, 7955 66TH ST N SUITE D, PINELLAS	MEDICAL SERVICES	291,555.
ADVANCED PHARMACEUTICAL CONSULTANTS, INC. P. O. BOX 530365, MIAMI SHORES, FL 33153	PHARMACY SERVICES	268,626.
GERALD RANDALL, D.O. 16131 CARENIA LANE, ODESSA, FL 33556	MEDICAL SERVICES	248,050.
ALL FAMILY MEDICAL CENTER 6027 GULFPORT BLVD. S., GULFPORT, FL 33707	MEDICAL SERVICES	169,500.
AYA HEALTHCARE INC., DEPT 3519, PO BOX 123519, DALLAS, TX 75312-3519	AGENCY STAFFING	152,931.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 9

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,335,818.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,424,193.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,389,376.				
	h Total. Add lines 1a-1f			3,760,011.			
Program Service Revenue	2 a CFB	Business Code					
		624100	7,706,669.	7,706,669.			
	b THIRD PARTY FEES	624100	2,360,442.	2,360,442.			
	c PINELLAS COUNTY BOARD	624100	2,211,006.	2,211,006.			
	d MOBILE CRISIS RESPONSE	621400	1,689,026.	1,689,026.			
	e JW B	624100	1,402,616.	1,402,616.			
	f All other program service revenue	624100	1,252,970.	1,252,970.			
g Total. Add lines 2a-2f			16,622,729.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		397.			397.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b	789.					
c Net income or (loss) from fundraising events			-789.		-789.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code					
		624100	313,720.	313,720.			
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			313,720.				
12 Total revenue. See instructions			20,696,068.	16936449.	0.	-392.	

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	730,546.	463,459.	267,087.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,892,785.	9,483,361.	409,424.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,957.	62,957.		
9 Other employee benefits	677,562.	633,967.	43,595.	
10 Payroll taxes	770,217.	717,957.	52,260.	
11 Fees for services (nonemployees):				
a Management				
b Legal	5,625.	4,813.	812.	
c Accounting	71,135.	60,872.	10,263.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,796,530.	2,357,146.	439,384.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	240,901.	219,985.	20,916.	
17 Travel	34,339.	31,993.	2,346.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	6,869.	6,400.	469.	
20 Interest	40,094.		40,094.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	223,804.	153,953.	69,851.	
23 Insurance	413,226.	385,135.	28,091.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL AND PHARMACY	1,823,061.	1,822,949.	112.	
b OPERATING SUPPLIES & EX	607,449.	447,945.	159,504.	
c EQUIPMENT COSTS	384,122.	197,994.	186,128.	
d FOOD SERVICES	258,716.	258,446.	270.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	19,039,938.	17,309,332.	1,730,606.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	11,284.	1	62,756.	
	2 Savings and temporary cash investments	5,398,351.	2	3,827,424.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	2,106,287.	4	2,735,616.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	46,689.	8	43,315.	
	9 Prepaid expenses and deferred charges	575,221.	9	669,545.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,114,934.			
	b Less: accumulated depreciation	10b 7,155,741.	3,234,789.	10c	2,959,193.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	11,372,621.	16	10,297,849.		
Liabilities	17 Accounts payable and accrued expenses	1,211,989.	17	918,210.	
	18 Grants payable		18		
	19 Deferred revenue	396,793.	19	239,809.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	2,634,161.	23	520,817.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	4,242,943.	26	1,678,836.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	7,129,678.	27	8,619,013.	
	28 Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	7,129,678.	32	8,619,013.	
	33 Total liabilities and net assets/fund balances	11,372,621.	33	10,297,849.	

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**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	20,696,068.
2 Total expenses (must equal Part IX, column (A), line 25)	2	19,039,938.
3 Revenue less expenses. Subtract line 2 from line 1	3	1,656,130.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,129,678.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	-166,795.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,619,013.

Part XII Financial Statements and Reporting

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

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

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	507,729.	797,780.	1187573.	1195379.	3760011.	7448472.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	507,729.	797,780.	1187573.	1195379.	3760011.	7448472.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						7448472.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	507,729.	797,780.	1187573.	1195379.	3760011.	7448472.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,260.	1,556.	422.	646.	397.	11,281.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						7459753.
12 Gross receipts from related activities, etc. (see instructions)					12	78,809,287.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	99.85 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.77 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

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

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

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

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

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

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Employer identification number

59-3153549

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.	Employer identification number 59-3153549
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALKERMES INC 852 WINTER STREET WALTHAM, MA 02451	\$ 221,278.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	JANSSEN PHARMACEUTICALS 1000 US ROUTE 202 SOUTH RARITAN, NJ 08869	\$ 978,853.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.	Employer identification number 59-3153549
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MEDICAL SUPPLIES <hr/> <hr/> <hr/>	\$ 221,278.	
2	MEDICAL SUPPLIES <hr/> <hr/> <hr/>	\$ 978,853.	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	

Name of organization PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.	Employer identification number 59-3153549
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.	Employer identification number 59-3153549
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		38,192.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			38,192.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

PEMHS PAID REPRESENTATIVES TO ADVOCATE AND EDUCATE LEGISLATORS ON MENTAL HEALTH ISSUES AND OTHER ISSUES DIRECTLY AFFECTING PEMHS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.** **Employer identification number** **59-3153549**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

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

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

1	Total revenue, gains, and other support per audited financial statements	1	20,621,857.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	789.
e	Add lines 2a through 2d	2e	789.
3	Subtract line 2e from line 1	3	20,621,068.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	75,000.
c	Add lines 4a and 4b	4c	75,000.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	20,696,068.

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

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

1	Total expenses and losses per audited financial statements	1	19,132,522.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	92,585.
e	Add lines 2a through 2d	2e	92,585.
3	Subtract line 2e from line 1	3	19,039,937.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1.
c	Add lines 4a and 4b	4c	1.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	19,039,938.

Part XIII Supplemental Information.

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

PART X, LINE 2:

PEMHS HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A).

PEMHS UTILIZES THE PROVISIONS OF ASC 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES." AS A RESULT, PEMHS HAS NOT RECOGNIZED ANY RESPECTIVE LIABILITY FOR UNRECOGNIZED TAX BENEFITS AS IT HAS NO KNOWN TAX POSITIONS THAT WOULD SUBJECT PEMHS TO ANY MATERIAL INCOME TAX EXPOSURE. A RECONCILIATION OF THE BEGINNING AND ENDING AMOUNT OF UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES IS NOT

Part XIII Supplemental Information (continued)

INCLUDED AS THERE ARE NO UNRECOGNIZED TAX BENEFITS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 789.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS BAD DEBT EXP 75,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 789.

BOOK/TAX DEPRECIATION DIFFERENCE 91,796.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 92,585.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING 1.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.** Employer identification number **59-3153549**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Schedule J (Form 990) 2021

59-3153549

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MAXINE BOOKER CEO	(i)	144,648.	0.	0.	1,521.	7,764.	153,933.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DR. MARY LOWREY MEDICAL DIRECTOR	(i)	166,189.	0.	0.	3,300.	9,117.	178,606.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.** Employer identification number **59-3153549**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	7	1,372,480.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization	PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.	Employer identification number 59-3153549
--------------------------	---	---

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 HEALTH, FAMILY FUNCTIONING, AND DEVELOPMENT OF ADULTS AND CHILDREN IN
 OUR COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
 LAST FISCAL YEAR 4,528 INDIVIDUALS SOUGHT CARE THROUGH EMERGENCY
 SERVICES AND OF THAT 2,626 WERE ADMITTED TO A CRISIS STABILIZATION
 UNIT. OF THAT TOTAL ONLY 1 PATIENT HAD TO BE SENT TO THE STATE
 HOSPITAL.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
 NAVIGATION SERVICES FOR FAMILIES WITH COMPLEX NEEDS IN THE JWB/FSP
 COMPONENT OF THE FAMILY SERVICES INITIATIVE, FOLLOWING THEIR 211 TRIAGE
 SCREENING. THE FAMILY COMPLETES AN EVIDENCE BASED INTAKE ASSESSMENT
 (CANS), AND WITH THEIR SYSTEM NAVIGATOR (SN) DEVELOPS A FAMILY DRIVEN
 SUPPORT CARE PLAN, IDENTIFYING AND PRIORITIZING THEIR MOST PRESSING
 CURRENT BARRIERS AND NEEDS FOR FAMILY STABILITY. THE SYSTEM NAVIGATOR
 THEN WORKS COLLABORATIVELY WITH THE FAMILY TO EDUCATE AND LINK TO
 COMMUNITY SERVICES, RESOURCES AND SUPPORTS, TO ALLEVIATE THE IDENTIFIED
 NEEDS AND BARRIERS OF THE FAMILY. IN ADDITION, THE FRONT LINE DIRECT
 CARE STAFF, SYSTEM NAVIGATOR, IS EMPOWERED TO UTILIZE AND ACCESS THE
 JWB/FSP FUNDS ON BEHALF OF THE FAMILY FOR SUPPORT BASED EXPENDITURES UP
 TO \$300 (LEVEL 1); EXPENSES BEYOND \$300 (LEVEL 2) FOLLOW THE
 UTILIZATION MANAGEMENT PROCESS TO RECEIVE AUTHORIZATION THROUGH CFBHN.

THE SERVICE DURATION OF PEHMS NAVIGATORS IN THE FAMILY SERVICES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Name of the organization	PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.	Employer identification number	59-3153549
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INITIATIVE IS BRIEF, GENERALLY LESS THAN 30 DAYS, AND IS A FOCUSED COLLABORATION BETWEEN THE FAMILY AND THEIR ASSIGNED SYSTEM NAVIGATOR. LINKAGES TO COMMUNITY RESOURCES, SERVICES, AND THE UTILIZATION OF THE JWB/FSP FUNDS RESULT IN ENHANCED FAMILY STABILITY, INCREASED COMMUNITY RESOURCE KNOWLEDGE, AND SUCCESSFUL SUSTAINABILITY ON BEHALF OF THE FAMILIES SERVED. IN ADDITION, A SPECIALIZED TRUANCY NAVIGATION PROGRAM, HOME NAVIGATION, WORKS WITH PARTICIPATING FAMILIES THAT ARE IDENTIFIED BY THE SCHOOL SYSTEM AND ARE CURRENTLY BECOMING INVOLVED WITH THE JUDICIAL TRUANCY SYSTEM; ALL FAMILIES RECEIVE NAVIGATION ASSISTANCE AS WELL AS SPECIFIC COLLABORATION EFFORTS BETWEEN THE SCHOOLS AND PEMHS FOCUSING ON STUDENT SUCCESS AND POSITIVE SCHOOL REENGAGEMENT. THE TN SERVICES ARE ANTICIPATED TO HAVE A 60-90 DAY LENGTH OF SERVICE; TO PROVIDE EFFECTIVE SUPPORT, ENGAGEMENT, AND COURT ADVOCACY FOR THE FAMILIES. IN THE FISCAL YEAR ENDING ON JUNE 30, 2022 THE PROGRAM SERVED 504 FAMILIES.

FORM 990, PART VI, SECTION A, LINE 6:

BOLEY-PAR, INC. IS THE SOLE MEMBER OF PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

BOLEY-PAR, INC. IS THE SOLE MEMBER OF PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.. THE BYLAWS PROVIDE THAT BOLEY-PAR HAS THE POWER TO ELECT, REMOVE, AND/OR REPLACE THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CHIEF FINANCIAL OFFICER AND CHIEF EXECUTIVE OFFICER REVIEW THE FORM 990 WITH THE EXECUTIVE COMMITTEE OF THE BOARD PRIOR TO THE FILING DATE.

Name of the organization PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.	Employer identification number 59-3153549
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COPIES OF THE 990 ARE MADE AVAILABLE TO THE FULL BOARD AT THE FOLLOWING BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER IS PROVIDED WITH A WRITTEN MONITORING TOOL THAT COVERS A WIDE RANGE OF BOARD FUNCTIONS INCLUDING CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE, CONSISTING OF THE OFFICERS OF THE BOARD OF DIRECTORS, DETERMINE COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER. THE EXECUTIVE COMMITTEE REQUIRES COPIES OF THE COMPENSATION SURVEY CONDUCTED BY THE NATIONAL COUNCIL FOR COMMUNITY MENTAL HEALTH CENTERS AND THE FLORIDA COUNCIL FOR COMMUNITY MENTAL HEALTH. IN ADDITION, THE COMMITTEE MAY REQUIRE A SURVEY OF LOCAL COMMUNITY MENTAL HEALTH CENTERS. THE COMMITTEE ALSO TAKES INTO CONSIDERATION JOB PERFORMANCE UTILIZING A PERFORMANCE EVALUATION BY THE BOARD PRESIDENT AS WELL AS THE AVAILABILITY OF FUNDS AND TOTAL AGENCY FUNDING.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON VERBAL OR WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PHYSICIAN & PSYCHIATRIST FEES:

PROGRAM SERVICE EXPENSES 145,046.

MANAGEMENT AND GENERAL EXPENSES 24,454.

Name of the organization	PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.	Employer identification number	59-3153549
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FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	169,500.

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	789,419.
MANAGEMENT AND GENERAL EXPENSES	133,093.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	922,512.

SUBCONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES	1,422,681.
MANAGEMENT AND GENERAL EXPENSES	281,837.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,704,518.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,796,530.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BOOK/TAX DEPRECIATION DIFFERENCE	-91,796.
RECLASS BAD DEBT EXPENSE	-75,000.
ROUNDING	1.
TOTAL TO FORM 990, PART XI, LINE 9	-166,795.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.** Employer identification number **59-3153549**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BOLEY-PAR, INC. - 46-3480340 6655 66TH ST. N PINELLAS PARK, FL 33781	MANAGEMENT AND ADMINISTRATIVE SERVICES	FLORIDA	501(C)(3)	LINE 7			X
BOLEY CENTERS, INC. - 59-1290089 445 31ST STREET NORTH ST. PETERSBURG, FL 33713	MENTAL HEALTH	FLORIDA	501(C)(3)	LINE 7	BOLEY-PAR, INC.	X	
OPERATION PAR, INC. - 59-1349234 6655 66TH ST. N PINELLAS PARK, FL 33781	SUBSTANCE ABUSE	FLORIDA	501(C)(3)	LINE 7	BOLEY-PAR, INC.	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.

PEMHS
For the Twelve Months Ending Friday, June 30, 2023

Personal Enrichment Through Mental Health Services

STATEMENT OF FINANCIAL POSITION

6/30/2023

ASSETS

CURRENT ASSETS

1000 CASH - UNRESTRICTED		\$2,417,201.88
1100 CASH - RESTRICTED		36,349.48

TOTAL CASH		2,453,551.36
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-- A/R PRIVATE PAY --

1201.0002 S/P SLIDING FEE SCALE		21,789.00
1201.0003 SELF PAY FULL FUNDED		52,328.43
1201.0004 OTHER RESP./CONTRACT		

TOTAL - A/R PRIVATE PAY		74,117.43
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-- A/R MEDICAID --

1202.0061 REHAB OPTION

TOTAL - A/R MEDICAID

-- A/R MEDICARE --

1203.0081 MEDICARE B

TOTAL - MEDICARE

-- A/R THIRD PARTY --

1204.0085 BC/BS		120,100.00
1204-0086 CHAMPUS		1,600.00
1204-0087 PT FEES - V/A		1,600.00
1204.0099 COMMERCIAL INSURANCE		10,600.00
1204.0121 CONTRACTS 3RD PARTY		34,645.00
1204.0122 AMERIGROUP		
1204.0124 MED 3000 CMS		2,720.57
1204.0126 UNITED HEALTHCARE		19,000.00
1204.0127 AETNA		16,712.00
1204.0129 CIGNA		20,240.00
1204.0131 MAGELLAN		(3,740.28)
1204.0132 HUMANA		
1204.0133 WELLCARE		
1204.0136 CENPATICO		372,037.86
1204.0137 PRESTIGE/BEACON		
1204-0138 SIMPLY/BEACON		83,666.58
1204-0139 HUMANA MMA/BEACON		15,150.00
1204-0140 MOLINA		132,573.00
9999-0203 PAY/TRANS CR CASH ACCOUNT		
9999-0202 PAY/TRANS CR A/R ACCOUNTS		
9999-0201 CHARGE/REV - A/R ACCOUNTS		
9999-0200 CHARGE/REVENUE ACCOUNTS		

TOTAL - THIRD PARTY		826,904.73
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PEMHS
For the Twelve Months Ending Friday, June 30, 2023

Personal Enrichment Through Mental Health Services

STATEMENT OF FINANCIAL POSITION

6/30/2023

1210 ALLOWANCE-DOUBTFUL ACC (350,000.00)

TOTAL - ALLOWANCE DOUBTFUL (350,000.00)

-- A/R MANAGING ENTITY CONTRACTS --

1221-0104 CFBHN - BNET

1221-0109 A/R - CFBHN - SA

1221-0210 - CFBHN - MH 1,758,281.79

TOTAL - MANAGING ENTITY 1,758,281.79

-- PASS THROUGH CONTRACTS --

1207.0100 OPERATION PAR

TOTAL - PASS THROUGH CONTRS.

-- A/R FEDERAL AND STATE --

1230-0101 A/R SAMHSA LIFELINE GRANT

1231-0101 A/R FEDERAL PROBATION PROGRAM 6,308.67

1232-0000 A/R DEPARTMENT OF CHILDREN AND FAMILIES 132,113.60

TOTAL - A/R FEDERAL AND STATE 138,422.27

-- A/R COUNTY --

1241.000 SOCIAL SERVICES

1241.0100 A/R PCF PINELLAS CARES GRANT 609,556.99

TOTAL - A/R COUNTY 609,556.99

-- A/R JWB --

1242-0216 FSI

404,991.45

TOTAL - JWB 404,991.45

-- A/R UNITED WAY --

1243-0217 BUILD STRONG FAMILIES

TOTAL - UNITED WAY

-- A/R PINELLAS COUNTY SCHOOLS --

1283-0100 SCHOOL BOARD OF PINELLAS COUNTY

TOTAL - PINELLAS COUNTY SCHOOLS

PEMHS
For the Twelve Months Ending Friday, June 30, 2023

Personal Enrichment Through Mental Health Services

STATEMENT OF FINANCIAL POSITION

6/30/2023

-- A/R PINELLAS COUNTY SHERIFF'S OFFICE -- 1248-0100 PINELLAS COUNTY SHERIFF'S OFFICE	62,341.43
TOTAL - PINELLAS COUNTY SHERIFF'S OFFICE	62,341.43
-- A/R TAMPA BAY THRIVES -- 1249-0100 TAMPA BAY THRIVES	
TOTAL -TAMPA BAY THRIVES	
-- A/R CITY -- 1244-0220 PINELLAS PARK 1284-0000 LARGO STRONG	17,753.63
TOTAL - CITY	17,753.63
-- A/R OTHER -- 1246-0100 DIASTER DISTRESS HELPLINE 1247-0100 A/R SUNCOAST CENTER 1280-0000 A/R OTHER RECEIVABLES 1282-0000 A/R OTHER INCOME	1,000.00 398.71
TOTAL OTHER RECEIVABLES	1,398.71
TOTAL - ACCOUNTS RECEIVABLE	3,543,768.43
-- OTHER CURRENT ASSETS -- PREPAID INSURANCE PREPAID EXPENSES PAYROLL ADVANCE PAY PAY ACCOUNT DEPOSITS OFFICE SUPPLIES IT SUPPLIES MEDICAL SUPPLIES HOUSEHOLD GOODS/SUPPLIES PATIENT PERSONAL CARE MEDICINE AND DRUGS	571,102.42 208,470.73 21,757.10 8,967.77 2,512.75 556.45 6,380.28 2,361.57 5,641.06 25,162.33
OTHER CURRENT ASSETS	852,912.46
TOTAL CURRENT ASSETS	6,850,232.25

PEMHS
For the Twelve Months Ending Friday, June 30, 2023

Personal Enrichment Through Mental Health Services
STATEMENT OF FINANCIAL POSITION

6/30/2023

FIXED ASSETS

LAND	862,245.00
LAND	862,245.00
LAND IMPROVEMENTS	186,382.51
LESS ACCUMULATED DEPRECIATION	(142,155.31)
NET LAND IMPROVEMENTS	44,227.20
BUILDING	6,715,621.60
LESS ACCUMULATED DEPRECIATION	(5,204,360.91)
NET BUILDING	1,511,260.69
FURNITURE AND EQUIPMENT	1,058,722.32
LESS ACCUMULATED DEPRECIATION	(944,750.49)
NET FURNITURE AND EQUIPMENT	113,971.83
COMPUTER EQUIPMENT	857,215.61
LESS ACUMULATED DEPRECIATION	(732,220.42)
NET COMPUTER EQUIPMENT	124,995.19

PEMHS
For the Twelve Months Ending Friday, June 30, 2023

Personal Enrichment Through Mental Health Services

STATEMENT OF FINANCIAL POSITION

	<u>6/30/2023</u>
VEHICLES	307,525.61
LESS ACCUMULATED DEPRECIATION	(264,121.76)
NET VEHICLES	43,403.85
LEASEHOLD IMPROVEMENTS	145,321.52
LESS ACCUMULATED DEPRECIATION	(121,476.14)
NET LEASEHOLD IMPROVEMENTS	23,845.38
TOTAL FIXED ASSETS	2,723,949.14
OTHER ASSETS	
UNAMORTIZED EXPENSES	1,085.83
NET UNAMORTIZED EXPENSES	1,085.83
CONSTRUCTION WORK IN PROGRESS	412,972.91
TOTAL CWIP	412,972.91
TOTAL OTHER ASSETS	414,058.74
TOTAL ASSETS	9,988,240.13

PEMHS
For the Twelve Months Ending Friday, June 30, 2023

Personal Enrichment Through Mental Health Services
STATEMENT OF FINANCIAL POSITION

6/30/2023

LIABILITIES & FUND BALANCE

CURRENT LIABILITIES

ACCOUNTS PAYABLE	333,354.08
ACCRUED PAYROLL	278,401.43
ACCRUED FICA	21,798.47
ACCRUED EXPENSES	80,369.09
ACCRUED INTEREST	
ACCRUED PURCHASE ORDERS	
403(b) EMPLOYEE CONTRIBUTION	10,156.47
403(b) MATCH	
403(b) EMPLOYEE LOAN PYMT	46.36
FICA W/H	(0.27)
FIT W/H	
GRP INS W/H - MEDICAL	
GRP INS W/H - DENTAL	785.50
GRP INS W/H - VISION	299.68
GROUP INSURANCE - DISABILITY	
HSA - EMP CONTRIBUTION	
FAMILY FIRST HEALTH EXPENSE CREDIT (1HC)	
FAMILY FIRST HEALTH PREM CREDIT (1FM)	
GRP INS W/H - LF - LIFE ALL	
UNCLAIMED FUNDS DUE TO STATE	4,435.98
DEFERRED REVENUE	29,662.81
DEFERRED DONATIONS	3,499.58
A/P REFUND ACCOUNT	52,469.46
AVATAR REFUND ACCOUNT	
EXCHANGE ACCOUNT	(1,181.47)
NOTES PAYABLE	
WAGE GARNISHMENT PAYABLE	
DUE TO/FROM AFFILIATES	

TOTAL CURRENT LIABILITIES **814,097.17**

LONG TERM DEBT

WHITNEY BANK 08706368	411,494.96
HANCOCK BANK PPP 538629	

TOTAL LONG TERM DEBT **411,494.96**

TOTAL LIABILITIES **1,225,592.13**

NET ASSETS

NET ASSETS - BEGINNING **8,619,009.51**
NET ASSETS - CURRENT YTD **143,638.49**

TOTAL NET ASSETS **8,762,648.00**
TOTAL LIAB. AND NET ASSETS **9,988,240.13**

PEMHS
PEMHS Reporting Units
For the Twelve Months Ending Friday, June 30, 2023

	CURRENT PERIOD THIS YEAR	CURRENT PERIOD BUDGET	VARIANCE	VARIANCE %	YEAR-TO-DATE THIS YEAR	YEAR-TO-DATE BUDGET	VARIANCE	VARIANCE %
REVENUES								
- - FEES PRIVATE PAY - -								
4101.0002 PT FEES - SLIDING SCALE	\$7,203.80	\$202.00	\$7,001.80	3466.24%	\$6,641.97	\$2,424.00	\$4,217.97	174.01%
4101.0003 PT FEES - FULL PAY	10,246.33	2,122.25	8,124.08	382.81%	15,061.19	25,467.00	(10,405.81)	(40.86%)
TOTAL FEES - PRIVATE PAY	17,450.13	2,324.25	15,125.88	650.79%	21,703.16	27,891.00	(6,187.84)	(22.19%)
- - FEES THIRD PARTY --								
4104-0085 PT FEES - BC/BS	(40,747.73)	19,106.25	(59,853.98)	(313.27%)	127,983.18	229,275.00	(101,291.82)	(44.18%)
4104-0086 PT FEES - CHAMPUS	(20,000.00)	1,145.42	(21,145.42)	(1846.08%)	(24,800.00)	13,745.04	(38,545.04)	(280.43%)
4104-0087 PT FEES - V/A		1,446.50	(1,446.50)	(100.00%)	(9,600.00)	17,358.00	(26,958.00)	(155.31%)
4104-0099 PT FEES - COMMERCIAL	(24,700.00)	706.16	(25,406.16)	(3597.79%)	11,464.38	8,473.92	2,990.46	35.29%
4104-0121 PT FEES - CONTRACTS 3RD PARTY	5,055.00	3,042.50	2,012.50	66.15%	63,280.00	36,510.00	26,770.00	73.32%
4104-0124 PT FEES - CMS	22,850.00	11,119.67	11,730.33	105.49%	217,321.55	133,436.04	83,885.51	62.87%
4104-0126 PT FEES UNITED HC	(17,891.07)	4,018.09	(21,909.16)	(545.26%)	13,215.01	48,217.08	(35,002.07)	(72.59%)
4104-0127 PT FEES - AETNA	(7,085.60)	3,275.83	(10,361.43)	(316.30%)	36,347.69	39,309.96	(2,962.27)	(7.54%)
4104-0129 PT FEES - CIGNA	10,080.00	3,927.34	6,152.66	156.66%	20,081.25	47,128.08	(27,046.83)	(57.39%)
4104-0131 PT FEES - MAGELLAN		1,391.84	(1,391.84)	(100.00%)	(4,125.00)	16,702.08	(20,827.08)	(124.70%)
4104-0132 PT FEES - HUMANA	(2,500.10)	847.92	(3,348.02)	(394.85%)	258.05	10,175.04	(9,916.99)	(97.46%)
4104-0133 PT FEES WELLCARE		12,027.41	(12,027.41)	(100.00%)	(7,150.00)	144,328.92	(151,478.92)	(104.95%)
4104-0136 PT FEES - CENPATICO	130,775.00	96,889.59	33,885.41	34.97%	1,098,305.00	1,162,675.08	(64,370.08)	(5.54%)
4104-0138 PT FEES - SIMPLY/BEACON	17,620.00	33,195.08	(15,575.08)	(46.92%)	390,370.00	398,340.96	(7,970.96)	(2.00%)
4104-0139 PT FEES - HUMANA MMA/BEACON	15,790.00	9,056.33	6,733.67	74.35%	145,590.84	108,675.96	36,914.88	33.97%
4104-0140 PT FEES - MOLINA	24,860.00	16,283.08	8,576.92	52.67%	335,056.85	195,396.96	139,659.89	71.47%
4299-0000 EST OF UNCOLL THIRD PARTY	(100,000.00)		(100,000.00)	0.00%	(100,000.00)		(100,000.00)	0.00%
TOTAL THIRD PARTY FEES	14,105.50	217,479.01	(203,373.51)	(93.51%)	2,313,598.80	2,609,748.12	(296,149.32)	(11.35%)
- - OTHER INCOME - -								
4311-0000 - DONATIONS	501.80	416.67	85.13	20.43%	5,766.79	5,000.04	766.75	15.33%
4311-0100 - ART & MIND STORE				0.00%	62.50		62.50	0.00%
4311-0101 - INSPIRING HOPE MH AWARENESS		4,166.67	(4,166.67)	(100.00%)	68,154.41	50,000.04	18,154.37	36.31%
4311-0102 - CAPITAL CAMPAIGN		6,250.00	(6,250.00)	(100.00%)	112.49	75,000.00	(74,887.51)	(99.85%)
4311-0103 - MED DIR BALL-DANCING INTO SPRING				0.00%	10,155.42		10,155.42	0.00%
4311-0104 - IN KIND DONATIONS	1,199,347.88		1,199,347.88	0.00%	1,199,347.88		1,199,347.88	0.00%
4312-0000 - INTEREST	31.72	20.83	10.89	52.28%	460.48	249.96	210.52	84.22%
4313-0000 - MISC.		583.33	(583.33)	(100.00%)	1,161.57	6,999.96	(5,838.39)	(83.41%)
4313-0400 - HIM COPY FEE	360.50	333.33	27.17	8.15%	4,627.26	3,999.96	627.30	15.68%
4315-0100 SUNCOAST CENTER HELPLINE	1,000.00	1,000.00		0.00%	12,000.00	12,000.00		0.00%
4330-0000 - UNITED WAY	14,684.00	20,666.67	(5,982.67)	(28.95%)	354,480.58	248,000.04	106,480.54	42.94%
TOTAL OTHER INCOME	1,215,925.90	33,437.50	1,182,488.40	3536.41%	1,656,329.38	401,250.00	1,255,079.38	312.79%

PEMHS
PEMHS Reporting Units
For the Twelve Months Ending Friday, June 30, 2023

	CURRENT PERIOD	CURRENT PERIOD	VARIANCE	VARIANCE	YEAR-TO-DATE	YEAR-TO-DATE	VARIANCE	VARIANCE
	THIS YEAR	BUDGET		%	THIS YEAR	BUDGET		%
-- MANAGING ENTITY --								
4411-0201 - B/A CSU A	169,306.96	124,619.75	44,687.21	35.86%	1,495,405.60	1,495,437.00	(31.40)	(0.00%)
4411-0202 - B/A CSU B	338,613.92	249,239.50	89,374.42	35.86%	2,990,811.19	2,990,874.00	(62.81)	(0.00%)
4412-0203 - CMH E/S ADULT	321,866.71	72,379.67	249,487.04	344.69%	1,541,684.65	868,556.04	673,128.61	77.50%
4413-0201 - B/A CSU CHILD	23,868.71	16,679.42	7,189.29	43.10%	200,212.14	200,153.04	59.10	0.03%
4413-0203 - CMH E/S CHILD	250,521.48	37,500.00	213,021.48	568.06%	698,967.69	450,000.00	248,967.69	55.33%
4413-0204 - MOBILE CRISIS RESPONSE SVCS	80,139.91	131,418.67	(51,278.76)	(39.02%)	980,397.23	1,577,024.04	(596,626.81)	(37.83%)
4414-0204 - IMPACT TEAM	86,327.17	21,250.00	65,077.17	306.25%	364,898.40	255,000.00	109,898.40	43.10%
4414-0205 - IMPACT CARE COORDINATION	57,572.04	11,666.67	45,905.37	393.47%	253,859.38	140,000.04	113,859.34	81.33%
4414-0206 - IDP CASH	1,480.17	1,478.50	1.67	0.11%	17,742.00	17,742.00		0.00%
4414-0207 - VOUCHER PROGRAM				0.00%	1,780.00		1,780.00	0.00%
4414-0208 - ADULT D/P	126,951.72	31,250.00	95,701.72	306.25%	536,615.32	375,000.00	161,615.32	43.10%
4414-0209 - CHILD D/P	74,093.68	11,090.92	63,002.76	568.06%	206,725.14	133,091.04	73,634.10	55.33%
4415-0000 - IDP IN-KIND	1,110.31	1,110.33	(0.02)	(0.00%)	13,323.72	13,323.96	(0.24)	(0.00%)
4416-0100 - DCF CAT PROGRAM	111,206.93	62,500.00	48,706.93	77.93%	798,706.92	750,000.00	48,706.92	6.49%
4440-0104 - BNET PROGRAM	27,196.58	40,534.92	(13,338.34)	(32.91%)	406,766.24	486,419.04	(79,652.80)	(16.38%)
4418-0208 - JARF PROGRAM	9,124.78	8,548.67	576.11	6.74%	103,160.10	102,584.04	576.06	0.56%
TOTAL MANAGING ENTITY	1,679,381.07	821,267.02	858,114.05	104.49%	10,611,055.72	9,855,204.24	755,851.48	7.67%
-- OTHER FEDERAL & STATE --								
4314-0102 FEDERAL PROBATION	3,943.53	4,583.33	(639.80)	(13.96%)	41,605.54	54,999.96	(13,394.42)	(24.35%)
4314-0201 SUICIDE PREV LIFELINE STIPEND				0.00%	12,000.00	5,000.00	7,000.00	140.00%
4320-0000 CARES ACT RELIEF FUND FOR MEDICAID PROVIDERS	55,569.61		55,569.61	0.00%	55,569.61		55,569.61	0.00%
4321-0000 CCSU DCF CONSTRUCTION	59,362.60		59,362.60	0.00%	132,113.60		132,113.60	0.00%
TOTAL OTHER FED & STATE	118,875.74	4,583.33	114,292.41	2493.65%	241,288.75	59,999.96	181,288.79	302.15%
-- PINELLAS COUNTY --								
4622-0000 B/A MATCH ES	155,197.66	141,088.84	14,108.82	10.00%	1,735,392.48	1,693,066.08	42,326.40	2.50%
4627-0000 - SUBSTANCE ABUSE		441.67	(441.67)	(100.00%)		5,300.04	(5,300.04)	(100.00%)
4628-0000 - PINELLAS CTY	12,740.00	1,061.67	11,678.33	1100.00%	12,740.00	12,740.04	(0.04)	(0.00%)
4629-0000 - PINELLAS INTEGRATED CARE ALLIANCE (PIC)	45,833.32	41,666.67	4,166.65	10.00%	512,499.95	500,000.04	12,499.91	2.50%
4629-0100 - ASSISTED OUTPATIENT TREATMENT (AOT)		1,250.00	(1,250.00)	(100.00%)	7,160.96	15,000.00	(7,839.04)	(52.26%)
4629-0201 - PCF OPERATING GRANT	(24,500.00)		(24,500.00)	0.00%				0.00%
4629-0202 - CDBG FACILITY REHAB GRANT	19,858.30		19,858.30	0.00%	151,432.07		151,432.07	0.00%
TOTAL PINELLAS COUNTY	209,129.28	185,508.85	23,620.43	12.73%	2,419,225.46	2,226,106.20	193,119.26	8.68%
-- JUVENILE WELFARE BOARD --								
4630-0205 JWB FSI PROGRAM	235,595.62	194,377.84	41,217.78	21.20%	1,944,196.49	2,332,534.08	(388,337.59)	(16.65%)
TOTAL JUVENILE WELFARE	235,595.62	194,377.84	41,217.78	21.20%	1,944,196.49	2,332,534.08	(388,337.59)	(16.65%)
--PINELLAS COUNTY SHERIFF'S OFFICE--								
4632-0000 PIN CTY SHERIFF'S OFFICE - PICA	32,069.15	30,366.92	1,702.23	5.61%	369,953.21	364,403.04	5,550.17	1.52%
TOTAL PINELLAS COUNTY SHERIFF'S OFFICE	32,069.15	30,366.92	1,702.23	5.61%	369,953.21	364,403.04	5,550.17	1.52%

PEMHS
PEMHS Reporting Units
For the Twelve Months Ending Friday, June 30, 2023

	CURRENT PERIOD	CURRENT PERIOD	VARIANCE	VARIANCE	YEAR-TO-DATE	YEAR-TO-DATE	VARIANCE	VARIANCE
	THIS YEAR	BUDGET		%	THIS YEAR	BUDGET		%
-TAMPA BAY THRIVES--								
- - CITIES - -								
4640-0201 - PINELLAS PARK				0.00%	1,600.00	1,600.00		0.00%
4640-0401 - LARGO STRONG	10,490.30	6,750.00	3,740.30	55.41%	110,414.45	81,000.00	29,414.45	36.31%
4640-0402 - LARGO SAFETY NET GRANT				0.00%	25,000.00		25,000.00	0.00%
TOTAL CITIES	10,490.30	6,750.00	3,740.30	55.41%	137,014.45	82,600.00	54,414.45	65.88%
TOTAL REVENUE	3,533,022.69	1,496,094.72	2,036,927.97	136.15%	19,714,365.42	17,959,736.64	1,754,628.78	9.77%
EXPENSES								
- - PERSONNEL - -								
- - SALARIES & WAGES --								
5101-0000 SALARIES & WAGES	699,536.24	757,294.03	(57,757.79)	(7.63%)	8,219,643.82	9,087,528.36	(867,884.54)	(9.55%)
5101-0201 SHIFT DIFFERENTIAL	25,666.55	12,386.33	13,280.22	107.22%	159,235.51	148,635.96	10,599.55	7.13%
5101-0202 ON-CALL	9,127.00	3,200.00	5,927.00	185.22%	69,363.65	38,400.00	30,963.65	80.63%
5101-0203 BAYLOR PAY	8,980.12		8,980.12	0.00%	77,125.51		77,125.51	0.00%
5101-0204 - OTHER PAY	10,247.95	2,500.00	7,747.95	309.92%	506,547.05	30,000.00	476,547.05	1588.49%
5101-0205 STATE OF EMERGENCY DIFF PAY				0.00%	365,511.50	357,950.01	7,561.49	2.11%
5102-0000 OVERTIME	92,861.18	18,655.58	74,205.60	397.77%	905,772.30	223,866.96	681,905.34	304.60%
TOTAL SALARIES & WAGES	846,419.04	794,035.94	52,383.10	6.60%	10,303,199.34	9,886,381.29	416,818.05	4.22%
- - BENEFITS - -								
5201-0000 PAYROLL TAXES	61,816.13	60,142.13	1,674.00	2.78%	754,412.43	721,705.56	32,706.87	4.53%
5202-0000 GROUP INSURANCE	44,270.12	63,522.86	(19,252.74)	(30.31%)	624,043.45	762,274.32	(138,230.87)	(18.13%)
5203-0000 LIFE & DISABILITY	2,151.18	2,471.59	(320.41)	(12.96%)	32,465.38	29,659.08	2,806.30	9.46%
5204-0000 UNEMPLOYMENT TAX	93.33	4,119.31	(4,025.98)	(97.73%)	27,040.84	49,431.72	(22,390.88)	(45.30%)
5205-0000 WORKER'S COMP	5,405.35	6,178.98	(773.63)	(12.52%)	71,208.33	74,147.76	(2,939.43)	(3.96%)
5206-0001 RETIREMENT VALIC	5,845.80	7,414.80	(1,569.00)	(21.16%)	73,482.84	88,977.60	(15,494.76)	(17.41%)
TOTAL BENEFITS	119,581.91	143,849.67	(24,267.76)	(16.87%)	1,582,653.27	1,726,196.04	(143,542.77)	(8.32%)
- - OTHER PERSONNEL COSTS --								
5207-0000 AGENCY STAFFING	143,615.40		143,615.40	0.00%	1,058,691.96		1,058,691.96	0.00%
TOTAL OTHER PERSONNEL	143,615.40		143,615.40	0.00%	1,058,691.96		1,058,691.96	0.00%
TOTAL PERSONNEL	1,109,616.35	937,885.61	171,730.74	18.31%	12,944,544.57	11,612,577.33	1,331,967.24	11.47%

PEMHS
PEMHS Reporting Units
For the Twelve Months Ending Friday, June 30, 2023

	CURRENT PERIOD	CURRENT PERIOD	VARIANCE	VARIANCE	YEAR-TO-DATE	YEAR-TO-DATE	VARIANCE	VARIANCE
	THIS YEAR	BUDGET		%	THIS YEAR	BUDGET		%
-- OPERATING EXPENSES --								
-- BUILDING OCCUPANCY --								
5310-0203 ELECTRIC	12,655.44	8,259.52	4,395.92	53.22%	121,186.62	99,114.24	22,072.38	22.27%
5310-0205 WATER/SEWER	2,996.95	2,931.10	65.85	2.25%	31,654.54	35,173.20	(3,518.66)	(10.00%)
5310-0207 WASTE DISPOSAL	2,418.24	1,997.35	420.89	21.07%	22,856.61	23,968.20	(1,111.59)	(4.64%)
5310-0208 CABLE	314.53	302.74	11.79	3.89%	3,724.82	3,632.88	91.94	2.53%
5310-0209 HOUSEKEEPING				0.00%	31.48		31.48	0.00%
5310-0211 REPAIRS/MAINT.	8,696.42	6,186.88	2,509.54	40.56%	86,328.99	74,242.56	12,086.43	16.28%
5310-0210 DEPREC. LAND IMPROV	922.35	940.00	(17.65)	(1.88%)	11,070.51	11,280.00	(209.49)	(1.86%)
5310-0213 DEPREC. FACILITIES	12,246.30	12,710.45	(464.15)	(3.65%)	146,836.69	152,525.40	(5,688.71)	(3.73%)
5310-0215 DEPREC. LEASE. IMPROV	122.54	125.00	(2.46)	(1.97%)	1,469.16	1,500.00	(30.84)	(2.06%)
TOTAL BUILDING OCCUPANC	40,372.77	33,453.04	6,919.73	20.68%	425,159.42	401,436.48	23,722.94	5.91%
-- PROFESSIONAL SERVICES --								
5312-0201 PHYSICIAN FEES	14,125.00	14,125.00		0.00%	169,500.00	169,500.00		0.00%
5312-0202 PSYCHIATRIST FEES	56,957.53	61,325.01	(4,367.48)	(7.12%)	679,866.69	735,900.12	(56,033.43)	(7.61%)
5312-0205 OTHER PROFESS. SVCS	8,125.00	10,266.01	(2,141.01)	(20.88%)	115,850.00	123,192.12	(7,342.12)	(5.96%)
5312-0207 AUDIT FEES	6,500.00	5,333.33	1,166.67	21.88%	67,050.00	63,999.96	3,050.04	4.77%
5312-0209 LEGAL FEES	416.71	416.71		100.00%	6,627.50	5,000.52	1,626.98	32.54%
5312-0211 OTHER CONSULTING FEES	5,600.00	2,032.17	3,567.83	175.57%	81,760.88	24,386.04	57,374.84	235.28%
5132-0212 MANAGEMENT FEE	134,633.62	1,000.00	133,633.62	13363.36%	1,185,315.67	12,000.00	1,173,315.67	9777.63%
5132-0213 EMPLOYEE LEASING	(133,484.50)		(133,484.50)	0.00%	(1,171,344.41)		(1,171,344.41)	0.00%
TOTAL PROFESSIONAL SERVICES	92,456.65	94,498.23	(2,041.58)	(2.16%)	1,134,626.33	1,133,978.76	647.57	0.06%
-- TRAVEL --								
5314-0201 TRAVEL	6,801.83	2,097.63	4,704.20	224.26%	41,529.14	25,171.56	16,357.58	64.98%
5314-0203 AUTO FUEL & LUBE	734.69	869.73	(135.04)	(15.53%)	13,834.89	10,436.76	3,398.13	32.56%
5314-0205 CONFERENCES	1,311.98	1,924.99	(613.01)	(31.84%)	13,604.10	23,099.88	(9,495.78)	(41.11%)
TOTAL TRAVEL	8,848.50	4,892.35	3,956.15	80.86%	68,968.13	58,708.20	10,259.93	17.48%
-- EQUIPMENT COSTS --								
5316-0101 SMALL EQUIP. COMP/PRINTER	19,827.70	1,187.52	18,640.18	1569.67%	38,557.48	14,250.24	24,307.24	170.57%
5316-0201 EQUIPMENT RENT	9,415.81	9,231.15	184.66	2.00%	84,600.87	110,773.80	(26,172.93)	(23.63%)
5316-0203 REPAIRS/MAINT. EQUIP	7,082.44	5,246.34	1,836.10	35.00%	63,116.67	62,956.08	160.59	0.26%
5316-0204 REP/MAINT. COMPUTER	21,364.95	19,334.66	2,030.29	10.50%	229,633.65	232,015.92	(2,382.27)	(1.03%)
5316-0205 REP/MAINT VEHICLE	1,053.99	999.99	54.00	5.40%	12,270.14	11,999.88	270.26	2.25%
5316-0207 DEPREC. EQUIPM	3,522.14	3,851.00	(328.86)	(8.54%)	42,517.21	46,212.00	(3,694.79)	(8.00%)
5316-0209 DEPREC. VEHICLE	2,147.85	3,055.00	(907.15)	(29.69%)	27,448.90	36,660.00	(9,211.10)	(25.13%)
5316-0210 DEPREC. COMPUTER	4,622.82	6,408.42	(1,785.60)	(27.86%)	62,458.59	76,901.04	(14,442.45)	(18.78%)
5316-0211 FURNISHINGS		500.01	(500.01)	(100.00%)	1,502.44	6,000.12	(4,497.68)	(74.96%)
TOTAL EQUIPMENT COSTS	69,037.70	49,814.09	19,223.61	38.59%	562,105.95	597,769.08	(35,663.13)	(5.97%)
-- FOOD SERVICES --								
5318-0201 FOOD	32,388.47	34,434.17	(2,045.70)	(5.94%)	397,923.53	413,210.04	(15,286.51)	(3.70%)
5318-0202 DIETARY RELATED	358.68	1,600.00	(1,241.32)	(77.58%)	3,732.88	19,200.00	(15,467.12)	(80.56%)
5318-0203 FOOD SVCS. ALLOC		(0.01)	0.01	(100.00%)		(0.12)	0.12	(100.00%)
TOTAL FOOD SERVICES	32,747.15	36,034.16	(3,287.01)	(9.12%)	401,656.41	432,409.92	(30,753.51)	(7.11%)

PEMHS
PEMHS Reporting Units
For the Twelve Months Ending Friday, June 30, 2023

	CURRENT PERIOD	CURRENT PERIOD	VARIANCE	VARIANCE	YEAR-TO-DATE	YEAR-TO-DATE	VARIANCE	VARIANCE
	THIS YEAR	BUDGET		%	THIS YEAR	BUDGET		%
-- MEDICAL AND PHARMACY --								
5320-0201 MEDICAL SUPPLIES	4,357.75	3,195.41	1,162.34	36.38%	32,479.37	38,344.92	(5,865.55)	(15.30%)
5320-0202 MEDICINE-IN KIND DONATIONS	1,199,347.88		1,199,347.88	0.00%	1,199,347.88		1,199,347.88	0.00%
5320-0203 INDIGENT DRUGS	2,762.65	3,416.67	(654.02)	(19.14%)	33,000.69	41,000.04	(7,999.35)	(19.51%)
5320-0205 MEDICINE & DRUGS	7,544.18	7,907.79	(363.61)	(4.60%)	67,546.53	94,893.48	(27,346.95)	(28.82%)
5320-0207 PHARMACY ALLOC		0.01	(0.01)	(100.00%)		0.12	(0.12)	(100.00%)
5320-0208 PHARMACY SERVICES	22,065.00	22,065.00	0.00%	0.00%	264,780.00	264,780.00	0.00%	0.00%
5320-0209 LAB SERVICES	(3,354.37)	2,146.75	(5,501.12)	(256.25%)	6,761.93	25,761.00	(18,999.07)	(73.75%)
5320-0211 MEDICAL SERVICES	416.00	383.34	32.66	8.52%	2,543.16	4,600.08	(2,056.92)	(44.71%)
TOTAL MEDICAL AND PHARMACY	1,233,139.09	39,114.97	1,194,024.12	3052.60%	1,606,459.56	469,379.64	1,137,079.92	242.25%
-- SUBCONTRACTED SERVICES --								
5322-0201 CONTRACTUAL SERVICES	107,606.66	143,621.32	(36,014.66)	(25.08%)	1,174,398.17	1,723,455.84	(549,057.67)	(31.86%)
TOTAL SUBCONTRACTED SERVICES	107,606.66	143,621.32	(36,014.66)	(25.08%)	1,174,398.17	1,723,455.84	(549,057.67)	(31.86%)
-- INSURANCE --								
5324-0201 INSURANCE EXPENSE	47,004.17	40,700.02	6,304.15	15.49%	493,277.31	488,400.24	4,877.07	1.00%
TOTAL INSURANCE EXPENSE	47,004.17	40,700.02	6,304.15	15.49%	493,277.31	488,400.24	4,877.07	1.00%
-- INTEREST --								
5326-0201 INTEREST EXPENSE	1,404.71	1,547.50	(142.79)	(9.23%)	18,569.73	18,570.00	(0.27)	(0.00%)
5326-0202 BANK FEES	72.98	512.98	(440.00)	(85.77%)	2,462.03	6,155.76	(3,693.73)	(60.00%)
5326-0203 PAY PAL FEES	7.98	41.67	(33.69)	(80.85%)	808.32	500.04	308.28	61.65%
TOTAL INTEREST	1,485.67	2,102.15	(616.48)	(29.33%)	21,840.08	25,225.80	(3,385.72)	(13.42%)
-- OPERATING SUPPLIES & EXPENSES --								
5328-0201 THRU 5328-0203 TELEPHONE EXPENSE	9,873.91	8,018.25	1,855.66	23.14%	97,390.62	96,219.00	1,171.62	1.22%
5328-0204 WIRELESS TELEPHONE	6,654.56	5,535.24	1,119.32	20.22%	69,322.69	66,422.88	2,899.81	4.37%
5328-0205 OFFICE SUPPLIES	3,267.55	3,962.72	(695.17)	(17.54%)	33,379.76	47,552.64	(14,172.88)	(29.80%)
5328-0206 INTERNET COSTS	1,774.60	1,916.76	(142.16)	(7.42%)	21,458.33	23,001.12	(1,542.79)	(6.71%)
5328-0207 SHIPPING & HANDLING	25.00	84.16	(59.16)	(70.29%)	362.32	1,009.92	(647.60)	(64.12%)
5328-0208 LATE FEES	60.97		60.97	0.00%	300.60		300.60	0.00%
5328-0209 POSTAGE	713.69	504.17	209.52	41.56%	5,925.41	6,050.04	(124.63)	(2.06%)
5328-0210 LAPTOP AIR CARDS	411.20	520.65	(109.45)	(21.02%)	5,246.65	6,247.80	(1,001.15)	(16.02%)
5328-0211 PRINTING AND COPYING	183.15	242.23	(59.08)	(24.39%)	8,125.38	2,906.76	5,218.62	179.53%
5328-0213 THRU 5328-0214 HOUSEKEEPING	4,269.05	2,370.13	1,898.92	80.12%	37,342.53	28,441.56	8,900.97	31.30%
5328-0215 DUES/SUBSCRIPTIONS	3,984.46	2,333.34	1,651.12	70.76%	39,534.81	28,000.08	11,534.73	41.20%
5328-0216 EMPLOYEE TESTING	128.00	633.34	(505.34)	(79.79%)	3,362.87	7,600.08	(4,237.21)	(55.75%)
5328-0218 EMP. BACKGROUND CHECKS	492.54	495.82	(3.28)	(0.66%)	6,659.38	5,949.84	709.54	11.93%
5328-0217 LICENSING FEES	772.90	869.18	(96.28)	(11.08%)	9,253.06	10,430.16	(1,177.10)	(11.29%)
5328-0219 RECRUITMENT	145.13	2,147.50	(2,002.37)	(93.24%)	5,517.25	25,770.00	(20,252.75)	(78.59%)
5328-0220 OFFICE RELATED	362.76		362.76	0.00%	4,113.60		4,113.60	0.00%
5328-0221 ACTIVITY SUPPLIES	90.94	251.75	(160.81)	(63.88%)	1,774.36	3,021.00	(1,246.64)	(41.27%)
5328-0222 TRANSCRIPTION	335.85	420.84	(84.99)	(20.20%)	5,797.20	5,050.08	747.12	14.79%
5328-0223 LINEN SERVICES	4,900.49	5,000.00	(99.51)	(1.99%)	58,503.74	60,000.00	(1,496.26)	(2.49%)
5328-0224 MARKETING EXPENSE		291.66	(291.66)	(100.00%)	6,847.51	3,499.92	3,347.59	95.65%
5328-0225 PT. TRANSPORTATION	994.72	1,682.33	(687.61)	(40.87%)	21,162.84	20,187.96	974.88	4.83%
5328-0227 PT. PERSONAL CARE	7,182.04	1,190.21	5,991.83	503.43%	31,237.80	14,282.52	16,955.28	118.71%
5328-0229 STAFF TRAINING	235.20	466.66	(231.46)	(49.60%)	1,717.34	5,599.92	(3,882.58)	(69.33%)
5328-0233 CLIENT WRAP FUND	4,183.57	8,589.84	(4,406.27)	(51.30%)	238,191.23	103,078.08	135,113.15	131.08%
TOTAL OPER. SUPPLIES & EXPENSES	51,042.28	47,526.78	3,515.50	7.40%	712,527.28	570,321.36	142,205.92	24.93%

PEMHS
PEMHS Reporting Units
For the Twelve Months Ending Friday, June 30, 2023

	CURRENT PERIOD THIS YEAR	CURRENT PERIOD BUDGET	VARIANCE	VARIANCE %	YEAR-TO-DATE THIS YEAR	YEAR-TO-DATE BUDGET	VARIANCE	VARIANCE %
-- OTHER EXPENSES --								
5330-0201 AMORTIZATION EXP	136.45	137.00	(0.55)	(0.40%)	1,637.73	1,644.00	(6.27)	(0.38%)
5330-0202 GAIN/LOSS ON DISPOSAL	(12,366.54)		(12,366.54)	0.00%	(12,366.54)		(12,366.54)	0.00%
5335-0201 MAINTENANCE								
5335-0202 HEALTH INFO SERVICES								
TOTAL OTHER EXPENSES	(12,230.09)	137.00	(12,367.09)	(9027.07%)	(10,728.81)	1,644.00	(12,372.81)	(752.60%)
-- DONATED ITEMS --								
5340-0100 ART & MIND STORE				0.00%	13.97		13.97	0.00%
5340-0201 INSPIRING HOPE MH AWARENESS		2,500.00	(2,500.00)	(100.00%)	18,332.73	30,000.00	(11,667.27)	(38.89%)
5340-0202 HOLIDAY EVENT	223.03	1,250.00	(1,026.97)	(82.16%)	11,134.24	15,000.00	(3,865.76)	(25.77%)
5340-0203 - MED DIR BALL-DANCING INTO SPRING				0.00%	5,983.80		5,983.80	0.00%
5340-0204 - PEMHS GALA FUNDRAISER	(91,892.44)		(91,892.44)	0.00%				0.00%
5340-0205 THRU 5340-0209 OTHER EXPENSE		199.98	(199.98)	(100.00%)	427.79	2,399.76	(1,971.97)	(82.17%)
TOTAL DONATED ITEMS	(91,669.41)	3,949.98	(95,619.39)	(2420.76%)	35,892.53	47,399.76	(11,507.23)	(24.28%)
TOTAL OPERATING EXPENSE	1,579,841.14	495,844.09	1,083,997.05	218.62%	6,626,182.36	5,950,129.08	676,053.28	11.36%
TOTAL PERSONNEL & EXPENSE	2,689,457.49	1,433,729.70	1,255,727.79	87.58%	19,570,726.93	17,562,706.41	2,008,020.52	11.43%
-- DISTRIBUTED COSTS --								
TOTAL EXPENSES	2,689,457.49	1,433,729.70	1,255,727.79	87.58%	19,570,726.93	17,562,706.41	2,008,020.52	11.43%
INC/(DEC) IN NET ASSETS	843,565.20	62,365.02	781,200.18	1252.63%	143,638.49	397,030.23	(253,391.74)	(63.82%)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/1/2023

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

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

PRODUCER Wallace Welch & Willingham, Inc. 300 1st Ave. So., 5th Floor Pinellas Park FL 33782	CONTACT NAME: Certificates/Commercial Lines PHONE (A/C. No. Ext): 727-522-7777 E-MAIL ADDRESS: certificates@w3ins.com	FAX (A/C. No.): 727-521-2902													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : AmeriTrust Ins. Co.</td> <td>10665</td> </tr> <tr> <td>INSURER B : Star Insurance Company</td> <td>18023</td> </tr> <tr> <td>INSURER C : Houston Casualty Company</td> <td>42374</td> </tr> <tr> <td>INSURER D : Munich Reinsurance Company</td> <td>12017</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : AmeriTrust Ins. Co.	10665	INSURER B : Star Insurance Company	18023	INSURER C : Houston Casualty Company	42374	INSURER D : Munich Reinsurance Company	12017	INSURER E :		INSURER F :
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INSURED Personal Enrichment Through Mental Health Services 11254 58th Street North Saint Petersburg FL 33705	PERSENR-01														

COVERAGES

CERTIFICATE NUMBER: 725428140

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> *Abuse & Molesta GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			FITGL336502023	6/1/2023	6/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			FITAU336502023	6/1/2023	6/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			FITXS336502023	6/1/2023	6/1/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			FITWC336502023	6/1/2023	6/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
D C	Directors & Officers Cyber Liability			FITDO336502023 H22EMD50394600	6/1/2023 10/1/2022	6/1/2024 10/1/2023	Limit/ \$25,000 Retent Limit/ \$10,000 Ded 1000000/1000000 1000000/1000000

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

FLORIDA INSURANCE TRUST REINSURER: AmeriTrust Insurance Company - AM BEST RATED A X; NAIC #10665

*Policy #FITGL336502023 Additional Coverage:

Professional Liability (Claims-Made/ Retro Date 10/1/2003): \$1,000,000 Each Claim/\$3,000,000 General Aggregate/\$0 Deductible**

Abuse & Molestation Liability (Claims-Made/ Retro Date 10/1/2003): \$1,000,000 Each Claim/\$3,000,000 General Aggregate/\$0 Deductible

Employee Benefits Liability (Claims-Made/ Retro Date 10/1/2003): \$1,000,000 Each Claim/\$3,000,000 General Aggregate

**For Professional Liability: This Certificate of Insurance is only for covered services, performed for the Named Insured, under the Professional Liability Policy.

Any services provided to any other organization, or person(s), than the Named Insured would not be covered. **

See Attached...

CERTIFICATE HOLDER**CANCELLATION**
 For Information Only
 11254 58th St N.
 Pinellas Park FL 33782

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ADDITIONAL REMARKS SCHEDULE

AGENCY Wallace Welch & Willingham, Inc.		NAMED INSURED Personal Enrichment Through Mental Health Services 11254 58th Street North Saint Petersburg FL 33705	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE	(Empty)	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Policy #FITDO336502023 Additional Coverage:
 Employment Practices Liability (Retro Date 4/12/1999): \$1,000,000 Limit/ \$25,000 Retention
 Fiduciary Liability: \$1,000,000 Limit/ \$25,000 Retention

**Re: Zachary Zimko, DO covered under the Professional Liability