

# Application Form

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## *Organization Information*

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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\***

Society of St. Vincent de Paul South Pinellas, Inc. dba St. Vincent de Paul CARES

### **Project Name\***

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

SVdP CARES Capital Pinellas

### **EIN\***

59-2380770

### **Incorporation Year\***

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

1985

### **Mission Statement\***

What is your organization's mission statement?

To be a beacon of light by transforming lives in the Vincentian spirit of charity, justice, and mercy through interpersonal connectivity.

## 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

U5XLSCJJP9A6

## Annual Operating Budget\*

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

\$41,001,585.00

## Amount Requested\*

The maximum grant amount is \$500,000.

\$331,374.81

## 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

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### 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
  - o Mental Health
  - o Dental Care
  - o 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.**

Incorporated in 1985, St. Vincent de Paul CARES (SVdP CARES) first provided support to people experiencing hunger, poverty, and homelessness in Pinellas County. Today, with significant public and private funding, SVdP CARES prides itself on being a leader in homeless services throughout its 19-county service area. Based

in St. Petersburg, with nearly 350 employees statewide, SVdP CARES collaborates with 11 Continuums of Care. The Food Center provides nutritious meals daily to people who are homeless and food insecure. The SVdP CARES CARE Center (overnight shelter) has been transformed into a gateway to housing and provides respite from the heat, and showers and restrooms accessible throughout the day to people who are homeless. Professional outreach, case managers, and behavioral health specialists engage clients with housing plans to realize a positive housing rate nearly three times that of other Pinellas shelters. The Center of Hope provides emergency and transitional housing for Veterans and families with children working toward permanent housing. The Community Thrift Store, a mission-centered project, provides furnishings and clothing to people SVdP CARES houses, beds to Veterans in 4 counties including Pinellas, free emergency items like work clothes, socks, and backpacks, and hundreds of thousands of dollars in vouchers to the poor and working poor in Pinellas County. All profits from the Store support Pinellas operations. Scattered site motels are used in Pinellas County along with case management to rapidly move clients into permanent housing. Rapid Rehousing provides case management and financial assistance with the goal of long-term self-sustainable housing. Homeless Prevention Assistance provides case management and temporary financial assistance for individuals and families, especially at-risk Veterans. SVdP CARES provides Permanent Supportive Housing in Pasco County and has projects under development in Sarasota, Charlotte, and Pinellas Counties.

## 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.

During and after the pandemic, people experienced increased housing problems and food insecurity due to unemployment, declining incomes, increases in housing and healthcare costs, and general inflation. Simultaneously, SVdP CARES faced unprecedented challenges because of shutdowns, mitigation expenses, inflationary pressures, and a changing workforce. The National Institute of Health published in July of 2022 that roughly 38% of adults experienced an increase in food insecurity since COVID-19 was declared a national emergency. SVdP CARES continues to address the needs of those seeking help through its Pinellas County programs. Currently, the by-name list in Pinellas County includes 130 veterans, 127 families with children, and 800 individuals. Many of these people could end their homelessness with rapid rehousing services, but capacity and funding constraints prevent them from receiving housing-focused care. Prior to the pandemic, the number of families experiencing homelessness in Pinellas County whom we were unable to serve was at zero. In January 2023, there were 646 persons identified as unsheltered in Pinellas County with another 1,498 persons staying in homeless shelters - 126 were families with at least one child. Another 675 persons were in jail at the time who did not disclose a permanent residence when booked. Of those who were unsheltered, 17% reported drug use, 38% reported a mental health problem, 38% reported a chronic disability, and 35% reported a physical disability. These are the people we are seeing through our homeless services. Most people reported access to health services; however, Black/African Americans represented the smallest proportion of people with healthcare access. While the total number of unsheltered persons has trended downward, the total number of unsheltered Black/African Americans has slightly increased. But for the CARES Act and ARPA funds, these numbers would be much higher.

## 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

SVdP CARES committed to serving clients in person during the pandemic when many other providers worked remotely or closed. SVdP CARES tracked \$109,717.40 in additional incidental COVID-related expenses such as disposable food service items, face masks, and sanitizing supplies directly impacting its operating budget. Volunteers at the Food Center and the Community Thrift Store stopped coming, burdening the staff and infrastructure. Volunteer Match reported that when asked 76% of respondents indicated they were very concerned about giving time during the pandemic. In the Food Center, there was a reduction in volunteer hours from prior to COVID averaging 751 hours monthly to just 339 during the three years post-COVID. The Independent Sector in collaboration with Do Good Institute calculated the value of volunteer time at \$27.20 an hour meaning SVdP CARES lost an average of 412 hours monthly or \$11,206.40 in value, for a grand total of \$403,430.40 over the past 3 years since COVID began in March of 2020. The Community Thrift Store realized a reduction of 647 volunteer hours year over year pre-pandemic versus the first year of the pandemic totaling a loss of \$17,598 and when it had to close for a period, we estimated a loss of \$89,000. Further financial impact occurred when a room at the Center of Hope was set aside for quarantine. SVdP CARES was unable to bill the VA having used the room in this way. The nightly rate we were unable to bill for at least that first year of COVID was \$42.80, meaning a financial loss of at least \$12,497.60, estimated at 80% occupancy. Funding losses adversely impacted infrastructure costs that were deferred or required the use of reserves. SVdP CARES knows the financial impact is greater than this total of \$632,243.40 but the immediate need to safely care for clients was a priority.

Prior to COVID, SVdP CARES averaged 15 open positions at any given time. Today the average is 30. SVdP CARES had to increase expenses to recruit and provide competitive compensation packages at a time when the labor pool became accustomed to remote and flexible work schedules. This is especially challenging to an organization that relies on a hands-on direct service-based workforce. The number of food and other in-kind donations from the community decreased as people avoided close contact increasing internal expenses. These economic stresses coincided with extraordinary expansion of services and community needs requiring SVdP CARES to strategically plan for infrastructure that would increase capacity, upgrade or repair existing capital, and anticipate more state-of-the-art hygienic facilities. Against the backdrop of the financial pressures due to COVID and the recovery, this is a daunting task.

## Negative Economic Impact - Uploads

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

## Pandemic Relief Funding\*

Please describe all government pandemic relief funding your organization has received since the onset of the pandemic (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.**

SVdP CARES received more than \$29 million in restricted government funding to respond to the increased demand for services by our most vulnerable residents in Pinellas and other communities whose health and well-being were impacted by COVID-19. These funds were restricted, could not be used for capital purchases, and did not consistently cover indirect costs that were covered by SVdP CARES. The new funding was intended to address the new demands for assistance. Funding awarded under the CARES Act which passed on March 27, 2020, and the American Rescue Plan Act of 2021 (ARPA), including the Paycheck Protection Program (PPP), Pinellas CARES Critical Service Expansion Program, Emergency Solutions Grants, and Community Development Block Grants specifically targeted COVID-19 relief. A small amount of private funds supported non-congregate shelter in hotels to provide a safe place for people at risk of COVID-19 when the CARE Center reduced capacity and had people sleeping outdoors under the overpass to address social distancing. The alternative was closing the shelter or reducing the number we could help and further reducing our revenue. The use of hotels as a Safer Emergency Housing Alternative was later expanded with the CARES Act and ARPA funds, which supported social distancing and moving people back indoors. Rapid rehousing, which included housing search, financial assistance, and housing-based case management was significantly expanded with funding made available through the CARES Act and ARPA resulting in increased operating expenses for expanded office space, increased cost of vehicles used in providing services and transporting clients, and increased salary expense to recruit and retain employees asked to continue seeing clients. With rising rents, waivers allowed greater flexibility in the assistance that could be offered. The PPP helped to retain staff but SVdP CARES had to pay an additional \$85,000 in related taxes that were not covered. This cost was approved by the Board as an investment to retain employees to continue meeting the needs of our clients. We continue to receive funds under ARPA but much less and still restricted.

## 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?

Proposed projects with their expected life spans are as follows: The facilities need critical upgrades and repairs that have been neglected due to economic stresses noted in previous sections. Three critical needs for these facilities are new secure and safe doors where people enter the CARE Center for its myriad services (20-30). The restrooms and corridors used by the clients accessing the CARE Center, a housing-focused overnight

shelter, where people can shower, obtain meals, seek respite from the heat, and get help finding housing are in complete disrepair and cost exorbitant amounts of money to temporarily fix. The City of St. Petersburg has provided funding to partially support this renovation, but SVdP CARES needs additional funds to complete the project (20). The doors and restrooms have not been improved since the building was transitioned from an abandoned hospital in 2002, and are not adequate to safely and hygienically serve and care for those entering the facility. The air conditioning system needs to be replaced (15-20). SVdP CARES requests ARPA funding to address these critical projects to continue providing services in a safe and welcoming place.

The SVdP CARES Community Thrift Store serves a critical role in homeless and housing services for the organization. The Store serves as the distribution center for donated goods that are transferred to the CARE Center, the Center of Hope, and for clients getting help moving into housing through rapid rehousing services. SVdP CARES moves furniture and household goods to apartments where US Veterans, families with children, and individuals are being permanently and stably housed as part of their goals. In addition, SVdP CARES provides hundreds of thousands of free goods via vouchers to these clients, the working poor via its partnerships with other SVdP conferences in Pinellas County, and to people who are homeless who come into the store in need of something critical like shoes, socks, or work clothes. Again, due to the economic stresses of COVID-19, capital projects have been neglected and put off. The projects for which we are asking ARPA to fund are new ceiling tiles, resurfacing and striping the parking lot (8-15), stripping and shining the sales floor (5), and an exterior paint job (7-12). These projects are desperately needed, and because the Store does not clear considerable profit (which supports SVdP CARES operations), often times these types of improvements are left unfunded.

## Number Served\*

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

2628

## Unduplicated vs. Duplicated\*

Is the number indicated above duplicated or unduplicated?

**Duplicated:** A client is counted each time they access services

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

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

Unduplicated

## Other (Explanation Required)\*

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

NA

## 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.

The proposed projects address capital purchases and improvements needed that have been deferred because of a lack of funding further impacted by the public health emergency. The improvements will address safety, and comfort, and increase the life span of the facilities where improvements are made – the Care Center, Center of Hope, and the Community Thrift Store (CTS). The life span for the improvements and equipment purchased will last for many years. New secure and safe doors at the entry to the CARE Center will have a life span of 20–30 years. The renovations in the bathroom and corridors will last 20-plus years. The air conditioning systems will be maintained by the SVdP CARES Maintenance Department with regular outside maintenance lasting 15-20 years. Resurfacing the parking lot at the CTS will last as long as 15 years and the outside painting will be good for 7-12 years. The ceiling tiles at the CTS will be replaced and the floor will be restored to new. This work will not need to be redone for 5 or more years.

The equipment and renovations at the CARE Center will be energy efficient and save water. Painting the CTS safeguards the walls from possible damage caused by moisture, dirt, or other detrimental effects, and gives a more welcoming appearance to the neighborhood and the customers who shop there or come to exchange their vouchers for needed household items. Clients and customers accessing the facilities will enjoy a better experience that is translated into being treated with respect and dignity. At the Care Center, the improvements will positively impact people who use the facilities and will give hope to their being able to be successful in meeting their goals for permanent housing.

## Project Specifics

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### 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.

The requested improvements will require building permits from the City of St. Petersburg Building Department for the improvements at the CARE Center/Center of Hope at 401 15th Street North. The building permits are for the building rehab that includes a 7,214 sf bathroom replacement (bathroom finishes and fixtures), installation of new front doors, and the replacement of 5 Roof Top Units (RTUs) to provide a new air conditioning system for the facility. The building permit will require Electric, Fire Protection, Mechanical, and Plumbing review as indicated below:

- Electrical – Review of upgraded exhaust fans, installation of new lighting, and installation of 5 new air conditioning units.
- Fire Protection – Review of the Fire Protection Code for new alarms in corridor and bathroom, new light fixtures with emergency function in both the bathroom and corridor, new 45-minute rated restroom door, fire sprinkler and fire inspection.
- Mechanical – Review includes the removal and relocation of supply of exhaust fans for the bathroom and the 5 RTUs for the building.
- Plumbing – Review includes the removal and replacement of 8 water closets, 6 lavatories, and 2 floor drains.

The proposed improvements for the SVdP Thrift Store, located at 180 34th Street North, includes a seal coat and restriping the parking lot, replacing ceiling tiles, stripping floors, and painting the exterior building. According to Corey Malyszka, Zoning Official for the City of St. Petersburg, a seal coat and restripe of a parking lot does not require a permit. All other improvements are considered maintenance and do not require a building permit.

SVdP CARES is prepared to submit a permit application for proposed work on the bathroom, doors, and RTUs at the Center of Hope property upon the receipt of a grant for the project. It is estimated the review for the electrical, fire protection, mechanical and plumbing portions of the proposed alterations will take approximately 1-2 months.

## 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](mailto:rcervantes@pinellascf.org). If you have any narrative to accompany the plan set, you may write it below.

**PDF files are permitted.**

Bathroom Plan Set.pdf

A Plan Set for the bathroom improvement area only has been provided as part of this application. The Plan Set will be expanded to include the additional Center of Hope improvements that will be part of the building permit application including the bathroom improvements, the new front doors, and the provision of new air conditioning units (RTUs). The plan set will include separate sheets for Electrical, Fire Protection, Mechanical and Plumbing. The plans must be prepared, signed and sealed by Mechanical, Electrical and Plumbing (MEP) engineers for submittal to the City Building Department. At this time there is a Plan Set for the bathroom improvements.

A Plan Set is not required for the Thrift Store; however, an existing parking lot layout with the location of the parking spaces would be helpful for the contractor to replicate the location and size of spaces. Any deviation from the existing lot layout will require a new parking lot permit. No other plans are required for the Thrift Store improvements.

## 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.

The schedule was developed through discussions with the Mechanical, Electrical, Plumbing (MEP) Engineers and architects for the planning stage, the Building Department for the permitting stage, and the contractors for the construction phase.

**CARE Center/Center of Hope, 401 15th Street North, St. Petersburg Bathroom Alteration and Front Doors -**

The bathroom rehab and new front doors includes the installation of new front doors, the removal and installation of new exhaust fans, installation of new lighting, new fire alarms in corridor and bathroom area, new 45-minute rated bathroom door, new fire sprinkler, removal and replacement of eight (8) water closets, six (6) lavatories and two (2) floor drains. This requires a two-month planning phase to prepare Plan Sets, up to two-months for permitting, and two-months for construction.

**Replacement of Air Conditioning System (5 RTUs) –** The new air conditioning system includes one 35-ton RTU, two 10-ton RTUs, and two 6-ton RTUs. The replacement of the air conditioning system will require a ten-month lead time required to order the RTUs. The 10-month time-frame will include a two-month planning phase to prepare permit Plan Sets and a two-month permitting phase. The construction of the air conditioning should take up to two-months.

**Thrift Store 180 34th Street North, St. Petersburg Thrift Store improvements** include seal coat and restriping (18,500 s.f. of parking lot), exterior paint (approximately 7,200 s.f. surface area), replacement of ceiling tiles (approximately 9,700 s.f. ceiling area), and stripping and buffing floors. The improvements do not require a permitting phase. Therefore, the planning phase will include an approximate one month scheduling the tasks. The improvements will take up to two-months depending on the schedules.

## 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

Ann Vickstrom is the Planning and Development Manager with SVdP and is an AICP certified Urban Planner with over 35 years' experience in development projects. She will provide oversight of the overall construction of the projects. Her experience includes design, permitting, and construction management of office, commercial, residential, and transportation facilities. She has prepared site development plans, permitted new construction, and managed the construction of project sites including coordination with the local government through to final inspections. Nicole Decker, Chief of Administrative Services will provide billing and contract oversight. Jana Balicki, Chief of Homeless Services, and John Mafodda, Director of the Center of Hope/CARE Center will be responsible for the execution of the projects at the CARE Center, Center of Hope, and Food Center. Both have extensive experience with facilities construction, renovations, and maintenance. Tim Panyard, Community Thrift Store Manager will directly oversee the implementation of the



projects at the Community Thrift Store. Tim has extensive experience in facilities maintenance and renovations. Edi Erb, Chief of Compliance; Merrell Dickey, Chief of Development; and Mark Cooper, Chief of Staff will provide support. All Team members have project management experience and the capacity to lend support to ensure successful completion of these projects.

## *Cost Difference*

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### **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.

\$449,264.85

### **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.

The total project cost inclusive of the \$184,165 granted through Pinellas County CDBG funds is \$449,264.85.

## *Geographic Impact and Priority Populations*

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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, LGTBQ+, 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.

By design, SVdP CARES CARE programming and its Community Thrift Store are targeting the most vulnerable persons in Pinellas County including those experiencing homelessness and financially vulnerable households needing to stretch their budgets. As such, we are serving disproportionately impacted communities. People of color and Indigenous people, experience homelessness at higher rates than white people, largely due to long-standing historical and structural racism. COVID-19 and its aftermath have posed, and continue to pose, unique risks for people experiencing homelessness. Crowded shelters and encampments, sleeping outdoors, and housing instability make it difficult to engage in activities that can help ward off illnesses. The National Institute of Health published a study in July 2020 explaining how people experiencing homelessness were more at an increased risk of infection as they face challenges in adhering to public health directives, are often unable to physically distance themselves, and lack access to health resources. The study explained how the COVID-19 pandemic highlighted the importance of housing as a social determinant of health.

Last year, 100% of the homeless clients who provided data (4,253 persons or 67% of those assisted) reported an income equal to or less than 50% of the Area Median Income, while 60.96% reported an income between 0% and 30% AMI. The population assisted was comprised of 37.8% Black and 10.28% Latino. An estimated 2,195 persons assisted had physical or mental conditions impacting their ability to function. Most of the assisted households receive or are assisted in accessing food stamps. In addition, the CARE Center is located in Census Tract 216, a Qualified Census Tract defined as an area with a poverty rate of at least 25% or in which 50% of the households have incomes below 60% of AMI.

## 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.

384 15th Street N, St. Petersburg, FL 33705

## Project Location\*

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

401 15th Street, N, St. Petersburg, FL 33705; 180 34th Street North St. Petersburg, FL 33713

## *Community Connection*

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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.

For SVdP CARES seeking racial equity means targeting the disproportionate number of People of Color that face homelessness in Pinellas County. While US Census data shows around 11.1% of Pinellas' population is African American/Black, overrepresentation is evident in the Point in Time Count as 44% of the persons counted during the 2023 Point-in-Time Count identified as being African American/Black. It is one of SVdP CARES' core beliefs to improve racial equity by successfully eliminating homelessness for this population. Studies show that homelessness hits Communities of Color harder. A Smithsonian article from September 2020 described it as "a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call 'race'), that unfairly disadvantages some individuals and communities, while unfairly advantages benefiting other individuals and communities, and saps the strength of the whole society through the waste of human resources."

In the 2021 FY, Pinellas County SVdP CARES assisted 672 minority individuals including African American, Asian, Native American/Native Alaskan, and Pacific Islander/Native Hawaiian individuals with resources such as bikes, appliances, furniture, household supplies, work equipment and clothing, pet deposits, transportation expenses to get to work, rent, application fees, and deposits as well as the acquisition of necessary identification documents all while clients begin budgeting to become self-sufficient.

SVdP CARES maintains at least one individual on our Special Works Board who has experienced homelessness firsthand to inform and assist in raising the consciousness of others in regard to the impact of decisions made by the governing body. We utilize focus groups in our project-based services to improve our understanding of the barriers faced by clients in accessing housing and other community services. Across the agency, SVdP CARES requests clients complete a satisfaction survey annually and at the exit from a program. The survey asks people for their input about the services they received and how they were treated. The results of the surveys are analyzed and utilized to improve operations and reported through the agency's Performance Quality Improvement System, which includes executive leadership, the governing body, and stakeholders

### **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

### 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 disabled

LGBTQ+

## Financial Overview

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**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.  
Group 1 Combined.pdf

### Bid/Estimate #2

PDF files are accepted.  
Group 2 Combined.pdf

### Bid/Estimate #3

PDF files are accepted.  
Group 3 Combined.pdf

### Selected Contractor\*

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

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

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

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

N/A

### Minority/Woman-Owned Business

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

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

Unknown

## 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.**

Project 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.**

The renovations to the bathrooms and the corridors are supported in part through a Community Development Block Grant awarded by Pinellas County in the amount of \$184,165.00. The project is pending the remaining funds before it can begin.

## 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.

Renovations of the bathrooms will improve water and electric efficiencies, thereby reducing water, sewage, and electricity expenses. New AC units and doors will lower electric expenses. Otherwise, all other projects will have a neutral impact on operating costs.

## Fund Management Capacity\*

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

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

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

SVdP CARES has a strong financial accounting system, ensuring strong internal controls, and maintains fiscally responsible cash controls that segregate cash responsibilities and assures that all deposits and disbursements are accounted for in accordance with Generally Accepted Accounting Principles (GAAP) and in compliance with all laws and regulations. A fund-based accounting software tracks revenue and expenses by contract. SVdP CARES maintains fiscal records for cash, petty cash, payroll, payables, billing, fixed assets, purchase orders, and general ledger. Annually, an outside audit occurs.

The Finance Committee reports to the Special Works Board and oversees the financial management system ensuring funds are sufficient to meet obligations. The Finance Department monitors the cash flow monthly and reports any significant fluctuations to the Finance Committee. The Agency maintains an open line of credit of \$2 million to support cost reimbursement contracts.

## 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

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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.

Budget FY 22-23.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.

04 List of Board Members.pdf

### IRS Form 990\*

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

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

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

2021 Form 990, 990T & FL Client Copy.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.

01 2022 Audit Letter and Financial Statements with Management Letter pages 2-5.pdf



## *Insurance*

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### **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.**

WC COIs - Society Jun23-Jun24 - Pinellas County.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*

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### **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](mailto:rcervantes@pinellascf.org).

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

## *Additional Information*

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### **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?

## File Attachment Summary

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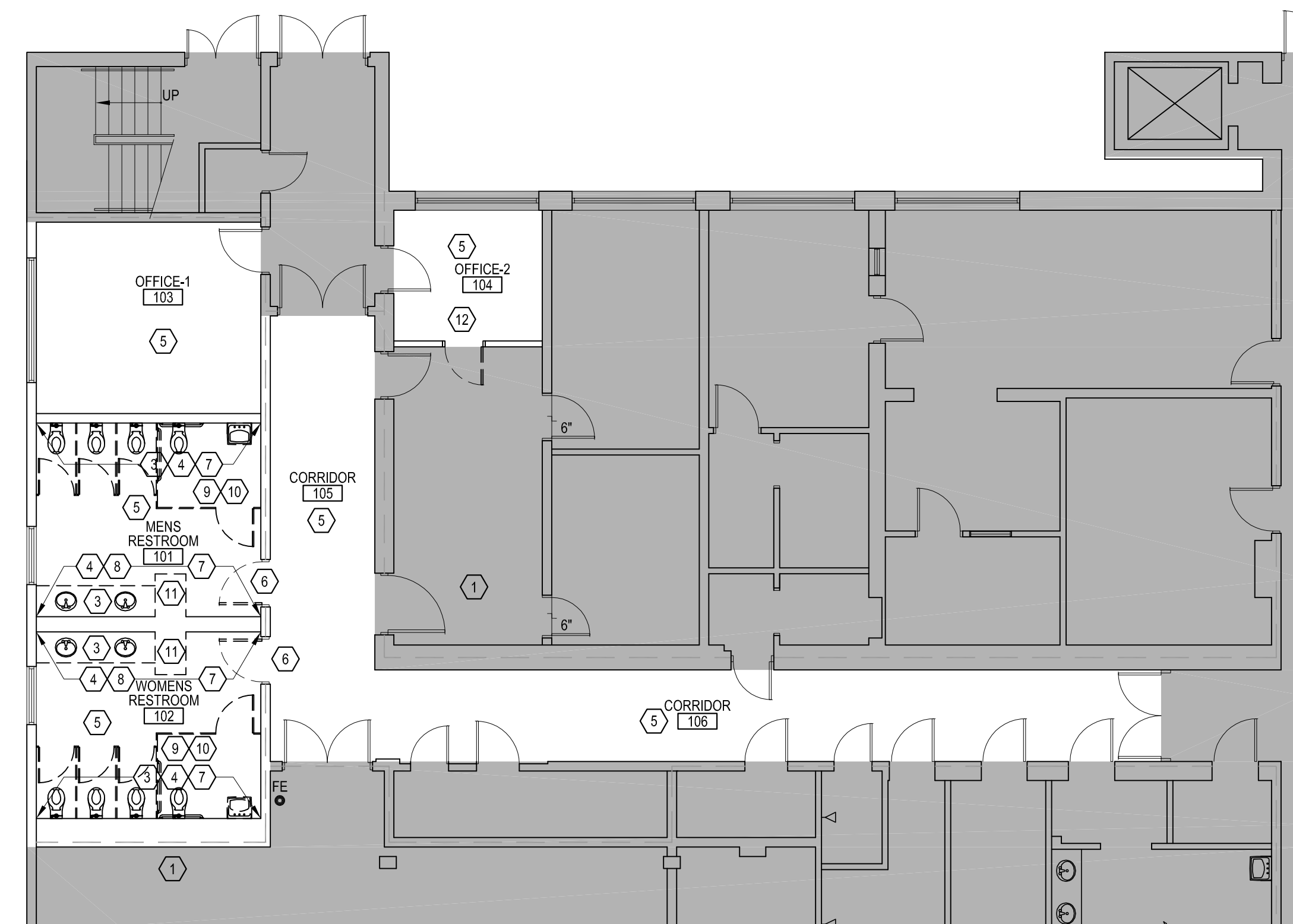
### *Applicant File Uploads*

- Bathroom Plan Set.pdf
- Group 1 Combined.pdf
- Group 2 Combined.pdf
- Group 3 Combined.pdf
- Project Budget.pdf
- Budget FY 22-23.pdf
- 04 List of Board Members.pdf
- 2021 Form 990, 990T & FL Client Copy.pdf
- 01 2022 Audit Letter and Financial Statements with Management Letter pages 2-5.pdf
- WC COIs - Society Jun23-Jun24 - Pinellas County.pdf

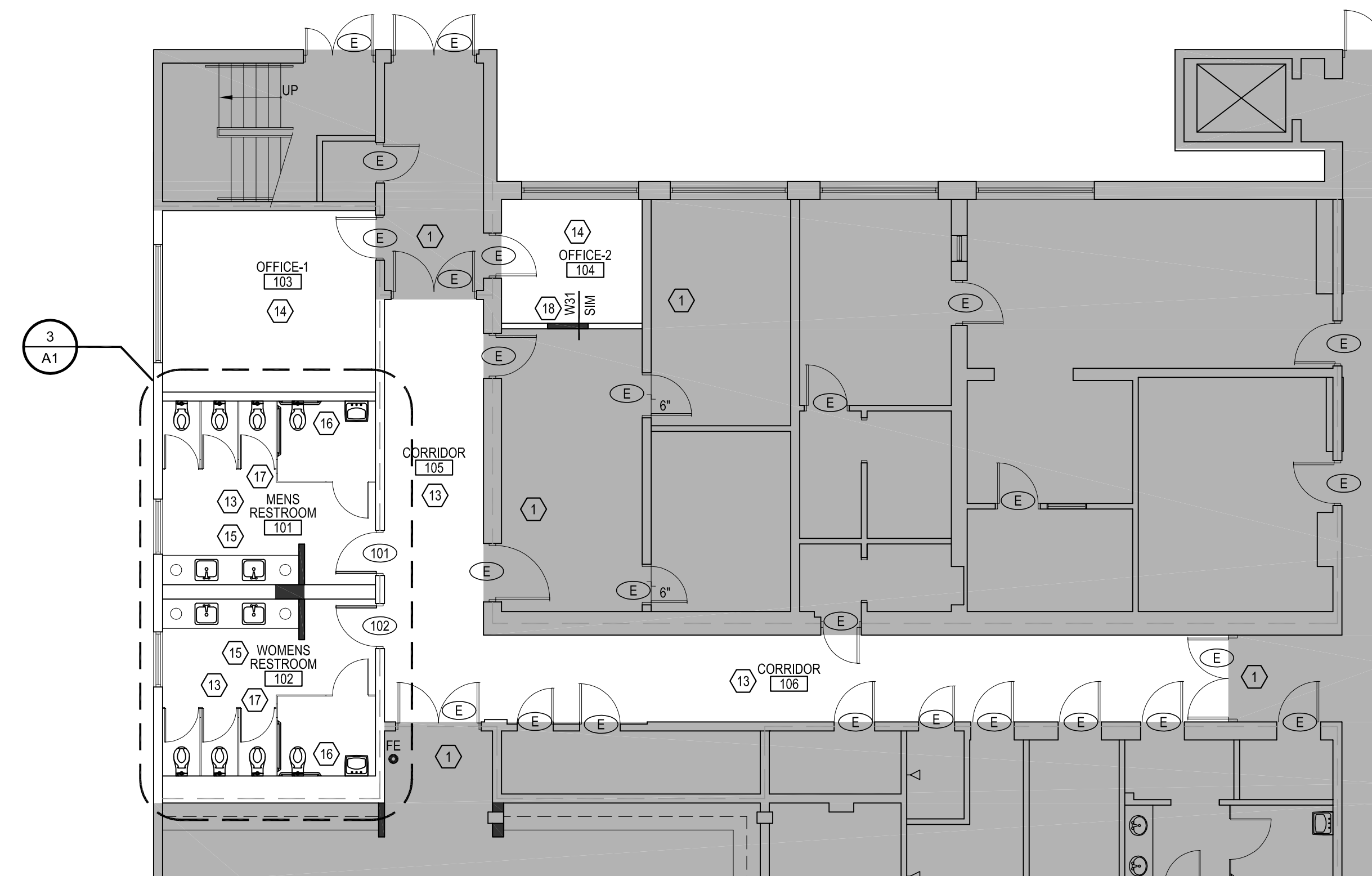








**1** PARTIAL EXISTING FIRST FLOOR PLAN - DEMOLITION  
SCALE: 1/8"=1'-0"

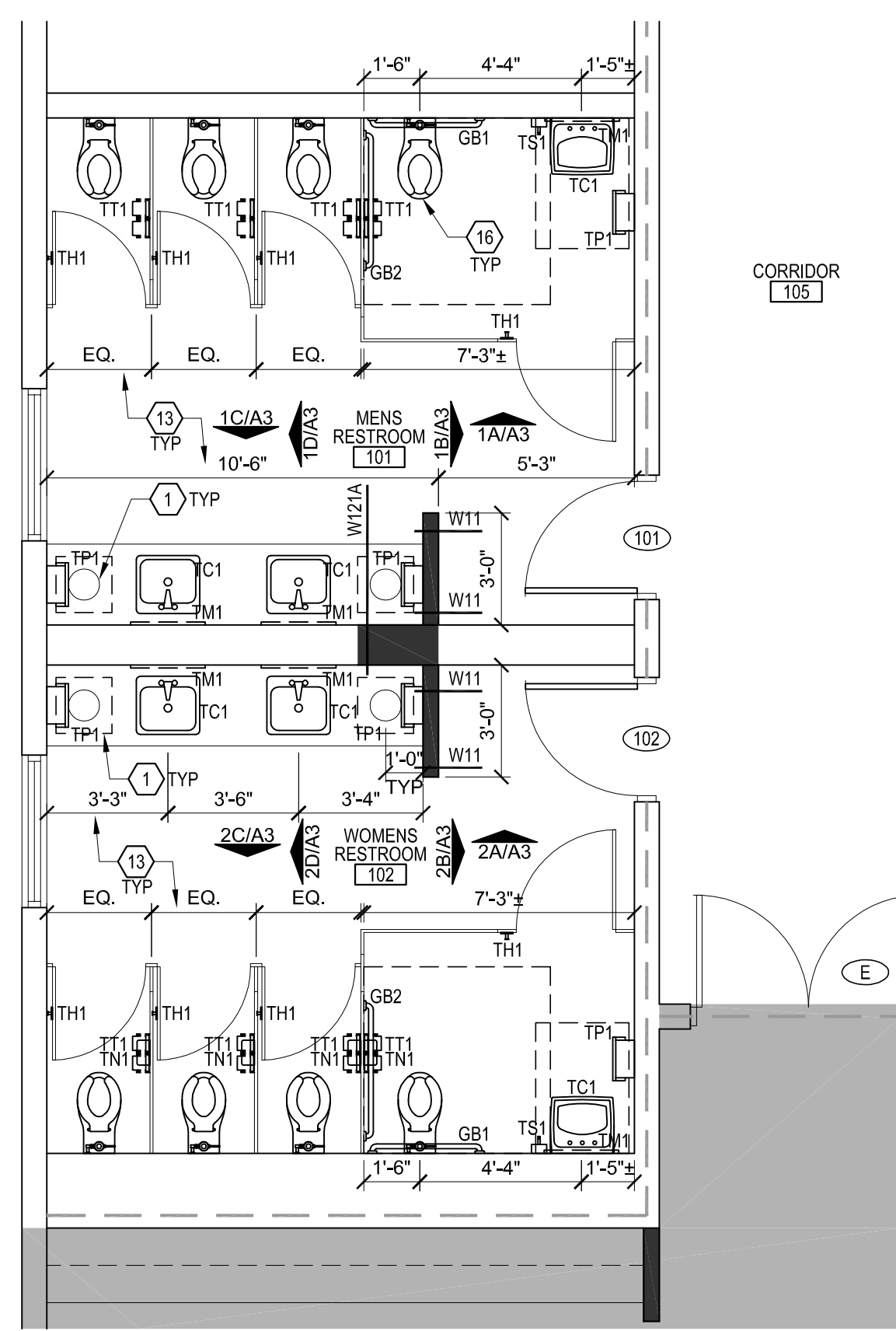


**2** PARTIAL FIRST FLOOR PLAN - CONSTRUCTION  
SCALE: 1/8"=1'-0"

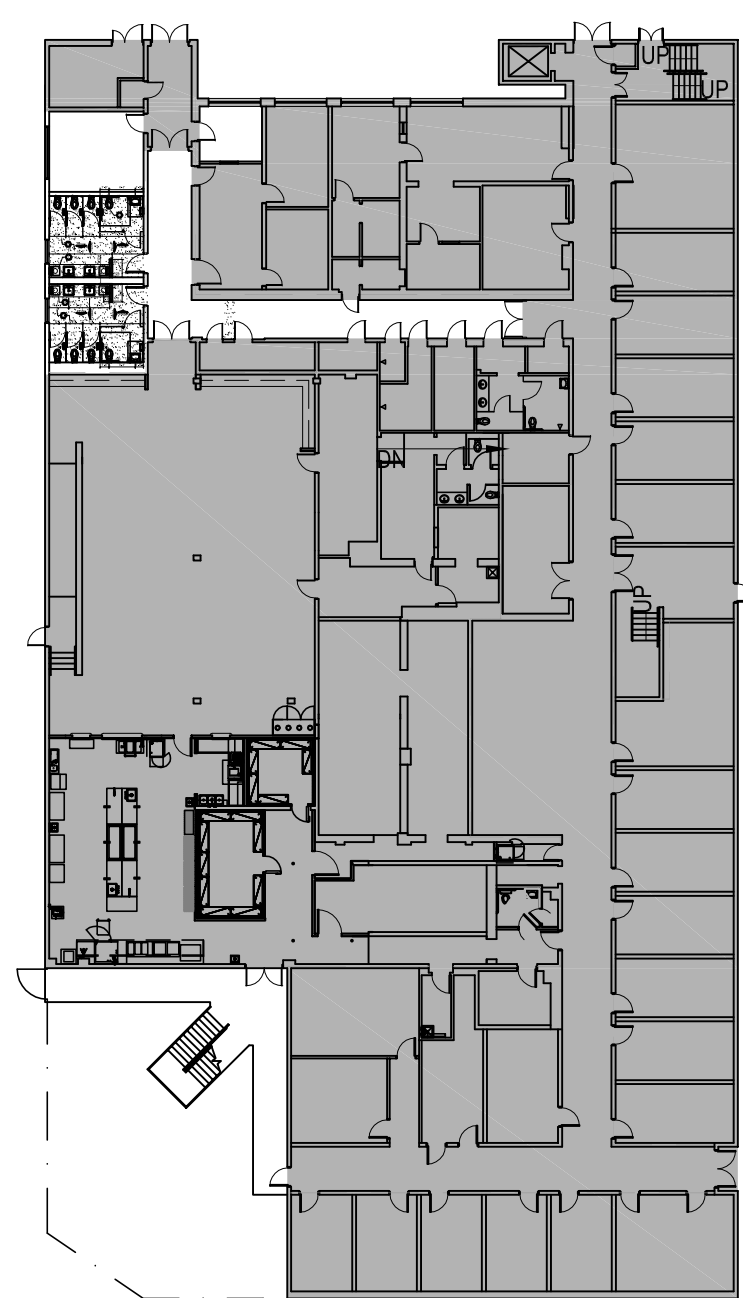
**ACCESSORY SCHEDULE**

CATEGORY	ITEM ID	DESCRIPTION	MODEL NUMBER	MOUNTING	NOTES
GRAB BARS	GB1	36" CONCEALED MOUNTED BY BOBRICK	B-8806.99, PEENED GRIPS	33" AFF MIN, 36" AFF MAX TO TOP OF GRIP SURFACE	1. PROVIDE ALL NECESSARY 2" x WOOD BLOCKING WITHIN WALLS TO FACILITATE THE MOUNTING OF FIXTURES AND ACCESSORIES.
	GB2	42" CONCEALED MOUNTED BY BOBRICK	B-8806.99, PEENED GRIPS	33" AFF MIN, 36" AFF MAX TO TOP OF GRIP SURFACE	
PAPER TOWEL DISPENSER	TP1	PAPER TOWER BY BOBRICK	B-2860	40" AFF TO BOTTOM	2. MOUNTING HEIGHTS LISTED FOR DISPENSERS OR COMPONENTS WITH OPERATING MECHANISMS SHALL BE WITH IN REACH RANGES AS FOLLOWS: - MAX 48" A.F.F. FORWARD APPROACH REACH. - MIN. 15" A.F.F. LOW FORWARD APPROACH REACH. - MAX 48" A.F.F. SIDE REACH.
PROTECTIVE DRAIN COVER	TC1	P-TRAP DRAIN COVER BY PLUMBEREX	3016 & 3026 HANDY SHIELD OR SIM.	40" AFF TO BOTTOM EDGE OF REFLECTIVE SURFACE	
MIRROR	TM1	STAINLESS STEEL INSTALLED VERTICALLY (24" W X 36" H)	BOBRICK B-165-2436 CHANNEL FRAME	40" AFF TO BOTTOM	- MIN. 15" A.F.F. LOW SIDE REACH.
NAPKIN DISPOSAL	TN1	SURFACE MOUNTED IN WOMEN'S RR	BOBRICK B-270 STAINLESS STEEL, SATIN FINISH	19" AFF TO BOTTOM	
SOAP DISPENSER	TS1	SURFACE MOUNTED BY BOBRICK	818615	48" AFF TO TOP	3. G.C. SHALL COORDINATE WITH LANDLORD ANY SPECIFICATIONS OF ACCESSORIES PROVIDED BY THEIR PRODUCT VENDORS.
TOILET TISSUE DISPENSER	TT1	SURFACE MOUNTED DOUBLE ROLL	B-2740 BOBRICK	15" AFF MIN, 48" AFF MAX REACH	
COAT HOOK	TH1	SATIN FINISH STAINLESS STEEL SINGLE ROBE HOOK	B-6717 BOBRICK STAINLESS STEEL, SATIN FINISH	40" AFF MIN, 48" AFF MAX REACH	

\*\* REFER TO MEP DRAWINGS FOR PLUMBING FIXTURE SCHEDULE & DETAILS.



**3** ENLARGE RESTROOM PLAN  
SCALE: 1/4"=1'-0"



**KEY PLAN**  
NTS

**KEY NOTES**

- THE FOLLOWING KEYNOTES APPLY TO THIS SHEET ONLY:
- NOT IN SCOPE OF WORK.
  - EXISTING COLUMN TO REMAIN, TYPICAL.
  - REMOVE ALL PLUMBING FIXTURES, G.C. TO COORDINATE THE RE-USE OR STORAGE OF PLUMBING FIXTURE INTO BUILDING INVENTORY WITH OWNER.
  - REMOVE EXISTING WALL BOARD FROM FINISH FLOOR TO 8'-0" A.F.F.
  - REMOVE ALL FLOORING, BASE & ADHESIVES AS REQUIRED FOR NEW FLOOR FINISHES. PATCH WALLS & FLOOR AS REQUIRED FOR NEW FINISHES.
  - REMOVE EXISTING DOOR & HARDWARE. PREP EXISTING DOOR FRAME FOR NEW DOOR & HARDWARE.
  - REMOVE DAMAGED FRAMING & REPLACE WITH NEW FRAMING.
  - REMOVE EXISTING COUNTER TOP.
  - REMOVE ALL EXISTING TOILET ACCESSORIES.
  - REMOVE ALL EXISTING TOILET PARTITIONS.
  - REMOVE EXISTING WALLS.
  - REMOVE EXISTING DOOR & FRAME.
  - NEW EPOXY FLOORING W/ 6" BASE TO MATCH EXISTING EPOXY FLOOR / BASE.
  - NEW LVT FLOORING & BASE TO MATCH EXISTING LVT FLOORING & BASE.
  - NEW SOLID SURFACE COUNTERTOP WITH HEAVY DUTY BRACKETS.
  - NEW PLUMBING FIXTURE. REFER TO PLUMBING DRAWINGS.
  - NEW TOILET PARTITIONS.
  - INFILL EXISTING DOOR OPENING FLUSH WITH ADJACENT SURFACES.

**GENERAL NOTES:**

- ARCHITECT & LANDLORD ARE TO BE NOTIFIED IMMEDIATELY BY THE G.C. IF ANY DISCREPANCIES ARE FOUND BETWEEN THE ARCHITECTURAL DRAWINGS & MEP DRAWINGS. G.C. SHALL BE RESPONSIBLE FOR INFORMATION CONTAINED WITHIN THE ENTIRE PERMIT SET OF CONSTRUCTION DOCUMENTS.
- REPLACE ANY STAINED, DAMAGED, DISCOLORED, OR BROKEN CEILING TILES, CEILING TILES & GRID ARE TO BE IN LIKE NEW CONDITION.
- EXISTING CEILING GRID TO REMAIN UNLESS OTHERWISE NOTED.
- ACOUSTICAL CEILING HEIGHT IS 7'-6" A.F.F. UNLESS OTHERWISE NOTED.
- G.C. TO PATCH WALLS TO LIKE NEW APPEARANCE IN LOCATIONS ADJACENT TO DEMOLITION.
- REMOVE ALL EXISTING FLOOR, WALL & BASE FINISHES THROUGHOUT U.O.N. ALL SCOPE OF WORK AREAS ARE TO RECEIVE NEW FINISHES THROUGHOUT U.O.N. REFER TO FINISH PLAN & FINISH LIST.
- SPRINKLER HEAD LOCATIONS ARE SHOWN FOR REFERENCE ONLY. G.C. TO PROVIDE VENDOR ENGINEERED FIRE SPRINKLER DRAWING UNDER SEPARATE CONTRACT.
- RE-USE EXISTING DEMO DOORS WHEREVER POSSIBLE. TOUCH UP TO "LIKE NEW" CONDITION.

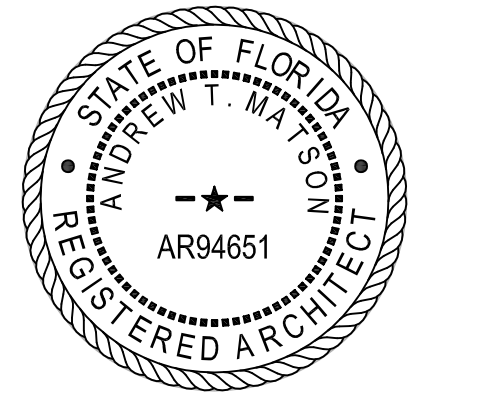


**SIGNATURES OF APPROVAL**  
I, THE ARCHITECT, HEREBY CERTIFY THAT THE WORK SHOWN ON THESE PLANS HAS BEEN DEVELOPED FROM INFORMATION SUPPLIED BY THE OWNER OR WORK AS HEREIN OBTAINED AND WILL BE DONE AT OWNER'S OR LESSEE'S EXPENSE. I HAVE REVIEWED THE DRAWINGS AND EXISTING CONDITIONS ARE TO BE REPORTED TO THE CONTRACTOR. I HAVE REVIEWED THE CONTRACTOR'S STARTING WORK AND PROUD TO INCLUDING ANY ADDITIONAL FINISHES COSTS.

**Restrooms Renovation**  
@ St. Vincent DePaul  
401 15th Street North  
St. Petersburg, Florida 33705

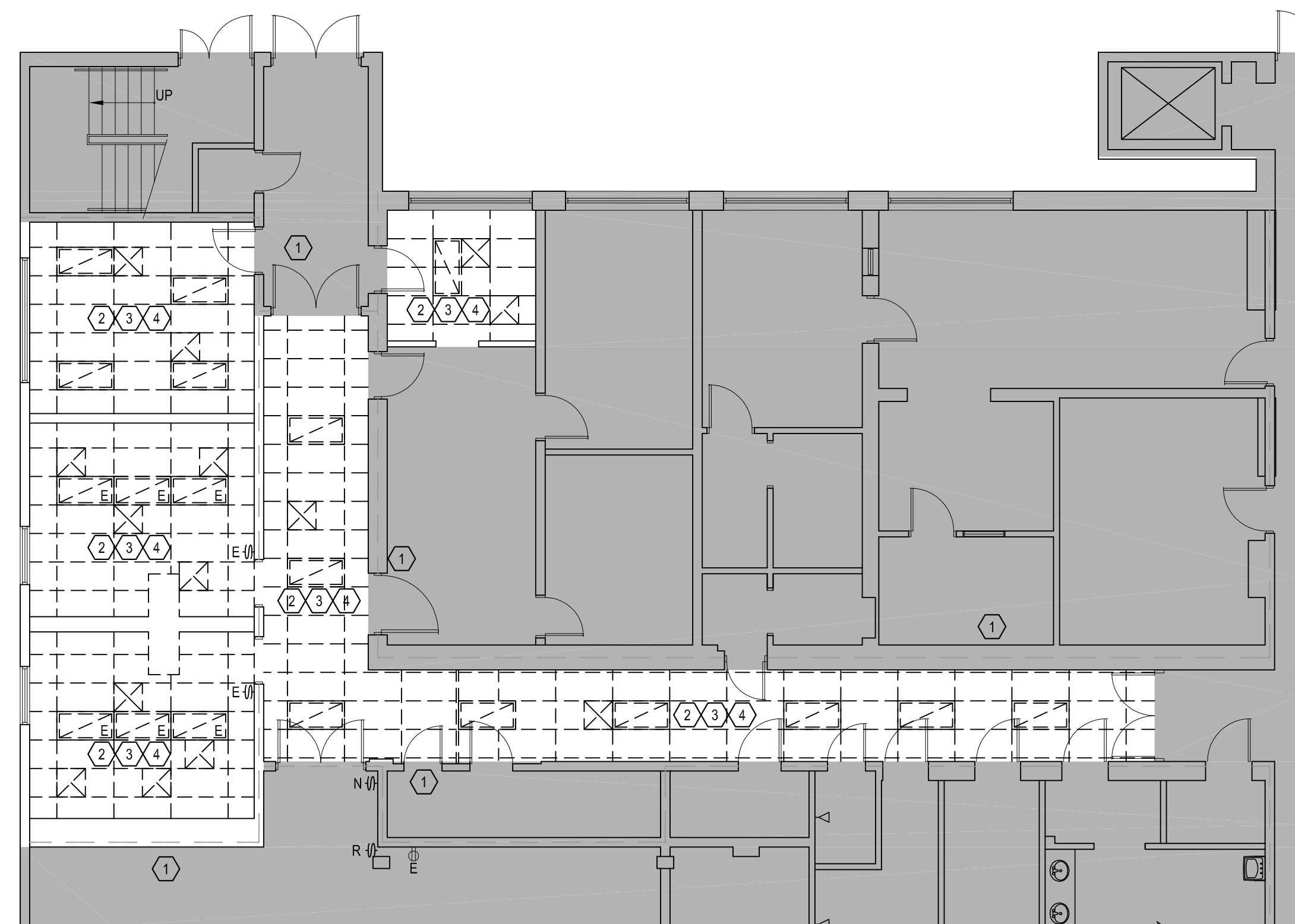
**CONSTRUCTION DOCUMENTS**

Project Number:	23015
Scale:	1/8" = 1'-0"
Drawing Path:	\\SR-Vincent-De-Paul\23015-Restroom-Renovation\CD
Start:	IMDCL mmp
Architect:	Andrew T. Malison, A.I.A.
	AR 944651

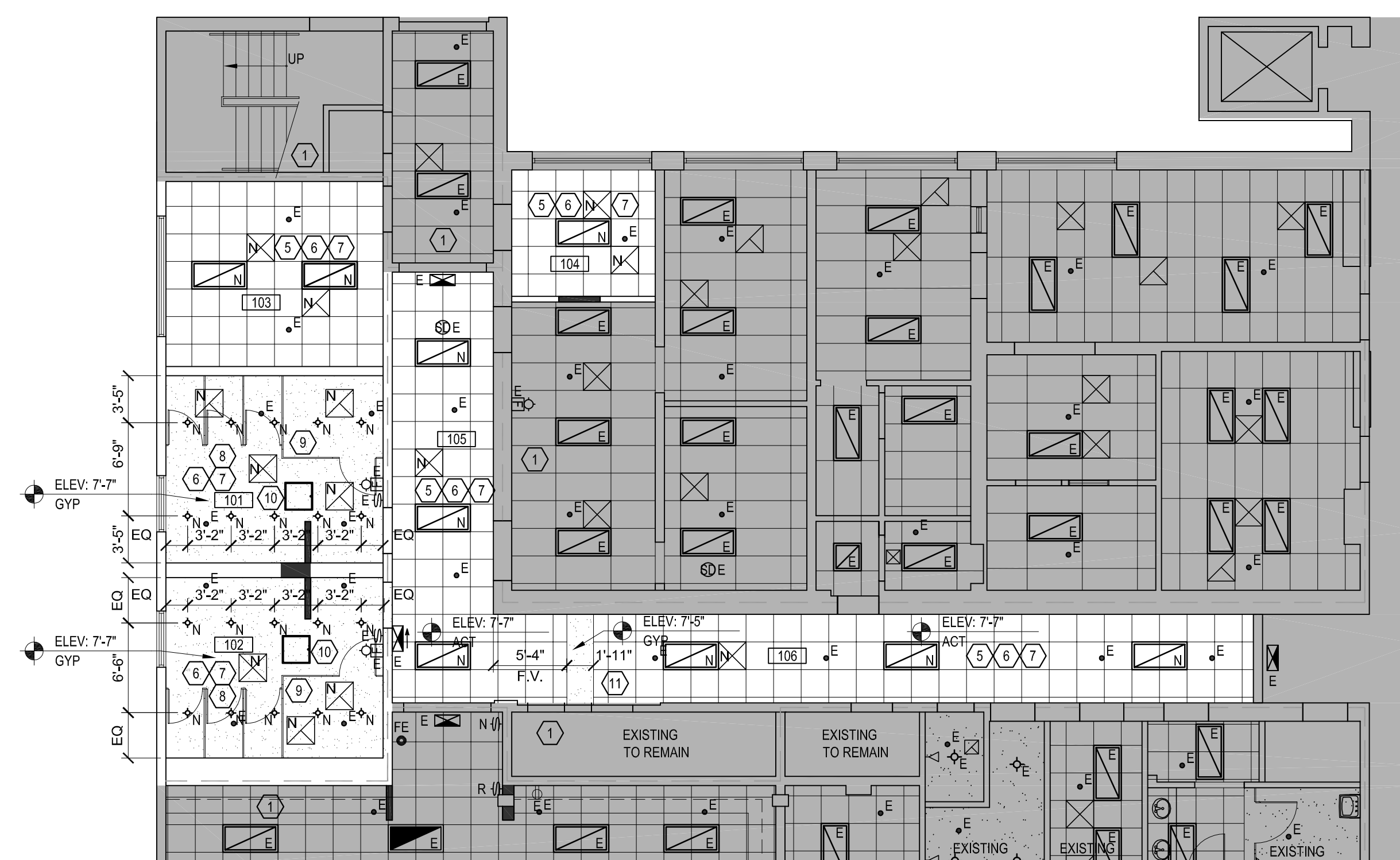


**Demolition & Construction Floor Plan**  
Drawing Date: 06.22.2023  
Revisions:

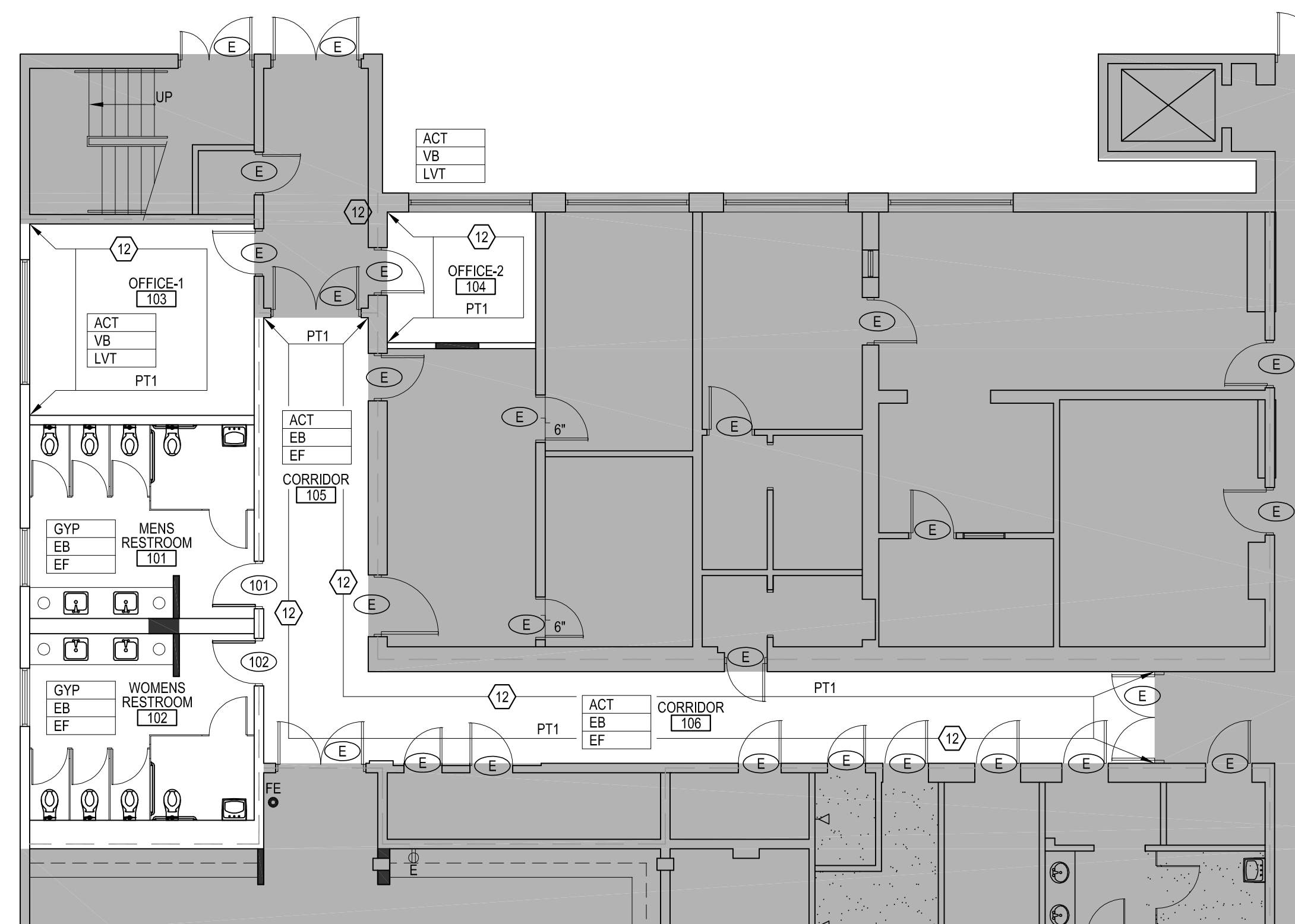




**1** PARTIAL REFLECTIVE CEILING PLAN - DEMOLITION  
SCALE: 1/4"=1'-0"

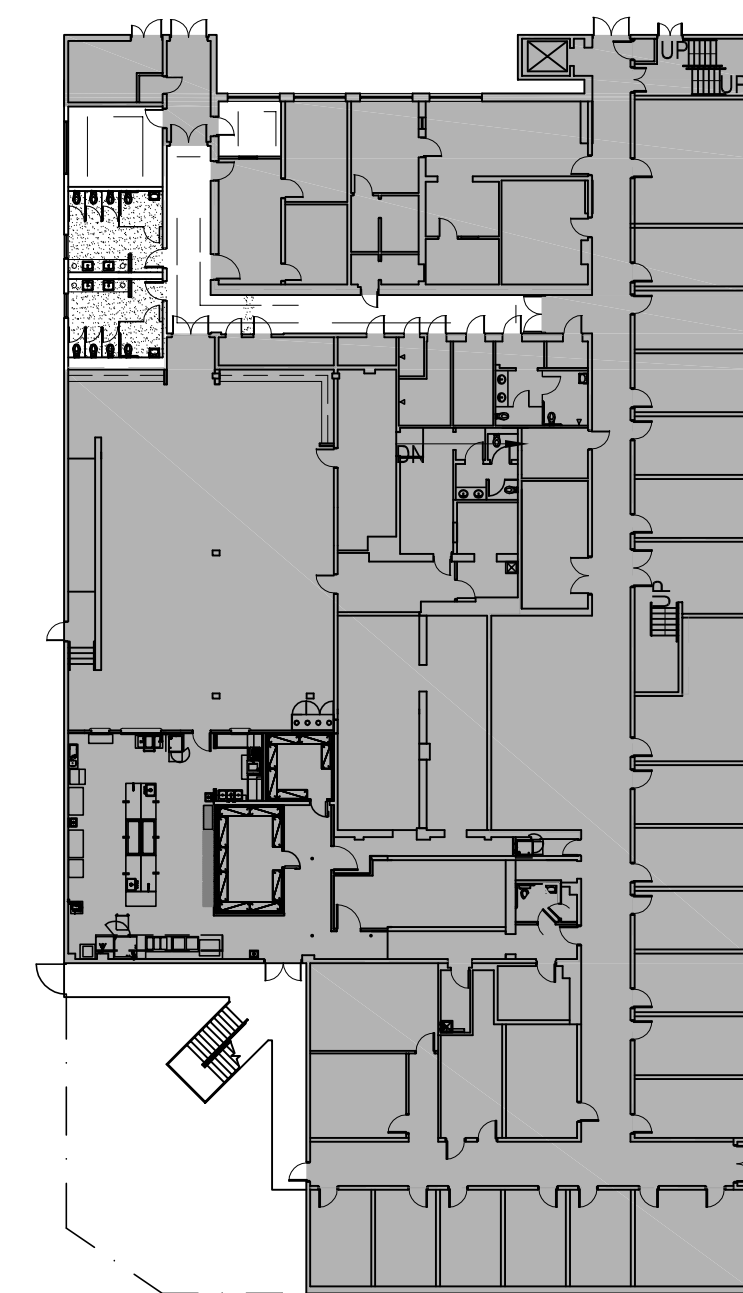


**2** PARTIAL REFLECTIVE CEILING PLAN - CONSTRUCTION  
SCALE: 1/8"=1'-0"



**3** FINISH PLAN  
SCALE: 1/4"=1'-0"

SYMBOL	MATERIAL	MANUFACTURER	PRODUCT NO.	COLOR NO.	REMARKS	CONTACT
CWP	CERAMIC WALL PANELING	TBD	TBD	TBD	MENS & WOMENS	
LVT	LUXURY VINYL TILE	TBD	TBD	TBD	TO MATCH EXISTING	
EF	EPOXY FLOOR	TBD	TBD	TBD	TO MATCH EXISTING	
EB	EPOXY BASE	TBD	TBD	TBD	6" COVE BASE (TYPICAL); 8" COVE BASE MEN & WOMEN	
VB	VINYL BASE	JOHNSONITE	4" COVE	TBD	---	
PT-1	PAINT	SHERWIN WILLIAMS	TBD	TBD	FIELD PAINT (EGGSHELL)	
PT-2	PAINT	SHERWIN WILLIAMS	TBD	TBD	DOOR FRAME PAINT (SEMI-GLOSS)	
SS	SOLID SURFACE	CORIAN	TBD	TBD	COUNTERTOPS	



**4** KEY PLAN  
NTS

**KEY NOTES**

- THE FOLLOWING KEYNOTES APPLY TO THIS SHEET ONLY:
- NOT IN SCOPE OF WORK.
  - REMOVE EXISTING CEILING TILE & GRID.
  - REMOVE EXISTING LIGHT FIXTURES
  - REMOVE EXISTING SUPPLY & RETURN GRILLS.
  - NEW 2X2 CEILING GRID & TILE.
  - NEW LED LIGHT FIXTURE. REFER TO ELECTRICAL DRAWINGS.
  - NEW SUPPLY & RETURN GRILLS. REFER TO MECHANICAL DRAWINGS.
  - NEW GYP CEILING.
  - PROVIDE BLOCKING IN CEILING FOR FLOOR TO CEILING TOILET PARTITIONS SUPPORTS.
  - 2X2 LOCKABLE ACCESS HATCH.
  - NEW GYPSUM CEILING SOFFIT TO BE 2" BELOW ACOUSTICAL CEILING DO TO PIPING ABOVE. FIELDED VERIFIED. REFER TO DETAIL 2/44.
  - REPAINT THE ENTIRE ROOM.

**GENERAL NOTES:**

- ARCHITECT & LANDLORD ARE TO BE NOTIFIED IMMEDIATELY BY THE G.C. IF ANY DISCREPANCIES ARE FOUND BETWEEN THE ARCHITECTURAL DRAWINGS & MEP DRAWINGS. G.C. SHALL BE RESPONSIBLE FOR INFORMATION CONTAINED WITHIN THE ENTIRE PERMIT SET OF CONSTRUCTION DOCUMENTS.
- REPLACE ANY STAINED, DAMAGED, DISCOLORED, OR BROKEN CEILING TILES, CEILING TILES & GRID ARE TO BE IN LIKE NEW CONDITION.
- EXISTING CEILING GRID TO REMAIN UNLESS OTHERWISE NOTED.
- ACOUSTICAL CEILING HEIGHT IS 7'-6" A.F.F. UNLESS OTHERWISE NOTED.
- G.C. TO PATCH WALLS TO LIKE NEW APPEARANCE IN LOCATIONS ADJACENT TO DEMOLITION.
- REMOVE ALL EXISTING FLOOR, WALL & BASE FINISHES THROUGHOUT U.O.N. ALL SCOPE OF WORK AREAS ARE TO RECEIVE NEW FINISHES THROUGHOUT U.O.N. REFER TO FINISH PLAN & FINISH LIST.
- SPRINKLER HEAD LOCATIONS ARE SHOWN FOR REFERENCE ONLY. G.C. TO PROVIDE VENDOR ENGINEERED FIRE SPRINKLER DRAWING UNDER SEPARATE CONTRACT.
- RE-USE EXISTING DEMO DOORS WHEREVER POSSIBLE. TOUCH UP TO "LIKE NEW" CONDITION.

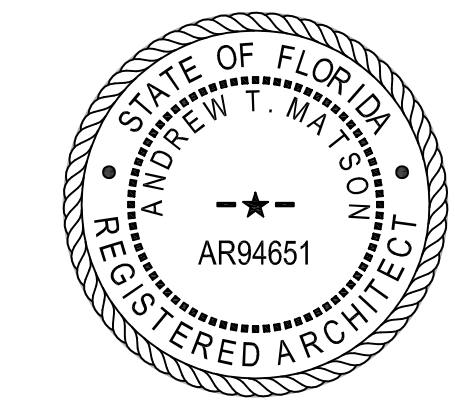
**SIGNATURES OF APPROVAL**  
I, THE ARCHITECT, HEREBY CERTIFY THAT THE WORK SHOWN ON THESE PLANS HAS BEEN DEVELOPED FROM INFORMATION SUPPLIED BY THE OWNER OR WORK AS HEREIN OBTAINED AND WILL BE DONE AS OWNERS OR LESSEES EXPENSE. I HAVE REVIEWED THE DRAWINGS AND EXISTING CONDITIONS AND TO BE REPORTED TO THE CONTRACTOR. I HAVE ADVISED THE CONTRACTOR OF ANY ADDITIONAL FINISHES COSTS.

DATE: 02/22/2023  
ISSUE

**Restrooms Renovation**  
@ St. Vincent DePaul  
401 15th Street North  
St. Petersburg, Florida 33705

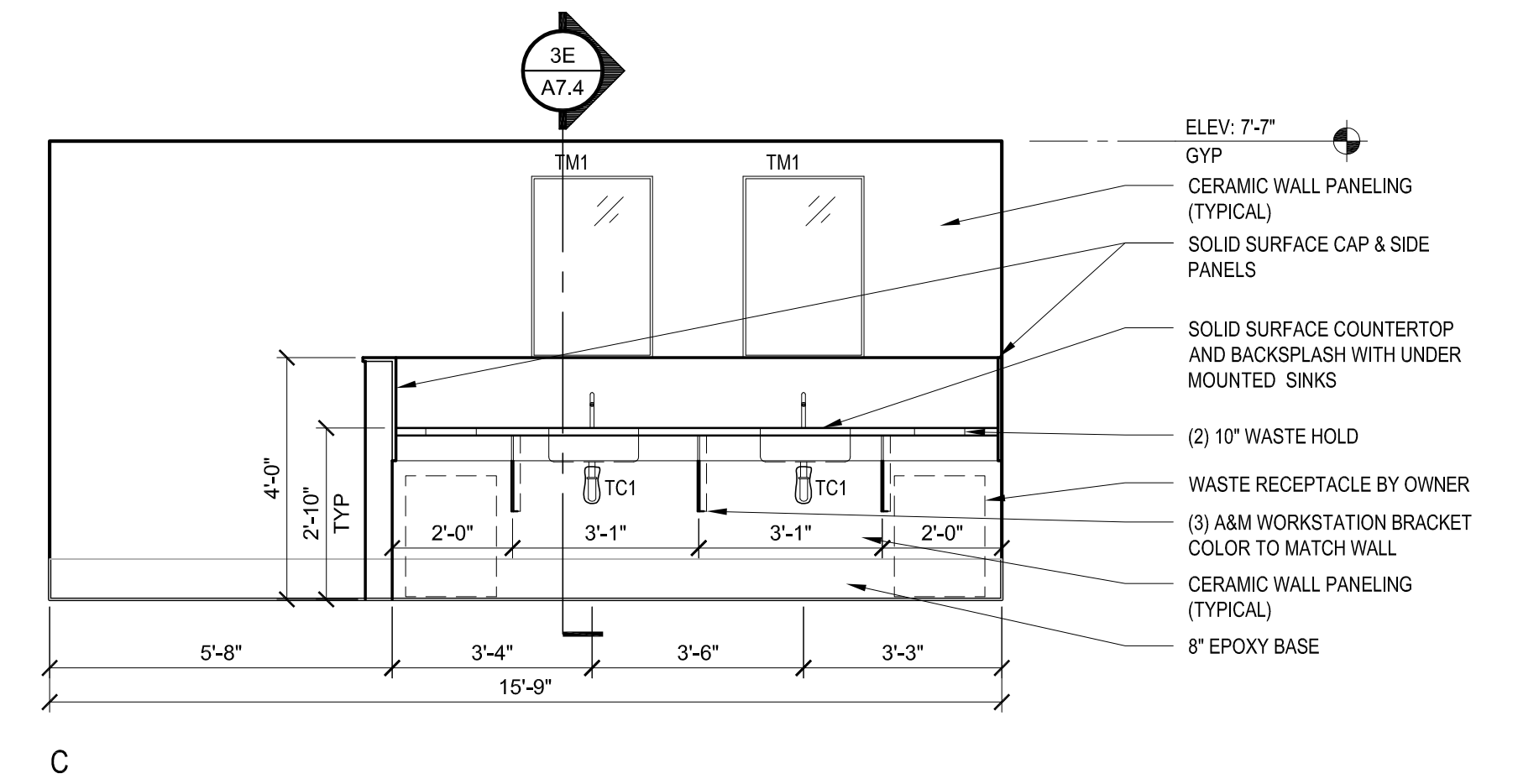
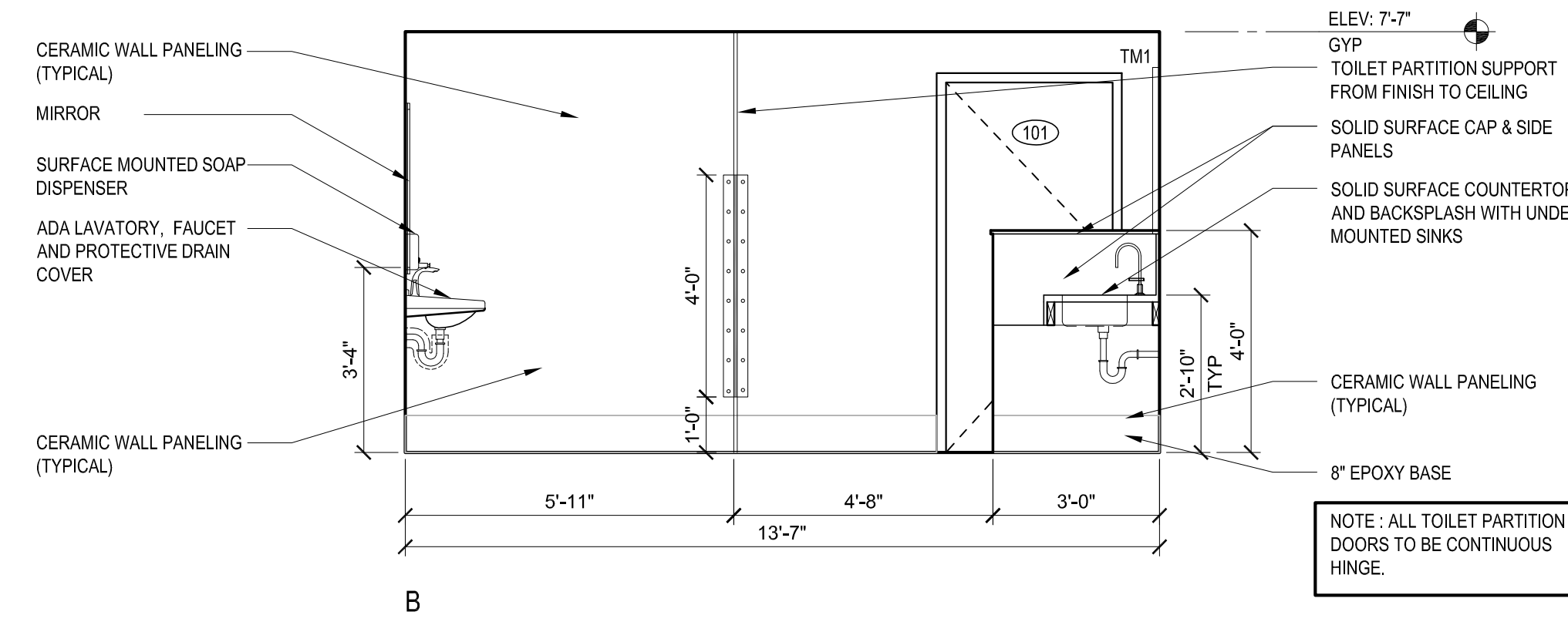
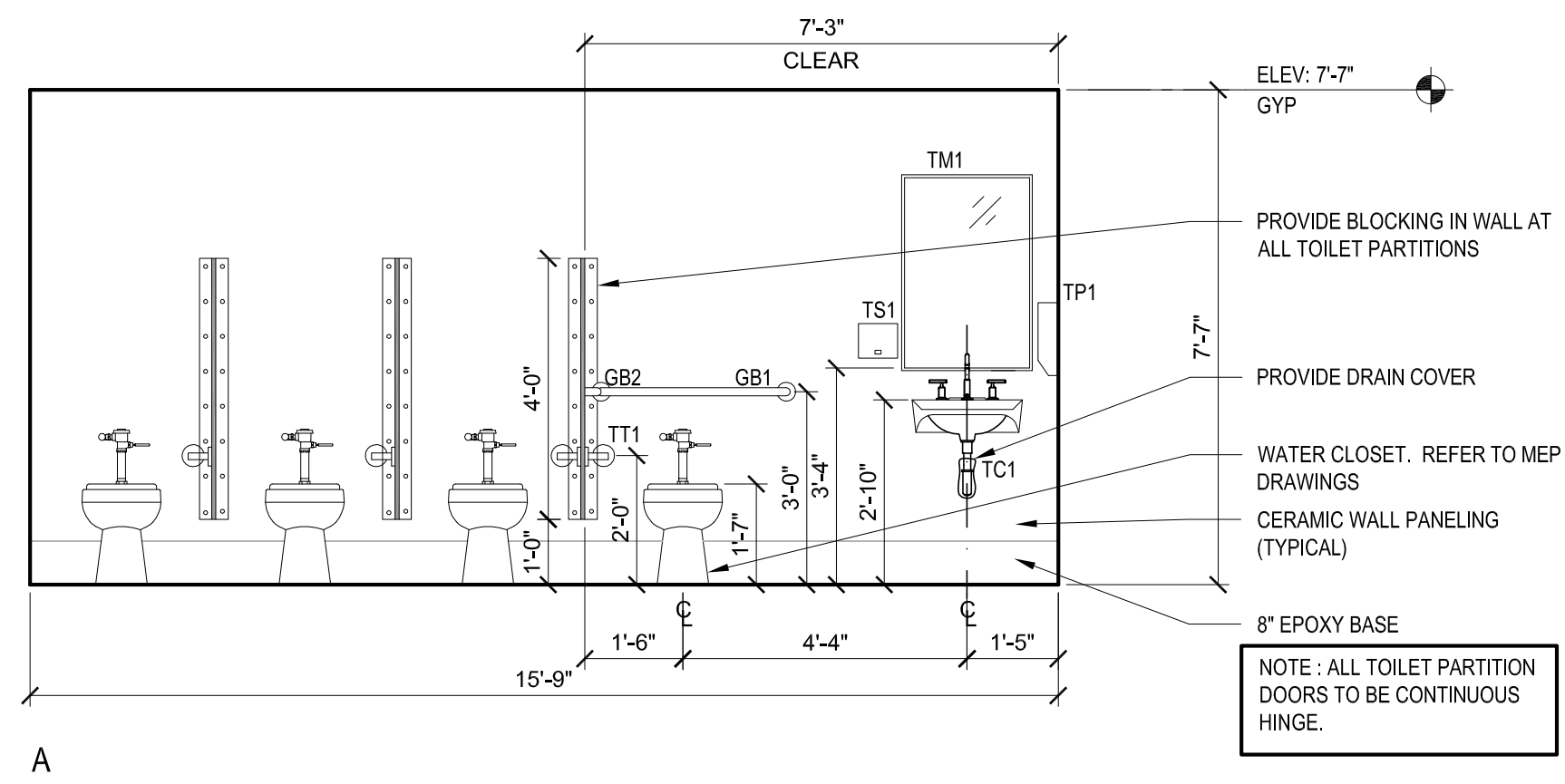
**CONSTRUCTION DOCUMENTS**

Project Number:	23015
Scale:	1/8" = 1'-0"
Drawing Path:	\\S:\Vincent De Paul\23015 Restroom Renovation\CD
Start:	1/2023
Architect:	Andrew T. Matson, A.I.A.
	AR 944651

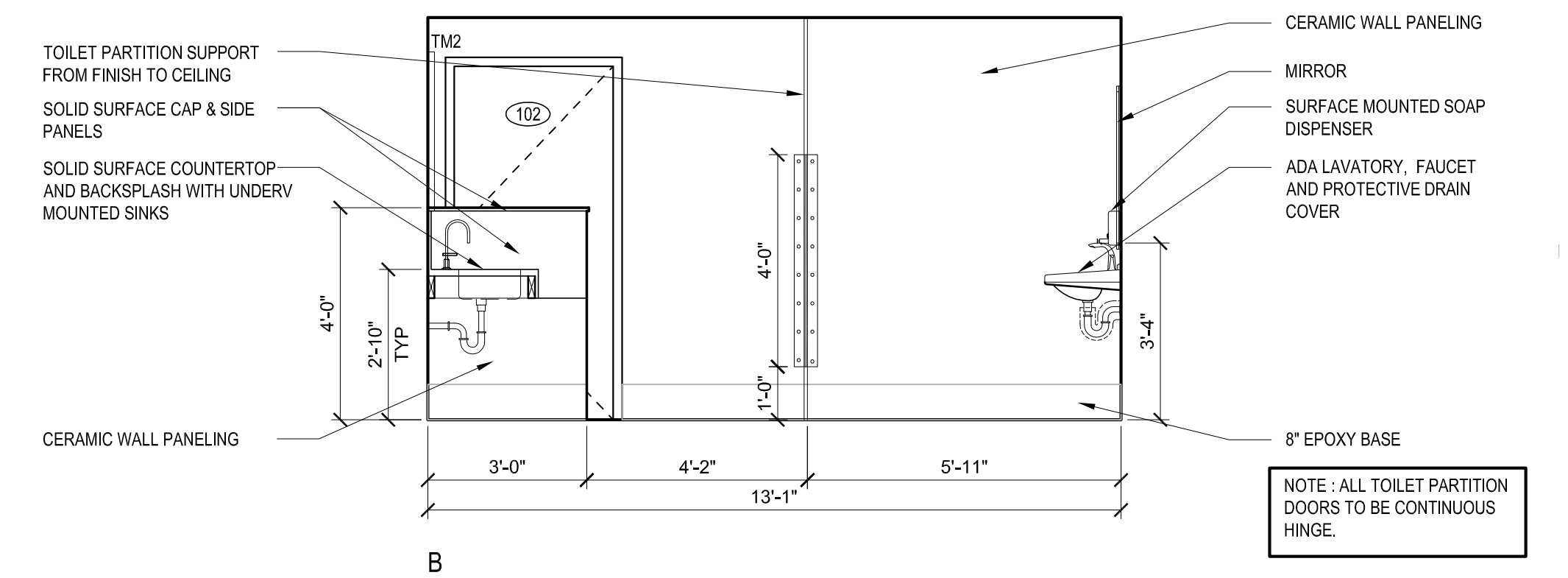
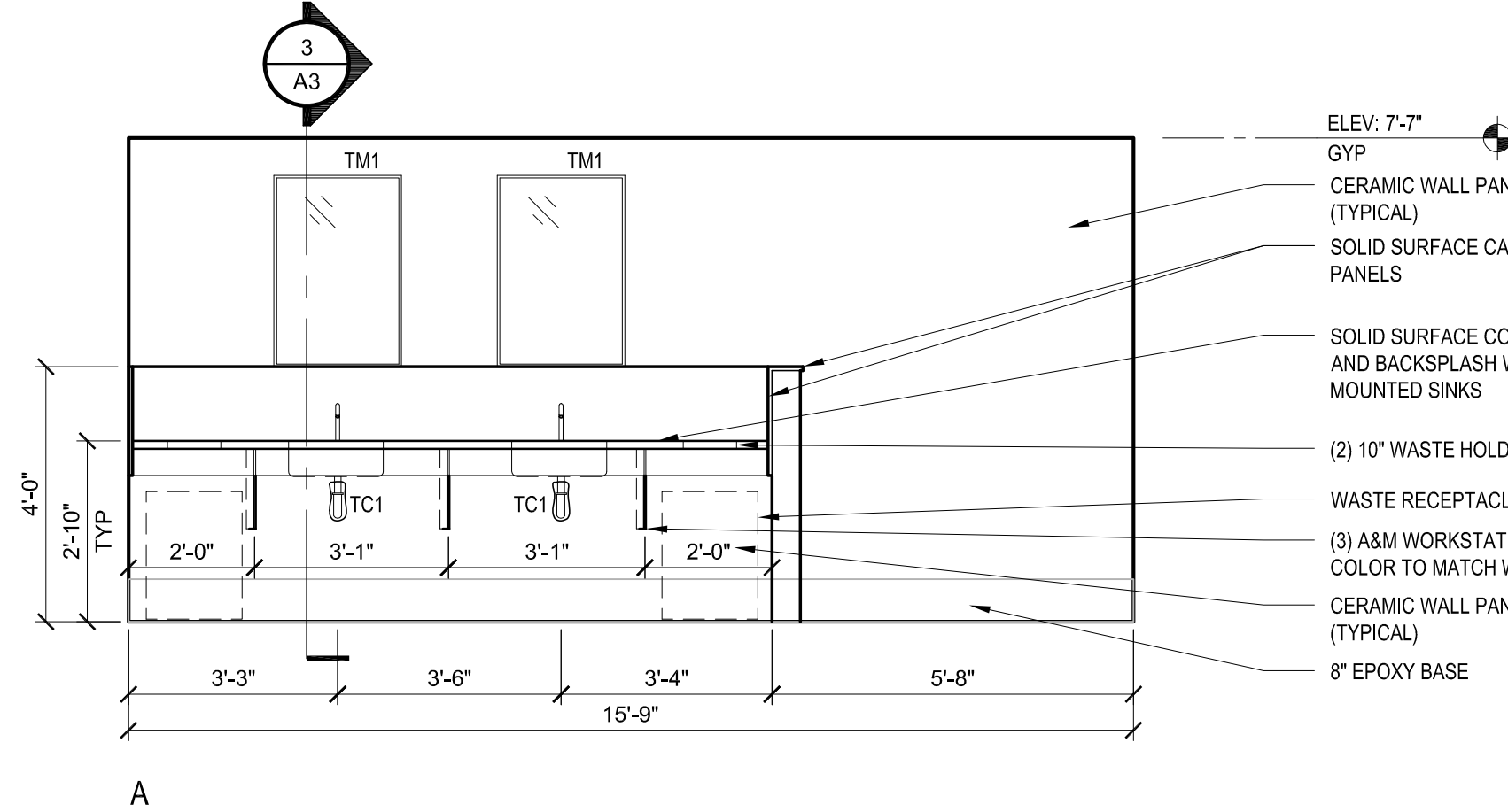
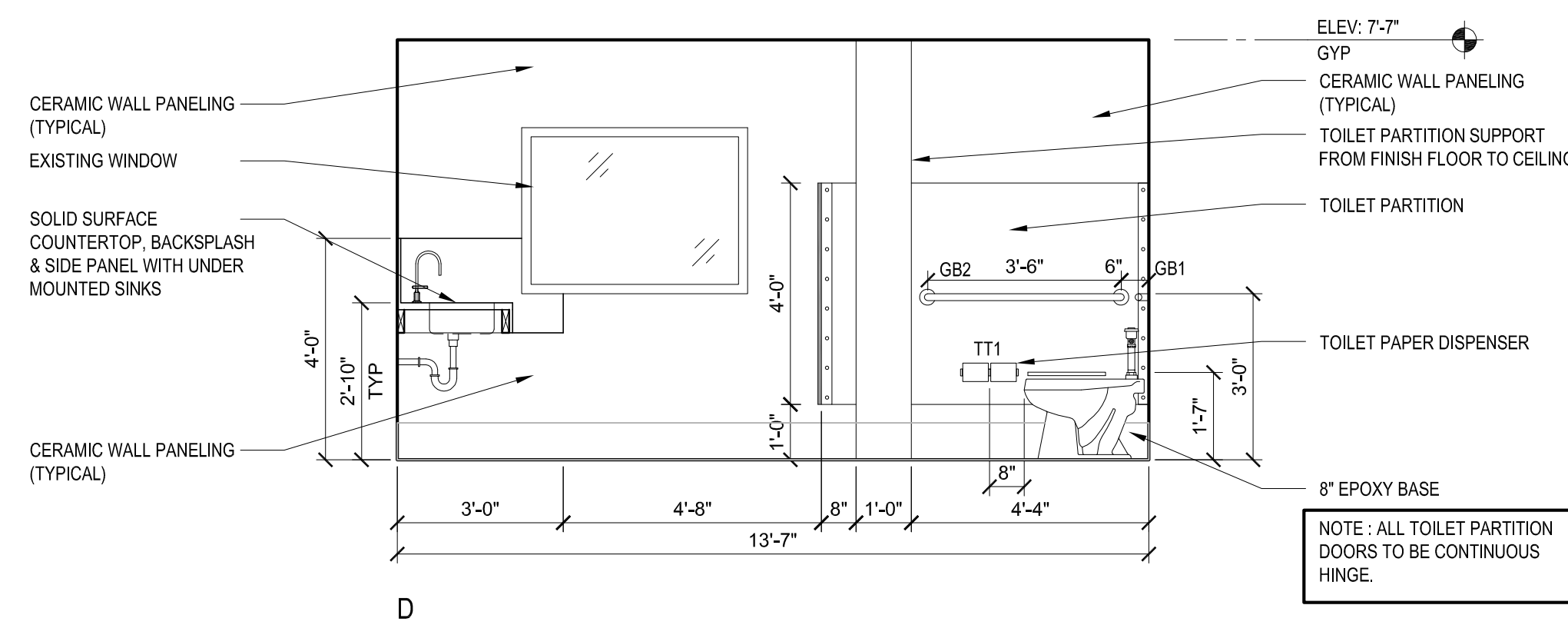


Reflected Ceiling  
Demo. & Const. Plan  
Drawing Date: 06.22.2023  
Revisions:



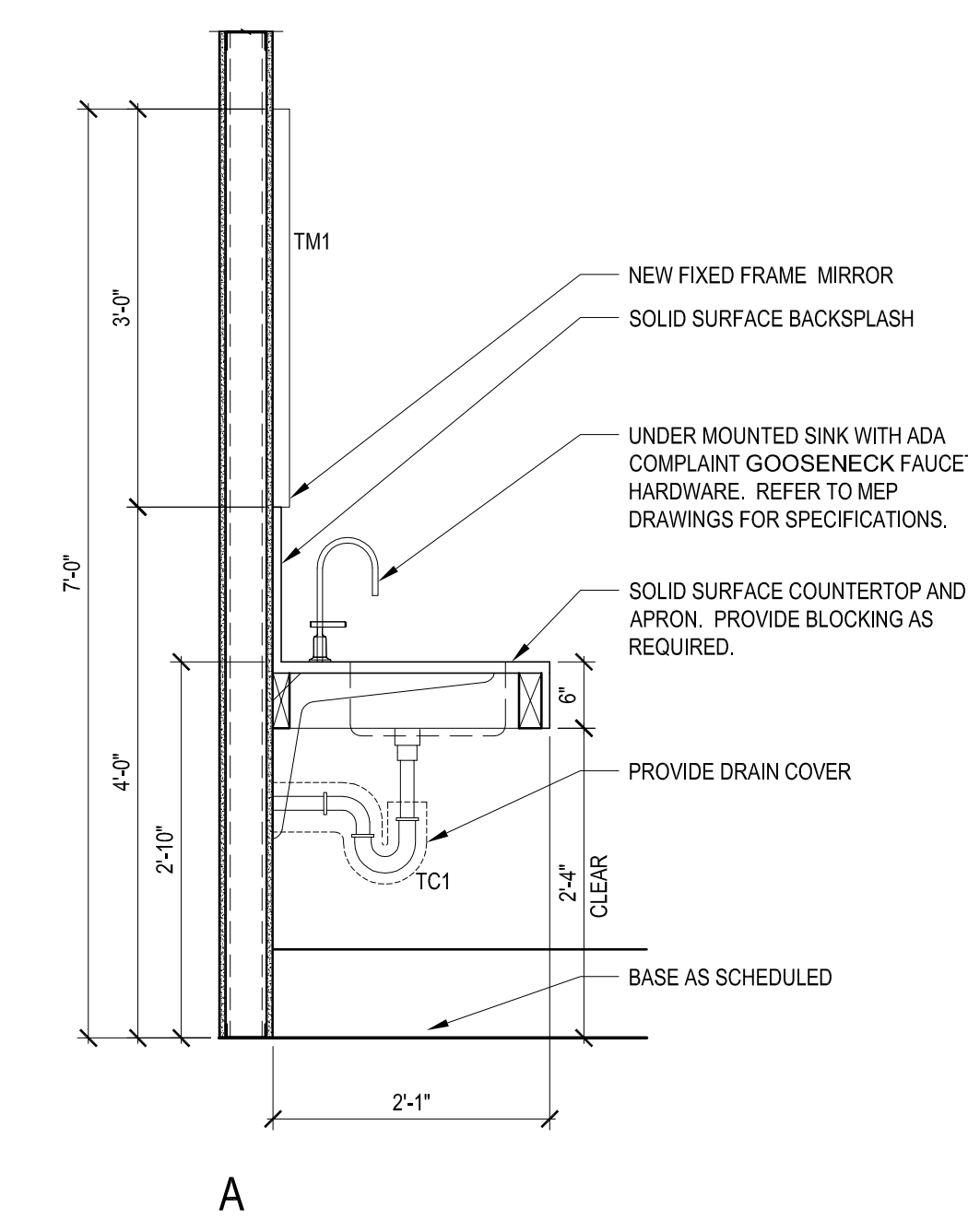
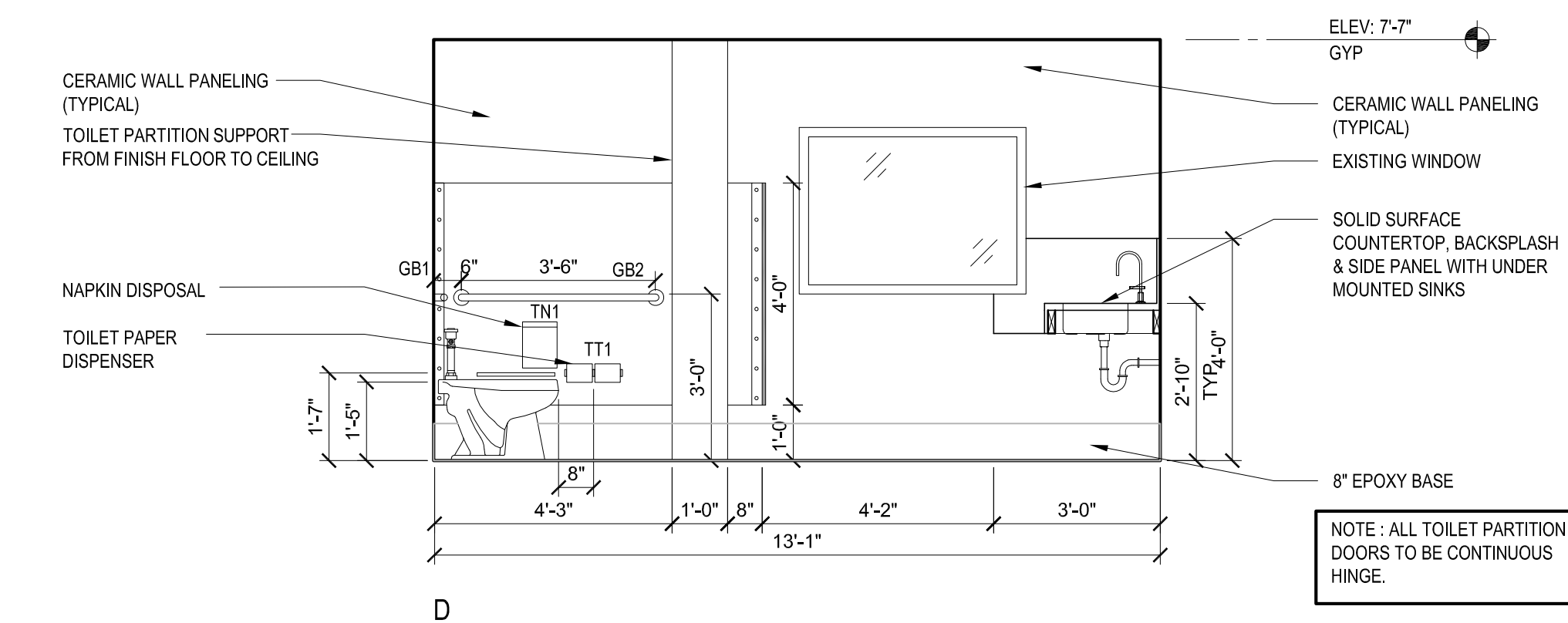
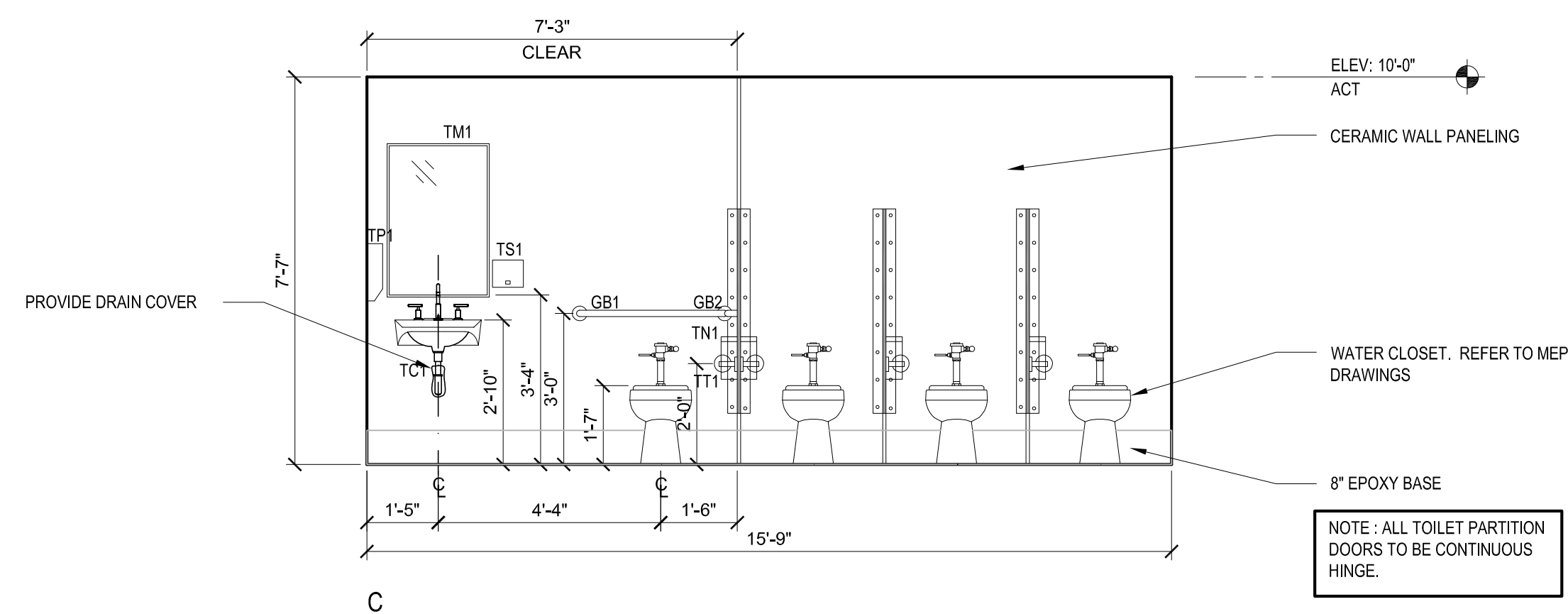


1 MEN RESTROOM ELEVATIONS  
SCALE: 3/8"=1'-0"



1 MEN RESTROOM ELEVATIONS  
SCALE: 3/8"=1'-0"

2 WOMEN RESTROOM ELEVATIONS  
SCALE: 3/8"=1'-0"



2 WOMEN RESTROOM ELEVATIONS  
SCALE: 3/8"=1'-0"

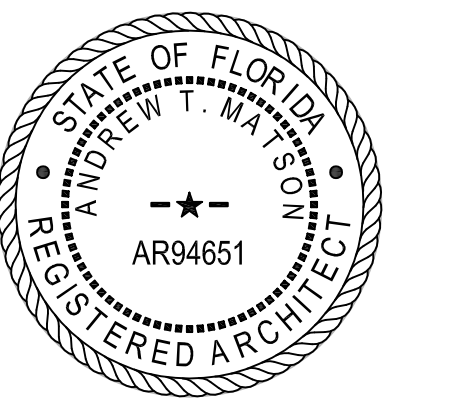
3 MILLWORK SECTION  
SCALE: 3/4"=1'-0"

**SIGNATURES OF APPROVAL**  
THE SERVICES OF ARCHITECTURE, ENGINEERING, PLANNING AND INTERIOR DESIGN HAS BEEN OBTAINED AND WILL BE DONE BY OWNER OR LESSEE'S EXPENSE. PLANS WERE DEVELOPED FROM INFORMATION SUPPLIED BY THE OWNER OR LESSEE. THE ARCHITECT ASSUMES NO LIABILITY FOR ANY ERRORS OR OMISSIONS BETWEEN THE DRAWINGS AND EXISTING CONDITIONS. USE TO BE REPORTED TO THE ARCHITECT IMMEDIATELY UPON DISCOVERY. CONTRACTOR IS RESPONSIBLE FOR VERIFYING ALL DIMENSIONS AND INCLUDING ANY ADDITIONAL FINISHES AND COSTS.  
DATE: 09/26/2023  
DRAWN BY: J. HARRIS

**Restrooms Renovation**  
@ St. Vincent DePaul  
401 15th Street North  
St. Petersburg, Florida 33705

**CONSTRUCTION DOCUMENTS**

Project Number:	23015
Scale:	1/8" = 1'-0"
Drawing Path:	\\SR-Vincent-De-Paul\2015-Restroom-Renovation\CD
Start:	10/22/2023
Architect:	Andrew T. Matison, A.I.A.
	AR 944651

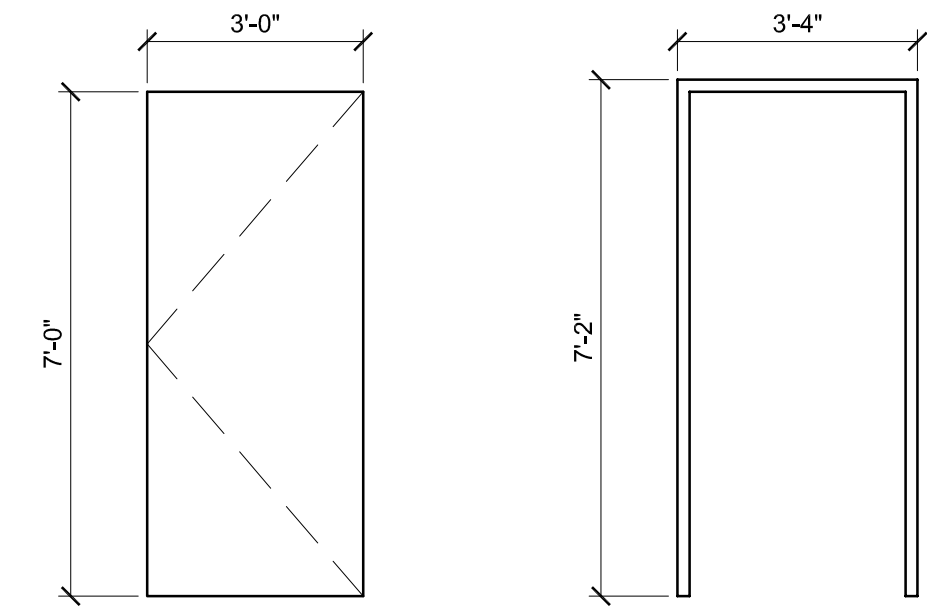


Restroom Elevations  
& Millwork Section

Drawing Date: 06.22.2023

Revisions:





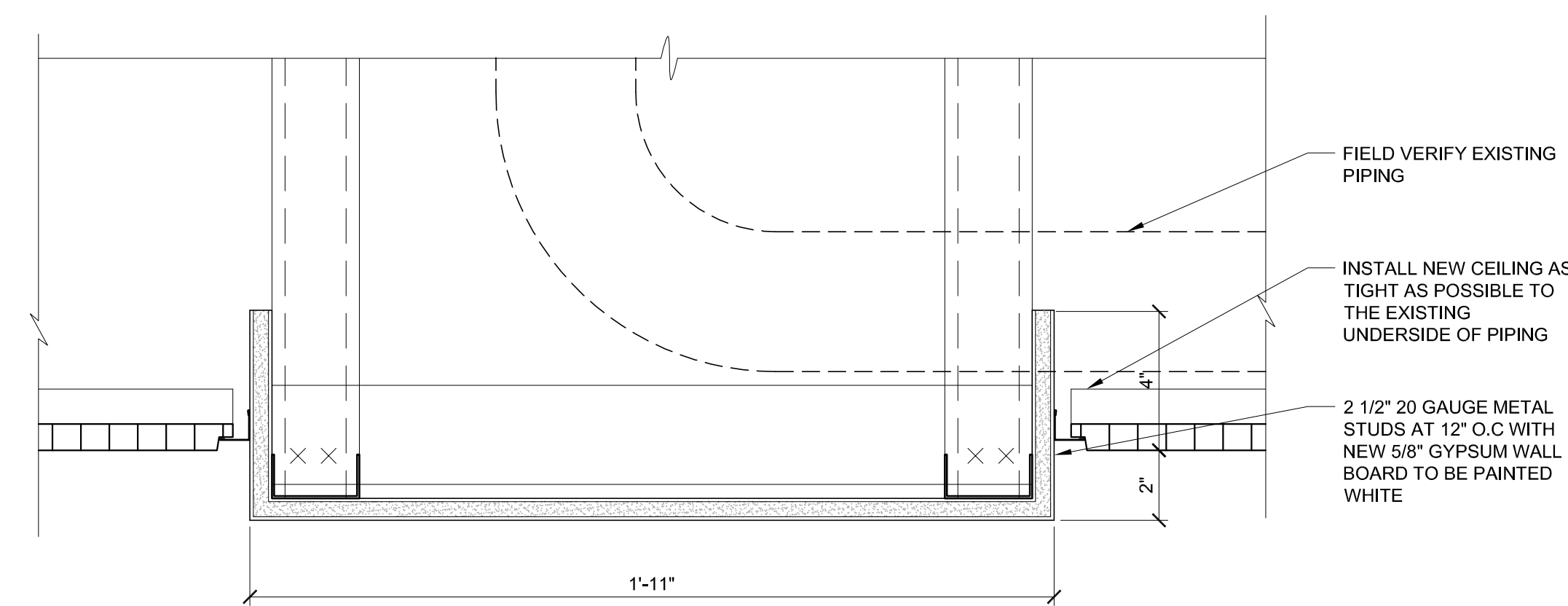
A  
16 GAUGE PAINTED METAL

B  
PROVIDE A LINE ITEM COST FOR NEW HOLLOW METAL FRAMES (FIELD VERIFY EXISTING FRAMES)

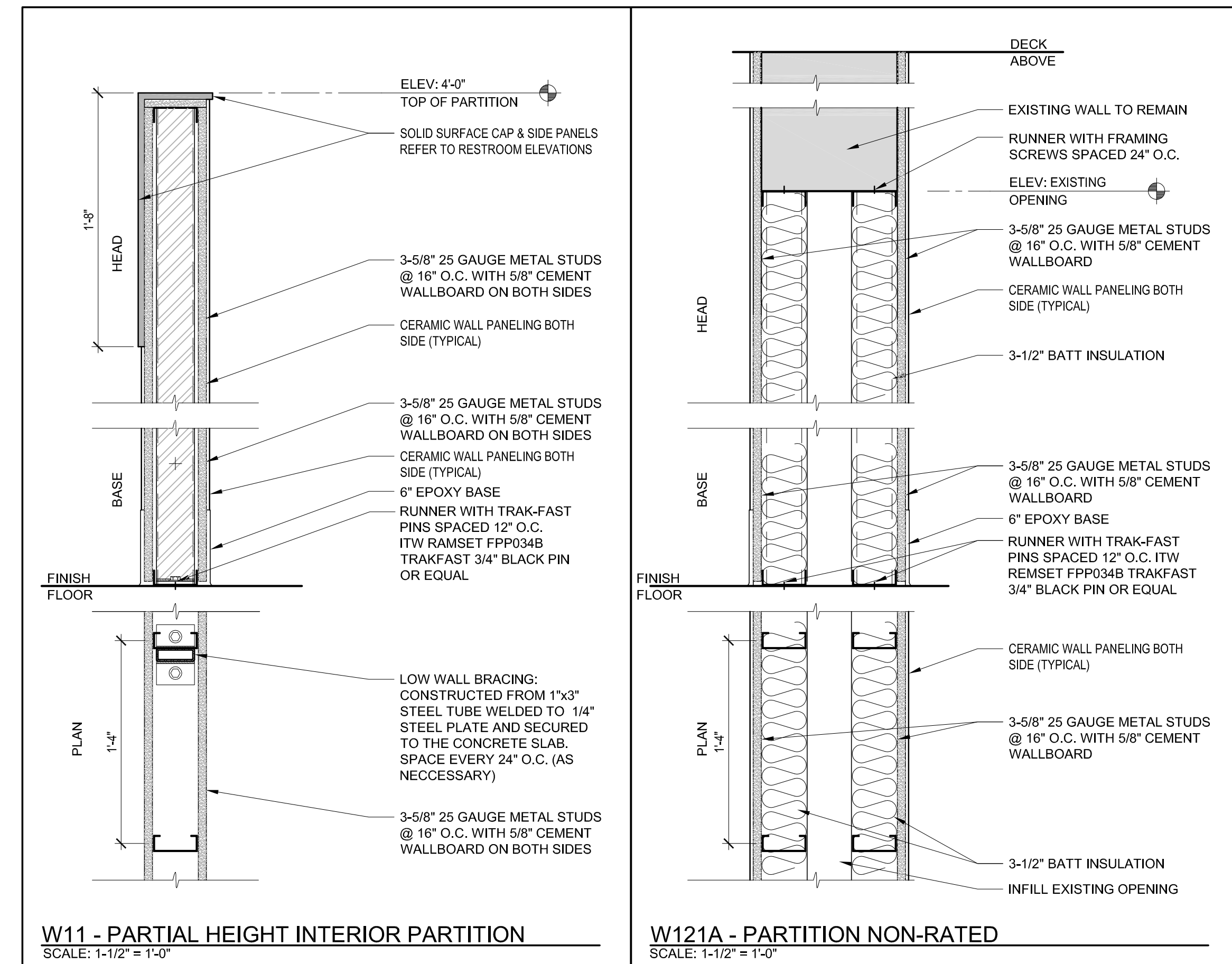
**1 DOOR ELEVATION**  
SCALE: 3/8"=1'-0"

OPENING NUMBER	RATING	DOOR				DOOR FRAME			HARDWARE FUNCTION	NOTES		
		TYPE	MATERIAL	SHIPAIR	WIDTH	HEIGHT	THICK	TYPE			MATERIAL	PROFILE
102	45 MIN	1AAS	HM	SI	3'-0"	7'-2"	1-3/4"	-	HM	EXISTING	PUSH/PULL	KICK PLATE BOTH SIDE, CLOSER (Ø)
104	45 MIN	1AAS	HM	SI	3'-0"	7'-2"	1-3/4"	-	HM	EXISTING	PUSH/PULL	KICK PLATE BOTH SIDE, CLOSER (Ø)

NOTES:  
 1. INSTALL NEW ADA APPROVED LEVER STYLE HARDWARE ON ALL DOORS.  
 2. REFER TO ARCHITECT SPECIFICATIONS.  
 3. HOLLOW METAL FRAMES TO BE PAINTED.  
 4. SOLID CORE WOOD DOORS TO BE STAINED TO MATCH BUILDING STANDARD. RE-STAIN AS REQUIRED SO THAT ALL DOORS MATCH.  
 5. LABEL EACH DOOR FRAME IN AREA OF CONSTRUCTION WITH DOOR NUMBER. DOOR NUMBER IS TO BE CLEAR WITH LABEL IN CONTRASTING COLOR (WHITE OR BLACK) LETTERING (SIZE 14 FONT) IN UPPER RIGHT HAND CORNER OF FRAME, LOCATED ON DOOR STOP.  
 6. DOORS WITH GARD READERS SHALL COMPLY WITH NFPA 1017.2.1.6.2 (2020, 7TH EDITION)  
 7. ALL EXISTING WALL WITHE TO FIELD VERIFY.  
 8. FIELD VERIFY ALL DOOR HEIGHTS.



**2 CEILING SOFFIT DETAIL**  
SCALE: 3"=1'-0"



W11 - PARTIAL HEIGHT INTERIOR PARTITION  
SCALE: 1-1/2" = 1'-0"

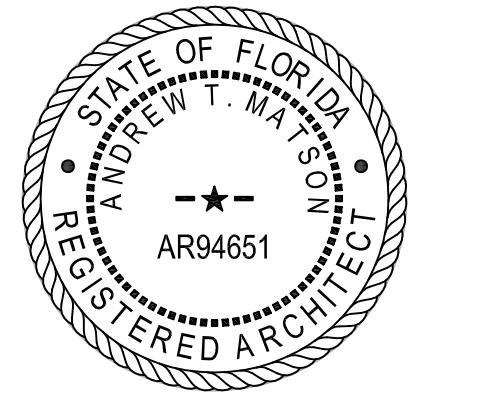
W121A - PARTITION NON-RATED  
SCALE: 1-1/2" = 1'-0"

**SIGNATURES OF APPROVAL**  
 THE SIGNATURES OF ARCHITECTS AND ENGINEERS ON THESE DRAWINGS REPRESENTS THEIR PROFESSIONAL OPINION THAT THE WORK HAS BEEN CONSTRUCTED IN ACCORDANCE WITH THE REQUIREMENTS OF THE CONTRACT DOCUMENTS AND THE CODES OF PRACTICE. ANY CHANGES TO THE WORK AS SHOWN ON THESE DRAWINGS WILL BE DONE AT THE OWNER'S OR ARCHITECT'S EXPENSE. PLANS WERE DEVELOPED FROM INFORMATION SUPPLIED BY THE OWNER OR CONTRACTOR. THE ARCHITECT HAS CONDUCTED VISUAL GENERAL VERIFICATION OF THE WORK AND HAS FOUND IT TO BE IN ACCORDANCE WITH THE DRAWINGS AND EXISTING CONDITIONS AS TO BE REPORTED TO THE ARCHITECT. THE ARCHITECT HAS NOT CONDUCTED ANY INVESTIGATIONS OR TESTS TO DETERMINE THE ACCURACY OF THE INFORMATION PROVIDED INCLUDING ANY ADDITIONAL FINISHES COSTS.

**Restrooms Renovation @ St. Vincent DePaul**  
 401 15th Street North  
 St. Petersburg, Florida 33705

**CONSTRUCTION DOCUMENTS**

Project Number:	23015
Scale:	1/8" = 1'-0"
Drawing Path:	U:\St. Vincent De Paul\23015 Restroom Renovation\CD
Start:	1/2023
Architect:	Andrew T. Malson, A.I.A.
	AR 944651



Partition Types, Door Types, Schedule & Details  
 Drawing Date: 06.22.2023  
 Revisions:

Note: Printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copies.



FAN SCHEDULE												
REMARKS:												
MARK	SERVICE	LOCATION	CFM	EXT.SP WG	MOTOR BHP	MOTOR V/φ	MAX RPM	DRIVE TYPE	WEIGHT	INTERLOCK	BASIS OF DESIGN	ACCESSORIES
EF-1	RESTROOM	ABOVE CEILING	280	0.25	0.06	120/1	1105	DIRECT	24 lbs	LIGHTS	GREENHECK CSP-A390-VG OR APPROVED EQUAL	①②
EF-2	RESTROOM	ABOVE CEILING	280	0.25	0.06	120/1	1105	DIRECT	24 lbs	LIGHTS	GREENHECK CSP-A390-VG OR APPROVED EQUAL	①②

ACCESSORIES:  
 ① SPEED CONTROLLER  
 ② MOTOR WITH THERMAL OVERLOAD  
 ③ VIBRATION ISOLATOR  
 ④ UNIT MOUNTED DISCONNECT

AIR DISTRIBUTION SCHEDULE					
REMARKS:					
1. COORDINATE FRAME & BORDER TYPE WITH CEILING TYPE, REFER TO ARCHITECTURAL PLANS.					
2. COORDINATE WITH BLDG MGT FOR BLDG STANDARDS.					
MARK	CFM	NECK SIZE (INCHES)	FACE SIZE (INCHES)	BASIS OF DESIGN	ACCESSORIES
A	0-125	6"Ø	24"x24"	SUPPLY DIFFUSER EQUAL TO TITUS TMS, MATCH EXISTING.	
	151-250	8"Ø	24"x24"		
	251-350	10"Ø	24"x24"		
	351-475	12"Ø	24"x24"		
	476-650	14"Ø	24"x24"		
651-800	16"Ø	24"x24"			
B	0-125	6"x6"	24"x24"	RETURN/EXHAUST/TRANSFER GRILLE EQUAL TO TITUS MODEL 50F, MATCH EXISTING.	
	150-300	8"x8"	24"x24"		
	301-450	10"x10"	24"x24"		
	451-700	12"x12"	24"x24"		

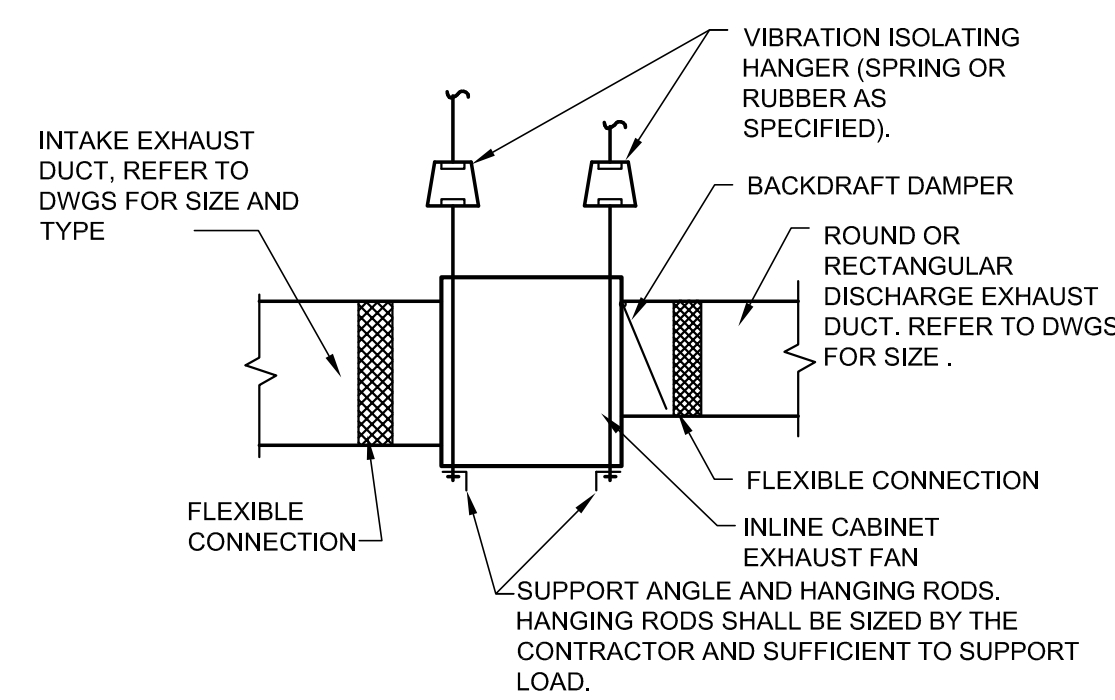
DEMOLITION LEGEND	
	EXISTING RETURN/EXHAUST GRILLE TO BE REMOVED
	EXISTING SUPPLY DIFFUSER TO BE REMOVED
	EXISTING HARD DUCT TO BE REMOVED
	EXISTING FLEX DUCT TO BE REMOVED
	THERMOSTAT TO BE REMOVED
	EXISTING EQUIPMENT TO BE REMOVED

MECHANICAL LEGEND	
	MANUAL VOLUME DAMPER
	EXIST. EXISTING
	RA RETURN AIR
	OA OUTSIDE AIR
	CS & CR CONDENSER WATER SUPPLY AND RETURN
	AFF ABOVE FINISHED FLOOR
	CHWS & CHWR CHILLED WATER SUPPLY AND RETURN
	DUCT REDUCTION IN DIRECTION OF FLOW
	SD DUCT MOUNTED SMOKE DETECTOR
	MOTORIZED DAMPER
	RETURN (OR EXHAUST) GRILLE
	SUPPLY DIFFUSER
	ETR EXISTING TO REMAIN
	RE RELOCATE EXISTING
	ER EXISTING RELOCATED
	FIRE DAMPER
	EXISTING FIRE DAMPER
	NEW HARD DUCT
	EXISTING HARD DUCT
	NEW FLEXIBLE DUCT
	EXISTING FLEXIBLE DUCT
	THERMOSTAT

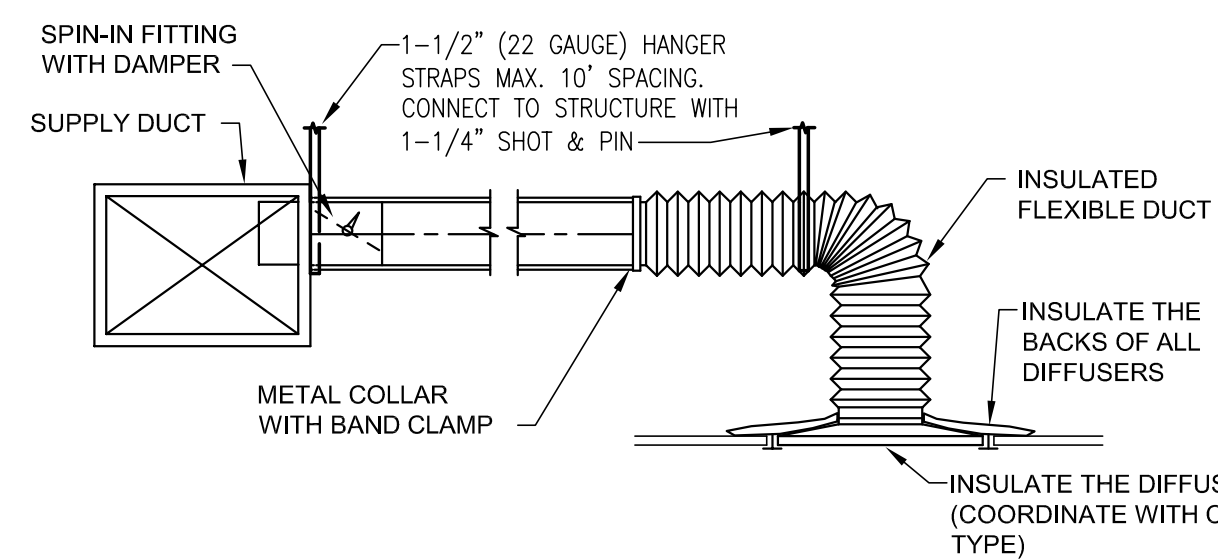
FMCT TABLE 403.3.1.1 COMPLIANCE	
REQUIRED OUTSIDE AIR	
OFFICE: 2 PEOPLE X 5 CFM/PERSON + 311 SQ FT X 0.06CFM/SQ FT = 29 CFM	
CORRIDOR: 0 PEOPLE X 0 CFM/PERSON + 583 SQ FT X 0.06CFM/SQ FT = 35 CFM	
THE DESIGN DRAWINGS PROVIDE 65 CFM OF OUTSIDE AIR	
MEN'S BATHROOM EXHAUST: 4 X 50 CFM = 200 CFM PROVIDED THROUGH EF-1	
WOMEN'S BATHROOM EXHAUST: 4 X 50 CFM = 200 CFM PROVIDED THROUGH EF-2	

EXHAUST AIR	
EF 1	200 CFM
EF 2	200 CFM
<b>TOTAL EXHAUST</b>	<b>400 CFM</b>
<b>TOTAL</b>	
TRANSFER AIR FROM EXISTING UNITS	+ 500 CFM
EXHAUST	- 400CFM
<b>TOTAL BLDG. PRESSURE</b>	<b>100 CFM</b>

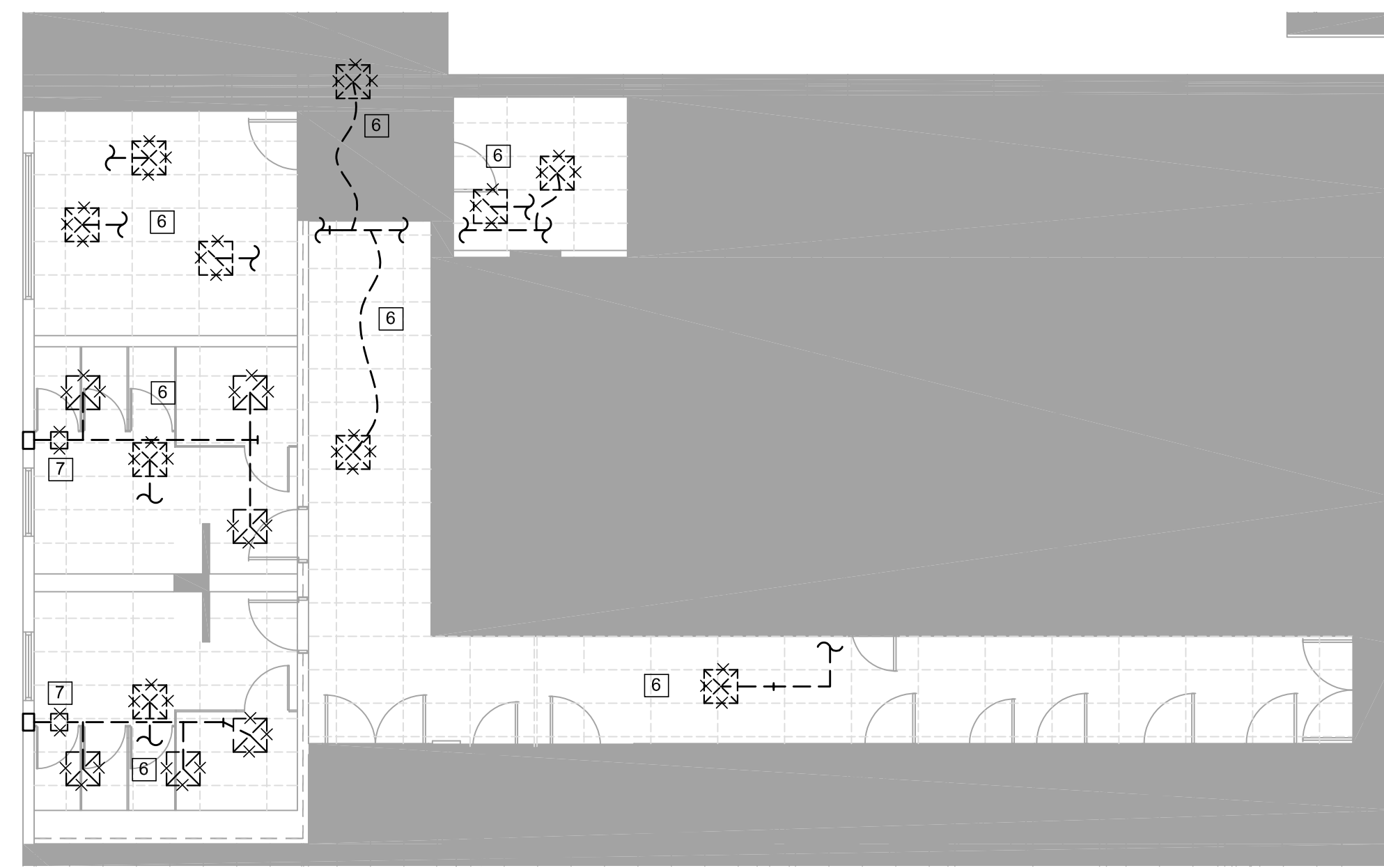
### AIR BALANCE



INLINE CABINET EXHAUST FAN DETAIL  
NTS



SUPPLY DIFFUSER FLEX SUPPORT DETAIL  
NTS

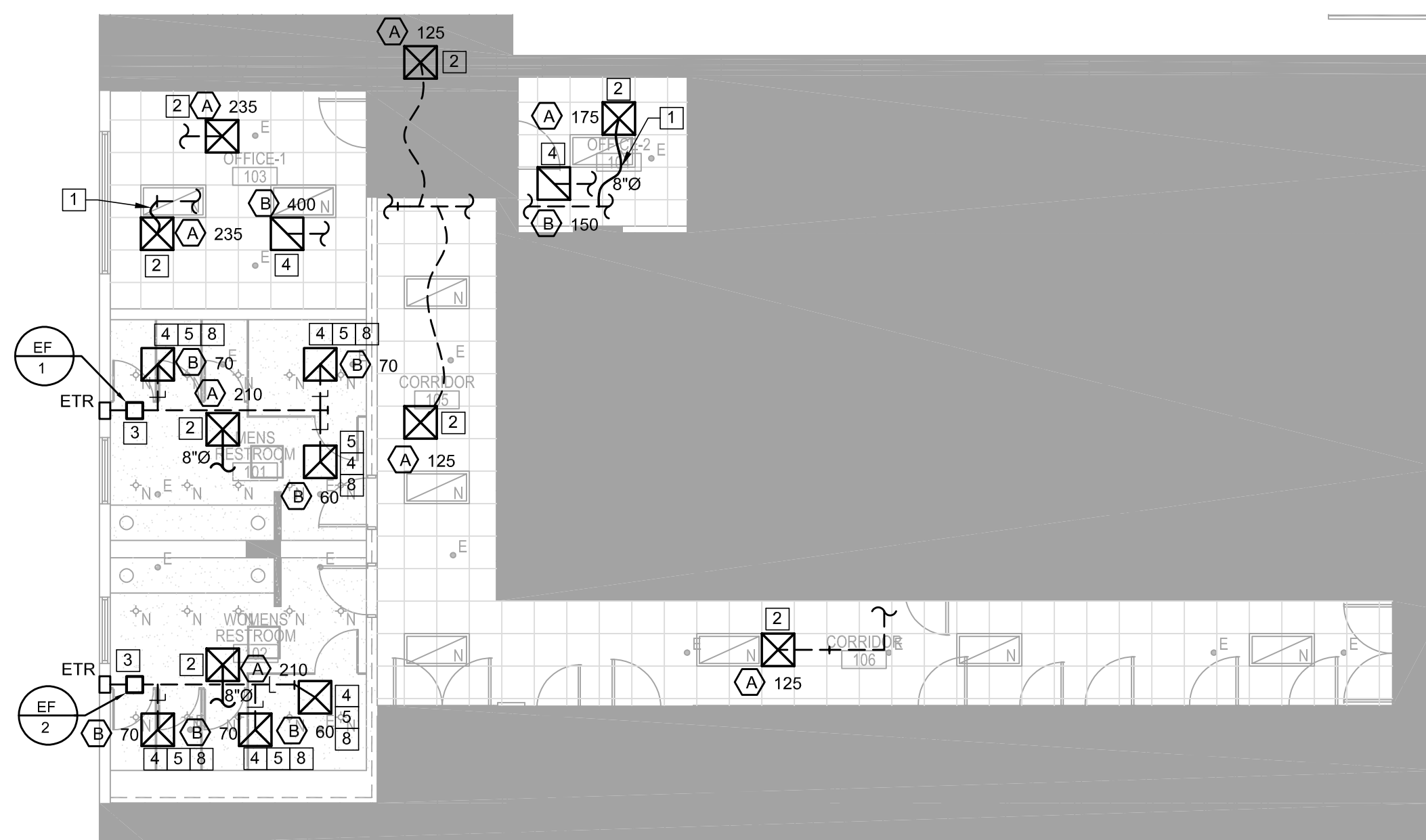


MECHANICAL DEMOLITION PLAN -FIRST FLOOR

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

### SPECIAL MECHANICAL NOTES/REQUESTS:

- CONTRACTOR TO PROVIDE PRE-CONSTRUCTION TEST AND BALANCE. CONTRACTOR SHALL VERIFY LISTED AIR FLOW RATES INDICATED ON NEW PLAN ARE CURRENTLY SUPPLIED TO THESE SPACES AND ALERT ENGINEER OF ANY EXISTING DEFICIENCIES. OUTSIDE AIR ON EXISTING UNITS TO BE BALANCED TO AN ACCUMULATIVE SUM OF 500 CFM WITH NO MORE THAN A MAXIMUM OF 15% OUTSIDE AIR THROUGH EACH UNIT.



MECHANICAL PLAN -FIRST FLOOR

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

### GENERAL MECHANICAL NOTES:

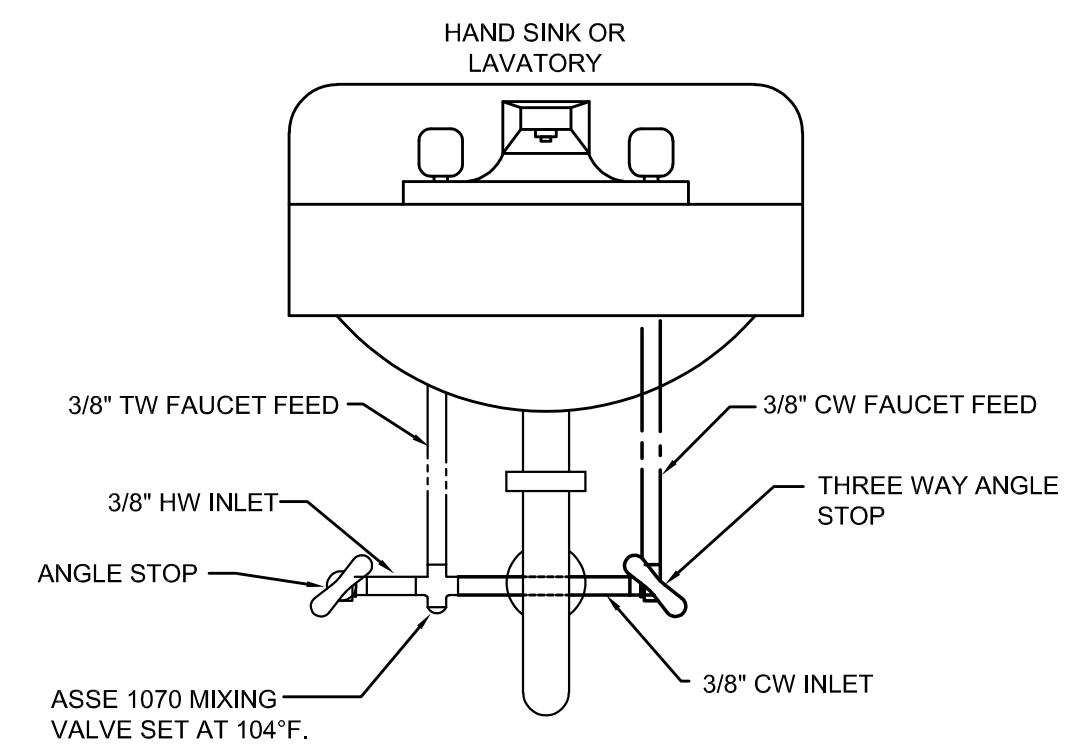
- ALL WORK SHALL BE DONE IN ACCORDANCE WITH 2020 FLORIDA BUILDING CODE MECHANICAL 7TH EDITION. TO THE BEST OF THE ENGINEER'S KNOWLEDGE, ALL DRAWINGS AND SPECIFICATIONS COMPLY WITH MINIMUM EXISTING CODES.
- CONTRACTOR SHALL PROVIDE ALL WORK CUSTOMARILY INCLUDED IF NOT SPECIFICALLY CALLED FOR ON THE PLANS. ALL WORK SHALL BE IN ACCORDANCE WITH BASE BUILDING PLANS AND SPECIFICATIONS.
- CONTRACTOR TO CONSULT BUILDING OWNER FOR BUILDING STANDARDS AND CONTROL SEQUENCES.
- CONTRACTOR SHALL CONFIRM THE EXISTENCE OF FIRE DAMPERS AS REQUIRED BY CODE IN ANY DUCT PENETRATING EXISTING FIRE RATED PARTITIONS.
- CONTRACTOR SHALL VISIT THE SITE AND FAMILIARIZE HIMSELF WITH ALL DETAILS OF THE WORK AND EXISTING CONDITIONS. THE INTENT OF THESE NOTES AND MECHANICAL NOTES ON DRAWINGS IS TO CLARIFY THE SCOPE OF WORK AND ALERT CONTRACTOR OF EXISTING CONDITIONS. CONTRACTOR SHALL VERIFY ALL CLEARANCES BEFORE FABRICATION OF DUCTWORK AND PROVIDE ADDITIONAL OFFSET AND/OR CHANGES IN DUCT SIZES TO MEET FIELD CONDITIONS AND COORDINATE WITH ELECTRICAL AND PLUMBING SUBCONTRACTOR BEFORE ANY CONSTRUCTION WORK.
- CONTRACTOR SHALL PROVIDE A COPY OF THE INDEPENDENT TEST AND BALANCE REPORT AT THE FINAL INSPECTION. CONTRACTOR SHALL ALSO PROVIDE ALL REPORTS AS REQUIRED BY THE SPECIFICATIONS.
- THE GENERAL CONTRACTOR IS RESPONSIBLE FOR ALL TRADES INSTALLATION SCHEDULES, FIXED WORK SUCH AS DUCTWORK AND PLUMBING SHALL BE INSTALLED PRIOR TO ANY TRADE WORK THAT CAN BE EASILY RELOCATED OR OFFSET SUCH AS ELECTRICAL CONDUITS AND SMALL WATER LINES, ETC.
- CONTRACTOR SHALL REVIEW STRUCTURAL DRAWINGS BEFORE INSTALLATION TO AVOID ANY BEAM CONFLICTS AND COORDINATE PIPING AND HVAC DUCTWORK ACCORDINGLY.
- ALL SUPPLY TAKE-OFFS ARE CONNECTED TO HARD TRUNK DUCT WITH SPIN-IN FITTING (WITH MANUAL DAMPER) OF SIZE EQUAL TO DIFFUSER INLET AND DUCT CONNECTION. FLEXIBLE DUCT SHALL BE STRAIGHT WITH NO SAGS OR EXCESS DUCT. TOTAL TURNS SHALL NOT EXCEED 135 DEGREES. THERMA-FLEX OR EQUAL INSULATED FLEX DUCT CONFORMING TO NFPA-90A AND UL 181 FOR "AIR DUCT CONNECTOR."
- ALL EXHAUST VENTS MUST BE AT LEAST 10' FROM ANY OUTSIDE AIR INTAKE. CONTRACTOR TO ADJUST VENTS ACCORDINGLY.
- ALL DUCT SIZES INDICATED ON DRAWINGS ARE INSIDE CLEAR DIMENSIONS.
- ALL SUPPLY/RETURN DUCTWORK TO BE SHEET METAL WITH 1.5" THICK R8. INSULATION PER SMACNA STANDARDS. EXCLUDING FLEX CONNECTIONS TO AIR DISTRIBUTION DEVICES OR AS SPECIFICALLY NOTED ON DRAWINGS.
- RE-ADJUST THE THROW OF ALL AIR DISTRIBUTION DEVICES AFFECTED BY THE ADDITION OR REMOVAL OF PARTITIONS.
- ALL CEILING MOUNTED DIFFUSERS SHALL BE 4-WAY THROW UNLESS OTHERWISE NOTED.
- IN GENERAL, PLANS AND DIAGRAMS ARE SCHEMATIC ONLY AND SHOULD NOT BE SCALED.
- COORDINATE AIR DEVICE LOCATIONS WITH LIGHTING FIXTURES.
- REMOVE ALL FIRE DAMPERS IN ALL DEMOLISHED RATED WALLS. PATCH / REPAIR ALL REMAINING DUCTWORK AS REQUIRED.
- TURNING VANES SHALL BE PROVIDED IN ALL SUPPLY DUCT RECTANGULAR ELBOWS WITH ANGLES BETWEEN 15 DEGREES AND LESS THAN 90 DEGREES PER SMACNA.
- DUCTWORK SHALL NOT BE SUPPORTED BY THE CEILING OR CEILING SUSPENSION SYSTEM.
- ALL WALL MOUNTED THERMOSTATS AND/OR TEMPERATURE SENSORS SHALL BE INSTALLED AT AN ELEVATION OF 48" A.F.F. ALL THERMOSTATS NEED TO BE RECALIBRATED BY A MECHANICAL CONTRACTOR IF THEY ARE RELOCATED. THERMOSTATS SHALL BE FASTENED BY PLASTIC SHIELD AND SCREWS.
- UNLESS OTHERWISE NOTED, INSTALL DUCTWORK AS HIGH AS POSSIBLE, TIGHT TO BOTTOM OF STRUCTURE. COORDINATE DUCT ELEVATION WITH WATER PIPING, SANITARY DRAINS AND MAJOR ELECTRICAL CONDUITS.
- PROVIDE ALL SUPPLEMENTARY STEEL REQUIRED TO INSTALL MECHANICAL EQUIPMENT AND MATERIALS.
- INSTALLATION OF MECHANICAL EQUIPMENT SHALL COMPLY WITH THE MANUFACTURER'S SPECIFICATIONS AND CLEARANCE REQUIREMENTS.
- MATCH DIFFUSER MOUNTING FRAME WITH CEILING TYPE.
- ALL DASHED LINED EQUIPMENT AND DUCTWORK ARE EXISTING. ALL SOLID LINED EQUIPMENT AND DUCTWORK ARE NEW UNDER TENANT WORK EXCEPT FOR DIFFUSERS.
- INSTALL HANGERS AND SUPPORTS AS REQUIRED TO ADEQUATELY SUPPORT THE PIPE LINES WITHOUT INTERFERING WITH THEIR INHERENT FLEXIBILITY, AND AS REQUIRED TO PREVENT SAGGING AND VIBRATION. DO NOT EXCEED SPACINGS AS STATED IN THE MSS SP-58 AND SP-59. VERTICAL RISERS SHALL BE SUPPORTED AT LEAST ONCE IN EACH STORY HEIGHT OR AS SHOWN ON THE DRAWINGS.
- WHERE CONCENTRATED LOADS OF VALVES, FITTINGS, ETC. OCCUR, CLOSER SPACING OF HANGERS AND SUPPORTS WILL BE NECESSARY. SPACINGS SHALL BE BASED ON THE WEIGHT TO BE SUPPORTED AND THE MAXIMUM RECOMMENDED LOADS FOR THE HANGER COMPONENTS.
- FIRE PROTECTION DRAWINGS SHALL BE PROVIDED SEPARATELY BY A FIRE PROTECTION VENDOR AND SHALL BE IN FULL COMPLIANCE WITH FLORIDA FIRE PREVENTION CODE.
- EXHAUST AIR DUCTS ARE SHEETMETAL.
- CONTRACTOR SHALL PROVIDE CONCEALED DAMPER REGULATOR OR ACCESS PANEL FOR ADJUSTMENT OF ALL MANUAL VOLUME DAMPERS/SPIN-IN DAMPERS ABOVE HARD CEILING OR OTHERWISE INACCESSIBLE.

### MECHANICAL KEYED NOTES:

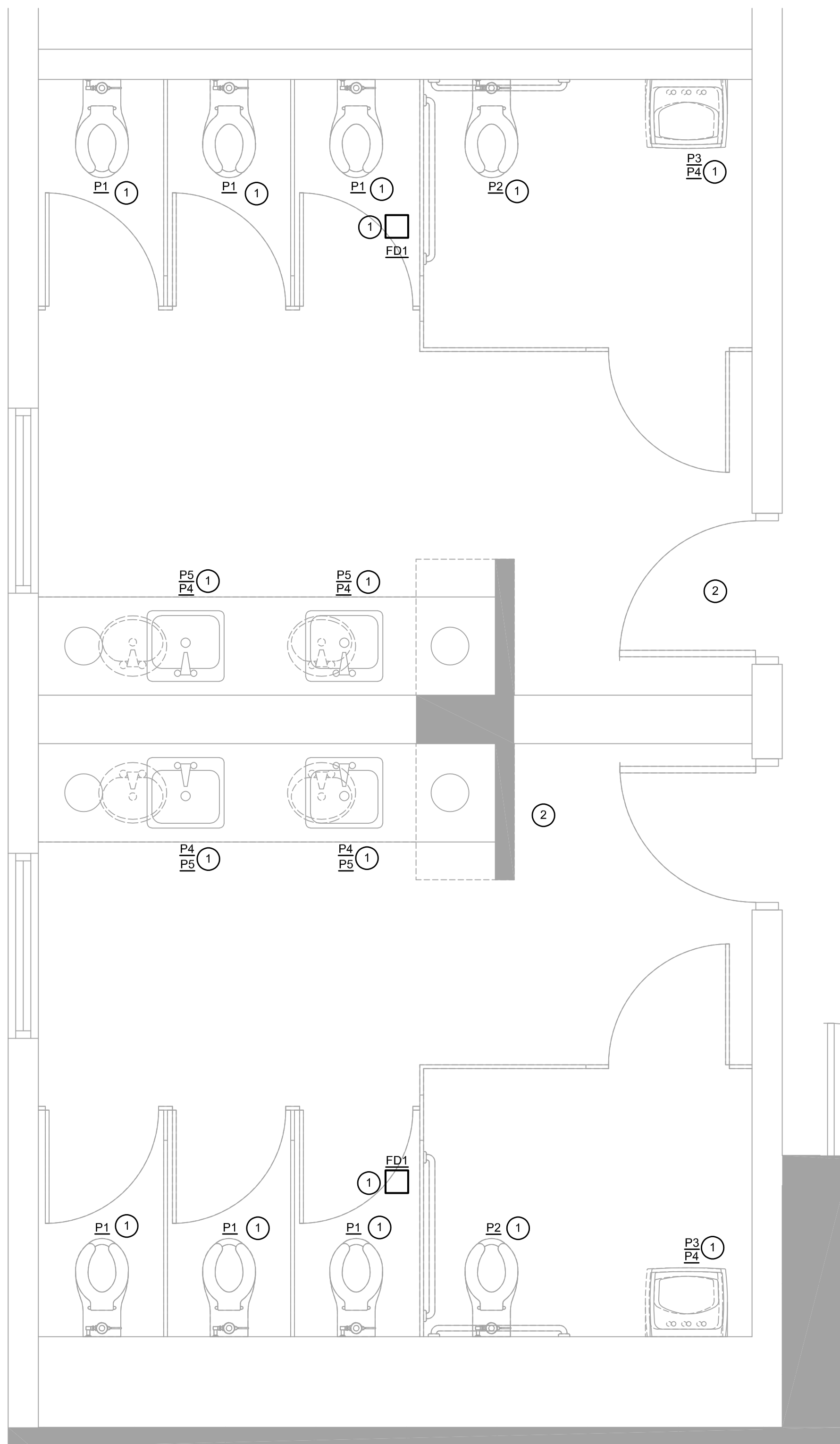
- REPLACE EXISTING DIFFUSER WITH NEW TITUS TMS DIFFUSER IN NEW LOCATION. PROVIDE NEW DUCT WORK AS REQUIRED TO MAINTAIN CONTINUITY. FIELD VERIFY DIFFUSER NECK SIZE PRIOR TO ORDER.
- REPLACE EXISTING DIFFUSER WITH NEW TITUS TMS DIFFUSER. PROVIDE NEW DUCT WORK AS REQUIRED TO MAINTAIN CONTINUITY. FIELD VERIFY DIFFUSER NECK SIZE PRIOR TO ORDER.
- NEW EXHAUST FAN. REFER TO FAN SCHEDULE. EXTEND AND CONNECT DUCTWORK AS REQUIRED TO MAINTAIN CONTINUITY.
- REPLACE EXISTING GRILLE WITH NEW TITUS 50F GRILLE. EXTEND AND CONNECT AS REQUIRED TO MAINTAIN CONTINUITY. FIELD VERIFY NECK SIZE PRIOR TO ORDER.
- PROVIDE PLENUM AS NEEDED AND CONNECT INTO EXISTING EXHAUST DUCT.
- REMOVE AND DISPOSE OF EXISTING SUPPLY/RETURN/EXHAUST GRILLES.
- REMOVE AND DISPOSE EXISTING EXHAUST FAN.
- PROVIDE CONCEALED DAMPER REGULATORS OVER HARD CEILING AREA.

**SIGNATURES OF APPROVAL**  
 PROJECT: RESTROOMS RENOVATION @ ST. VINCENT DE PAUL  
 DATE: 06/22/2023  
 DRAWN BY: ANDREW T. MALSON  
 CHECKED BY: ANDREW T. MALSON  
 PROJECT MANAGER: ANDREW T. MALSON  
 PROJECT ENGINEER: ANDREW T. MALSON  
 PROJECT ARCHITECT: ANDREW T. MALSON  
 PROJECT CONSULTANT: ANDREW T. MALSON  
 PROJECT CONTRACTOR: ANDREW T. MALSON  
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**LAVATORY/SINK MIXING VALVE DETAIL**  
NTS



**PLUMBING PLAN - FIRST FLOOR**  
SCALE: 1/2" = 1'-0"

DRAIN AND CLEANOUT SCHEDULE						
MARK	OUTLET SIZE	STRAINER SIZE	MANUFACTURER'S NUMBERS			NOTES
			JOSAM	WADE	ZURN	
FD1	3"	6" ROUND	A-6A-2-VP	EQUIVALENT	EQUIVALENT	SATIN FINISH BRONZE TOP PROVIDE W/PRECISION PLUMBING *OREGON #11 TRAP PRIMER.

PLUMBING FIXTURE AND CONNECTION SCHEDULE												
PNO	FITURE DESCRIPTION	MOUNTING HEIGHT	MIN. CONNECTIONS			SPECIFICATION					NOTES	
			WASTE	CW	HW	MANUFACTURER	FIXTURE	TRIM	WASTE	MCGUIRE TRAP		SUPPLY
P1	WATER CLOSET FLOOR MOUNTED FLUSH VALVE 1.28 GAL/FLUSH	FLOOR TO RIM 15"	4"	1"	--	AMERICAN-STANDARD	3451.001	6047.121.002	--	--	--	SEAT - OLSONITE 95 OR EQUIVALENT BY BENEKE OR BEMIS PROVIDE FLUSH HANDLE ON LAV SIDE
						ZURN	EQUIVALENT	EQUIVALENT	--	--	--	
						KOHLER	EQUIVALENT	EQUIVALENT	--	--	--	
P2	ADA WATER CLOSET FLOOR MOUNTED FLUSH VALVE 1.28 GAL/FLUSH	FLOOR TO RIM 17 1/8"	4"	1"	--	AMERICAN-STANDARD	3461.001	6047.121.002	--	--	--	SEAT - OLSONITE 95 OR EQUIVALENT BY BENEKE OR BEMIS PROVIDE FLUSH HANDLE ON LAV SIDE
						ZURN	EQUIVALENT	EQUIVALENT	--	--	--	
						KOHLER	EQUIVALENT	EQUIVALENT	--	--	--	
P3	THERMOSTATIC MIXING VALVE	--	--	3/8"	3/8"	WATTS	LFUSG-B-M2	--	--	--	--	PROVIDE THERMOMETER IN DISCHARGE PIPE. 3/8" CW INLET 3/8" TW OUTLET SHALL BE ASSE-1070 COMPLAINT
						LEONARD	EQUIVALENT	--	--	--	--	
						BRADLEY	EQUIVALENT	--	--	--	--	
P4	LAVATORY WALL HUNG 27"x18" 4" CENTER HOLES	FLOOR TO BOTTOM OF APRON MIN. 29"	1 1/4"	1/2"	1/2"	BADLEY	TL-18	--	S-CHROME	MCGUIRE 8872C	MCGUIRE LFST07	PROVIDE FLOOR MOUNTED CARRIER BY JOSAM, WADE, OR ZURN PROVIDE PRE-MOLDED PRE-INSULATED COVER FOR TRAP & SUPPLIES PROVIDE DRAIN OFFSET TO PROVIDE HANDICAP CLEARANCE PROVIDE P-TRAP AND ANGLE STOPS
						ACORN	EQUIVALENT	--	EQUIVALENT	EQUIVALENT	EQUIVALENT	
						CHICAGO FAUCET	--	2200-4	--	--	--	
						DELTA FAUCET	--	EQUIVALENT	--	--	--	
						BRADLEY	SL-TR1	--	S-CHROME	MCGUIRE 8872C	MCGUIRE LFST07	
P5	LAVATORY COUNTERTOP 19"x16" RECTANGLE 4" ON CENTER	COUNTER TOP	1 1/4"	1/2"	1/2"	BRADLEY	SL-TR1	--	S-CHROME	MCGUIRE 8872C	MCGUIRE LFST07	PROVIDE PRE-MOLDED PRE-INSULATED COVER FOR TRAP & SUPPLIES PROVIDE DRAIN OFFSET TO PROVIDE HANDICAP CLEARANCE PROVIDE P-TRAP AND ANGLE STOPS
						ACORN	EQUIVALENT	--	EQUIVALENT	EQUIVALENT	EQUIVALENT	
						CHICAGO FAUCET	--	2200-4	--	--	--	
						DELTA FAUCET	--	EQUIVALENT	--	--	--	
						BRADLEY	SL-TR1	--	S-CHROME	MCGUIRE 8872C	MCGUIRE LFST07	

PLUMBING LEGEND	
-----	WASTE PIPING
- - - - -	VENT PIPING
-----	COLD WATER PIPING
-----	HOT WATER PIPING HW- 140°
-----	TEPID WATER PIPING TW - 110°
---SD---	STORM PIPING
---C---	CONDENSATE PIPING
W	WASTE
V	VENT
VTR	VENT THRU ROOF
CW	COLD WATER
HW	HOT WATER
HWR	HOT WATER RETURN
WH	WALL HYDRANT
HB	HOSE BIBB
RD	ROOF DRAIN
RL	RAIN LEADER
SA	SHOCK ARRESTOR
TP	TRAP PRIMER
CO	CLEAN OUT
⊕	GAS COCK
⊕	GAS PRESSURE REGULATOR
⊕	BALL VALVE

**PLUMBING GENERAL NOTES**

- ALL WORK SHALL BE DONE IN ACCORDANCE WITH 2020 FLORIDA BUILDING CODE PLUMBING 7TH EDITION AND APPLICABLE CODES. TO THE BEST OF THE ENGINEER'S KNOWLEDGE, THE PLANS AND SPECIFICATIONS COMPLY WITH THE APPLICABLE MINIMUM BUILDING CODES AND THE APPLICABLE FIRE SAFETY STANDARDS AS DETERMINED BY THE LOCAL AUTHORITY IN ACCORDANCE WITH SECTION AND CHAPTER 633, FLORIDA STATUTES, FBC 110.8.4.4 2020. ALL DRAWINGS AND SPECIFICATIONS COMPLY WITH MINIMUM EXISTING CODES.
- CONTRACTOR SHALL PROVIDE ALL WORK CUSTOMARILY INCLUDED IF NOT SPECIFICALLY CALLED FOR ON THE PLANS. ALL WORK SHALL BE IN ACCORDANCE WITH BASE BUILDING PLANS AND SPECIFICATIONS.
- CONTRACTOR SHALL VISIT THE SITE AND FAMILIARIZE HIMSELF WITH ALL DETAILS OF THE WORK AND EXISTING CONDITIONS. THE INTENT OF THESE NOTES AND MECHANICAL NOTES ON DRAWINGS IS TO CLARIFY THE SCOPE OF WORK AND ALERT CONTRACTOR OF EXISTING CONDITIONS.
- THE GENERAL CONTRACTOR IS RESPONSIBLE FOR ALL TRADES INSTALLATION SCHEDULES. FIXED WORK SUCH AS PLUMBING SHALL BE INSTALLED PRIOR TO ANY TRADE WORK THAT CAN BE EASILY RELOCATED OR OFFSET SUCH AS ELECTRICAL CONDUITS AND SMALL WATER LINES, ETC.
- CONTRACTOR SHALL REVIEW STRUCTURAL DRAWINGS BEFORE INSTALLATION TO AVOID ANY BEAM CONFLICTS AND COORDINATE PIPING ACCORDINGLY.
- ROUTE ALL PIPING CONCEALED ABOVE CEILING, WITHIN WALLS OR IN CHASES EXCEPT AS SPECIFICALLY NOTED. PATCH ALL EXISTING SURFACES AFFECTED TO MATCH ADJACENT SURFACES.
- SEE ARCHITECTURAL DRAWINGS FOR FIXTURE LOCATIONS AND MOUNTING HEIGHTS.
- SLEEVE AND FIRE STOP ALL PENETRATIONS OF RATED WALLS, CEILINGS, ETC., INCLUDING ROOF, FLASH AND COUNTERFLASH ROOF PENETRATIONS.
- FIELD VERIFY EXISTING INSTALLATIONS OF ALL TRADES. MODIFY EXISTING PLUMBING SYSTEMS, WHICH ARE TO REMAIN ACTIVE, TO FACILITATE RECONNECTION AND EXTENSION UNDER THE NEW WORK.
- UTILITIES AND SERVICES INDICATED ARE TAKEN FROM VARIOUS OLD AND NEW SURVEYS. AS-BUILT RECORDS, AND FIELD INVESTIGATION. IT IS TO BE UNDERSTOOD THAT UNFORESEEN CONDITIONS, PROBABLY EXIST AND NEW WORK MAY NOT BE FIELD LOCATED EXACTLY AS SHOWN ON DRAWINGS.
- PIPE ROUTING IS SCHEMATIC AND IS NOT INTENDED TO INDICATE EXACT ROUTING OR ANY ADDITIONAL OFFSETS OR FITTINGS REQUIRED FOR PROPER INSTALLATION AND CLEARANCES. CONTRACTOR TO VERIFY STRUCTURAL, MECHANICAL, ELECTRICAL INSTALLATIONS AND OBSTRUCTIONS OF ALL TRADES AND ROUTE PIPING TO AVOID ANY INTERFERENCES.
- DOMESTIC WATER PIPING SHALL BE "L" COPPER ABOVE SLAB AND TYPE "K" BELOW SLAB.
- ALL SANITARY AND VENT PIPING SHALL BE SCHEDULE 40 PVC.
- WATER HAMMER ARRESTORS SHALL BE INSTALLED WHERE QUICK-CLOSING VALVES ARE UTILIZED.
- HOT WATER PIPING PIPE INSULATION: SHALL BE 1" THICK FIBERGLASS (K-0.23 AT 75 DEGREES F.) WITH FACTORY APPLIED WHITE, FLAME RESISTANT, VAPOR BARRIER JACKET TYPE ASJ, AS MANUFACTURED BY OWENS-CORNING, GUSTIN-BACON, OR PPG. INSULATE ALL HOT WATER PIPING, HWRC PIPING, HORIZONTAL STORM PIPING AND BOTTOM OF ROOF DRAIN BOWLS AND SHALL BE INSULATED PER 2020 FLORIDA BUILDING CODE ENERGY CONSERVATION SECTION C-404.4 AND TABLE C-403.2.10.

**PLUMBING KEY NOTES**

- REMOVE EXISTING PLUMBING FIXTURE AND REPLACE WITH NEW AS SCHEDULED. ROD ALL EXISTING WASTE PIPING. INSPECT ALL PIPING FOR REUSE. INFORM OWNER OF ANY PIPING NEEDING TO BE REPLACED. EXTEND AND CONNECT AS REQUIRE TO EXISTING WATER, WASTE AND VENT TO MAINTAIN CONTINUITY.
- PROVIDE ACCESS PANEL FOR ACCESS TO DOMESTIC HOT/COLD WATER VALVES.

**SIGNATURES OF APPROVAL**  
I, THE ENGINEER, HEREBY CERTIFY THAT I AM A LICENSED PROFESSIONAL ENGINEER IN THE STATE OF FLORIDA AND THAT I AM THE DESIGN PROFESSIONAL FOR THIS PROJECT. MY EXERCISE OF PROFESSIONAL RESPONSIBILITY IS LIMITED TO THE SCOPE OF MY LICENSE AND THE DESIGN AND SPECIFICATIONS SHOWN ON THESE PLANS. ANY CHANGES TO THESE PLANS SHALL BE MADE BY ME OR UNDER MY CLOSE PERSONAL SUPERVISION AND APPROVAL. I AM NOT PROVIDING ANY GUARANTEE OR WARRANTY OF ANY KIND FOR THE WORK SHOWN ON THESE PLANS. THE DRAWINGS AND DESIGN CONDITIONS ARE TO BE REPORTED TO THE BOARD OF ENGINEERING AND ARCHITECTURE UPON REQUEST.  
DATE: 06/22/2023  
ENGINEER: ANDREW T. MALSON, A.L.A.

**Restrooms Renovation**  
@ St. Vincent DePaul  
401 15th Street North  
St. Petersburg, Florida 33705

**CONSTRUCTION DOCUMENTS**  
Project Number: 20303  
Scale: AS NOTED  
Drawing Path: IWG  
Staff: Andrew T. Malson, A.L.A.  
Architect: AR 94851

Plumbing Plan  
First Floor

Drawing Date: 06.22.2023

Revisions:



**SIGNATURES OF APPROVAL**

**PROJECT NUMBER:** 20303  
**SCALE:** AS NOTED  
**DRAWING PATH:** WG  
**STAFF:** Andrew T. Mabson, A.I.A.  
**ARCHITECT:** AR 94851

## Restrooms Renovation @ St. Vincent DePaul

401 15th Street North  
St. Petersburg, Florida 33705

**CONSTRUCTION DOCUMENTS**

Project Number: 20303  
Scale: AS NOTED  
Drawing Path: WG  
Staff: Andrew T. Mabson, A.I.A.  
Architect: AR 94851

**GENERAL ELECTRICAL NOTES**

1. CONTRACTOR SHALL VERIFY EXISTING JOB SITE CONDITIONS DURING THE BIDDING PERIOD TO OBTAIN THE SCOPE OF ELECTRICAL WORK INVOLVED AS A RESULT OF ARCHITECTURAL MODIFICATIONS TO THE EXISTING STRUCTURE. THE SCOPE OF WORK SHALL INCLUDE MATERIALS AND OUTLETS CONSISTING OF FIXTURES, DEVICES, EQUIPMENT OR APPARATUS WHICH MUST BE ROUTED, RELOCATED, OR REMOVED EITHER TEMPORARILY OR PERMANENTLY, OR WHICH MUST BE PROVIDED SO THAT THE INDICATED REMODELING MAY BE ACCOMPLISHED.

2. RE-ESTABLISH SERVICE TO ALL OUTLETS THAT MAY BE INTERRUPTED BECAUSE OF REMODELING WORK.

3. PROVIDE ALL APPURTENANCES REQUIRED TO REROUTE, RELOCATE, REMOVE, OR REINSTALL ALL ITEMS DESCRIBED IN THESE NOTES.

4. RETAIN ALL MATERIALS BEING REMOVED AND NOTIFY BUILDING MANAGER FOR DIRECTION AS TO MATERIALS TO BE SAVED OR DISCARDED. DELIVER THOSE MATERIALS TO BE SAVED TO THE LOCATION ON THE PREMISES AS DIRECTED BY THE BUILDING MANAGER.

5. REFER TO ARCHITECTURAL/INTERIOR DRAWINGS FOR EXACT LOCATIONS OF LIGHTING FIXTURES AND OUTLETS. ALL WALL POWER AND TELEPHONE OUTLETS SHALL BE MOUNTED AT 18" A.F.F. TO CENTER AND ALL LIGHT AND DIMMER SWITCHES SHALL BE MOUNTED AT 48" A.F.F. TO CENTER, EXCEPT WHERE SPECIFICALLY INDICATED OTHERWISE ON THE PLANS. DIMENSIONS NOTED ON ARCHITECTURAL/INTERIOR DESIGNER'S DRAWINGS SHALL PREVAIL.

6. NEW EXIT LIGHT FIXTURES SHALL MATCH EXISTING EXIT LIGHT FIXTURE IN SAME AREA.

7. CONTRACTOR SHALL PROVIDE, INSTALL AND CONNECT NEW BATTERY BACK-UP (MINIMUM 1100 LUMEN) IN EXISTING RELOCATED LIGHT FIXTURES FOR EMERGENCY LIGHTING, MINIMUM 1.5 HR. OF BACK-UP. (TYPICAL FOR ALL NON-GENERATOR BACK-UP SYSTEMS).

8. CONTRACTOR MAY COMBINE WIRES IN ONE CONDUIT FOR CONVENIENCE OF INSTALLATION, PROVIDED ALL THE REQUIREMENTS OF THE N.E.C. ARE OBSERVED.

9. ALL ELECTRICAL EQUIPMENT IS SHOWN DIAGRAMMATICALLY. EXACT LOCATIONS ARE TO BE DETERMINED IN THE FIELD AVOIDING INTERFERENCES.

10. THE INSTALLATION SHALL COMPLY WITH SPECIFICATIONS AND ALL REQUIREMENTS OF THE LATEST EDITION OF THE N.E.C., OSHA, STATE AND LOCAL CODES.

- FLORIDA BUILDING CODE 2020, 7TH EDITION
- FLORIDA FIRE PREVENTION CODE 2020, 7TH EDITION
- NFPA 70 NATIONAL ELECTRIC CODE 2017
- NFPA 72 NATIONAL FIRE ALARM CODE 2016
- NFPA 101 LIFE SAFETY CODE 2018

11. ALL WIRE SHALL BE COPPER. ALL WIRE, CONDUIT AND BREAKERS SHALL BE #12 COPPER WIRE (THHN OR THWN), 1/2" CONDUIT AND 20 AMP SINGLE POLE BREAKERS UNLESS OTHERWISE NOTED. (TYPICAL)

12. WHEN BRANCH CIRCUIT LENGTH EXCEEDS 75 FEET FROM PANEL, WIRING SHALL BE INCREASED TO #10 AWG WITH #10 AWG GROUND. WHEN BRANCH CIRCUIT LENGTH EXCEEDS 150 FEET FROM PANEL, BRANCH WIRING SHALL BE INCREASED TO #8 AWG WITH #8 AWG GROUND.

13. PROVIDE #6 COPPER GROUND TO TELEPHONE BACKBOARD.

14. PROVIDE GROUND CONDUCTOR IN ALL RACEWAYS.

15. CONTRACTOR SHALL UPDATE PANEL DIRECTORY AS PER WIRING IN FIELD.

16. CONTRACTOR SHALL USE EXISTING SPARE BREAKERS/BLANKS IN PANEL(S) AND CIRCUITS MADE AVAILABLE THROUGH DEMOLITION PRIOR TO ADDING NEW PANEL(S). VERIFY IN FIELD.

17. THE INSTALLATION OF WIRING, RACEWAY AND DEVICES FOR THE FIRE ALARM SHALL BE IN ACCORDANCE WITH ALL APPLICABLE CITY CODES, NFPA CODES AND UNIFORM RULE 44-48, RULES AND REGULATIONS OF THE STATE FIRE MARSHAL'S OFFICE F.S. 633.01 AND 633.701.

18. THE FIRE ALARM CONTRACTOR SHALL PERFORM A SITE VISIT PRIOR TO BID TO VERIFY ENOUGH POWER EXISTS TO OPERATE ALL NEW AND EXISTING FIRE ALARM DEVICES. INCLUDE AN EXPANDER PANEL IF REQUIRED.

19. ALL CIRCUIT BREAKERS FOR MECHANICAL EQUIPMENT SHALL BE HACR RATED.

20. ALL NEW BREAKERS ADDED TO EXISTING PANELS SHALL HAVE SAME A.I.C. RATING AS EXISTING BREAKERS UNLESS NOTED OTHERWISE.

21. VOLTAGE DROP HAS BEEN CALCULATED IN COMPLIANCE WITH FBC ENERGY CONSERVATION C405.5.3 AND NEC 210.19(A)(1) FPN#4. VOLTAGE DROP IN FEEDER CONDUCTORS TO BE MAXIMUM OF 2% AT DESIGN LOAD. VOLTAGE DROP IN BRACH CIRCUITS TO BE MAXIMUM OF 3% AT DESIGN LOAD.

22. FIRE ALARM PERMIT DRAWINGS SHALL BE PREPARED AND SUBMITTED BY THE FIRE ALARM SYSTEM CONTRACTOR.

23. ANY NEW FIRE ALARM VISUAL DEVICES SHALL HAVE A CANDELA RATING OF 75 UNLESS NOTED OTHERWISE. ANY NEW FIRE ALARM AUDIO DEVICE SHALL HAVE A MINIMUM 85 DECIBEL OUTPUT. ANY NEW FIRE ALARM SPEAKER DEVICE SHALL BE 0.5 WATT UNLESS NOTED OTHERWISE.

24. LIGHT FIXTURE SUPPORTED BY CEILING GRID SHALL BE SUPPORTED AS PER FIELD TECHNICAL INFORMATION #40. LIGHT FIXTURE WEIGHING LESS THAN 10 LBS SHALL HAVE (1) 12 GA HANGWIRE CONNECTED FROM THE FIXTURE TO THE STRUCTURE ABOVE. LIGHT FIXTURES WEIGHING MORE THAN 10 LBS SHALL HAVE (2) 12 GA WIRES ATTACHED AT OPPOSING CORNERS OF THE LIGHT FIXTURE TO THE STRUCTURE ABOVE.

25. MINIMUM EMERGENCY ILLUMINATION SHALL BE PROVIDED FOR A PERIOD OF 1 1/2 HOURS IN THE EVENT OF FAILURE OF NORMAL LIGHTING, WITHIN THE WORK AREA. EMERGENCY LIGHTING FACILITIES SHALL BE ARRANGED TO PROVIDE INITIAL ILLUMINATION THAT IS AT LEAST AN AVERAGE OF 1 FOOTCANDLE MEASURED ALONG THE PATH OF EGRESS AT FLOOR LEVEL. FBC2014 1006, EXISTING FBC2014 805.7.

26. BREAKERS FOR ALL MULTIPLE CIRCUIT HOMERUNS WHICH SHARE A COMMON NEUTRAL SHALL BE CONNECTED WITH BREAKER TIES.

27. TO THE BEST OF THE ENGINEER'S KNOWLEDGE, THE PLANS AND SPECIFICATIONS COMPLY WITH THE APPLICABLE MINIMUM BUILDING CODES AND THE APPLICABLE FIRE SAFETY STANDARDS AS DETERMINED BY THE LOCAL AUTHORITY IN ACCORDANCE WITH SECTION AND CHAPTER 633, FLORIDA STATUTES, FBC 110.8.4.4

28. NEW OUTLETS ON OPPOSITE SIDE OF WALL SHALL BE STAGGERED BY A MINIMUM OF ONE STUD FOR SOUND ATTENUATION.

29. MC CABLE IS ACCEPTABLE FOR 20A AND 30A CIRCUITS IN WALLS AND ABOVE THE CEILING. THE INSTALLATION SHALL COMPLY WITH ALL OF THE REQUIREMENTS IN NEC ARTICLE 330.

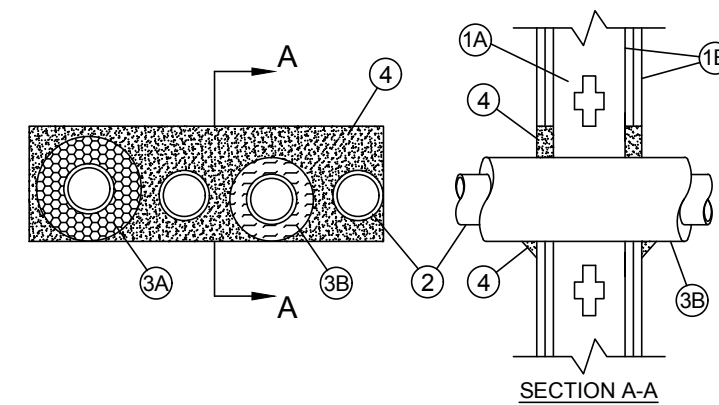
30. NO JUNCTION BOXES SHALL BE INACCESSIBLE ABOVE HARD CEILINGS. CONTRACTOR SHALL PERFORM A SITE SURVEY PRIOR TO BID AND PROVIDE A LINE-ITEM PRICE TO RELOCATED ANY EXISTING BOXES THAT WILL BE IN CONFLICT WITH PROPOSED CEILINGS. WHERE REQUIRED, CONTRACTOR SHALL PROVIDE ACCESS PANEL(S), COORDINATE SIZE AND LOCATION WITH ARCHITECT.

ELECTRICAL SYMBOLS LEGEND			
LIGHTING FIXTURE	TRANSFORMER - AS NOTED		
WALLWASHER LIGHT FIXTURE	WALL COMMUNICATION OUTLET. PROVIDE MIN. 1" CONDUIT WITH PULL WIRES TO ABOVE CEILING.(TELEDATE/CABLE TV)		
FLUORESCENT LIGHT FIXTURE	FLOOR TELE/ DATA BOX		
FLUORESCENT STRIP LIGHTING FIXTURE	FIREMANS PHONE JACK		
EXIT SIGN FIXTURE - ARROWS AS INDICATED	CARD READER		
FIXTURES ON EMERGENCY CIRCUIT OR FURNISHED W BATTERY PACK	PLUGMOLD		
REMOTE EMERGENCY LIGHT W/BATTERY PACK	MAGNETIC DOOR HOLDER (REF: HARDWARE SPEC'S)		
S.P.S.T. TOGGLE SWITCH	FIRE ALARM SMOKE DETECTOR - CEILING/WALL MOUNTED		
THREE-WAY TOGGLE SWITCH / FOUR-WAY TOGGLE SWITCH	FIRE ALARM HEAT DETECTOR		
SWITCH WITH PILOT LIGHT	FIRE ALARM SIGNAL LIGHT, MTD, 82" A.F.F.		
DIMMER SWITCH	FIRE ALARM SPRINKLER FLOW SWITCH		
DUPLEX RECEPTACLE OUTLET	FIRE ALARM SPRINKLER VALVE TAMPER SWITCH		
DUPLEX RECEPTACLE OUTLET - MTD, ABOVE COUNTER	FIRE ALARM SMOKE DETECTOR - DUCT MOUNTED		
QUADPLEX RECEPTACLE OUTLET	FIRE ALARM SPEAKER, CLG, MTD		
SINGLE RECEPTACLE OUTLET MTD, AS NOTED	FIRE ALARM COMBINATION AUDIOVISUAL DEVICE WALL MTD, 82" A.F.F.		
FLOOR OUTLET WITH RECEPTACLE	MANUAL STATION 48" A.F.F.		
DEDICATED DUPLEX OUTLET	RELAY		
SPECIAL PURPOSE OUTLET - AS NOTED	JUNCTION BOX - CEILING MOUNTED		
JUNCTION BOX - WALL MOUNTED	MOTORIZED DAMPER		
FLOOR JUNCTION BOX	SMOKE DAMPER		
FURNITURE SYSTEM POWER POLE	ABANDONED		
FURNITURE SYSTEM WALL POWER FEED	ABOVE FINISHED FLOOR OR GRADE		
FURNITURE SYSTEM WALL TELE/ DATA CLG	CEILING		
DISCONNECT SWITCH - 30A/3NF U.O.N.	EXISTING		
FUSED DISCONNECT SWITCH	ELECTRIC DRINKING FOUNTAIN		
ENCLOSED CIRCUIT BREAKER	GROUND FAULT INTERRUPTING		
277/480 VOLT PANELBOARD	ISOLATED GROUND		
120/208 VOLT PANELBOARD	LIGHTING		
MOTOR	NON-FUSED		
CONDUIT CONCEALED IN WALL OR OVERHEAD	ON CENTER		
CONDUIT CONCEALED IN FLOOR OR UNDERGROUND	RELOCATED		
CONDUIT RUN EXPOSED	RECEPTACLE		
LOW VOLTAGE WIRE	SPARE		
TICK MARKS INDICATE #12 CONDUCTORS OR AS NOTED	UNLESS OTHERWISE NOTED		
GROUND CONNECTION AS NOTED	INDICATES WEATHERPROOF DEVICE OR PLATE		
FURNITURE SYSTEM WALL TELE/ DATA CLG	FIRE ALARM CONTROL PANEL		
DISCONNECT SWITCH - 30A/3NF U.O.N.	FIRE ALARM ANNUNCIATOR PANEL		
FUSED DISCONNECT SWITCH	SIGNALING LINE CIRCUIT		
ENCLOSED CIRCUIT BREAKER	NOTIFICATION APPLIANCE CIRCUIT		
277/480 VOLT PANELBOARD	FIRE ALARM KNOX BOX		
120/208 VOLT PANELBOARD			
LIGHTING			
NON-FUSED			
ON CENTER			
RELOCATED			
RECEPTACLE			
SPARE			
UNLESS OTHERWISE NOTED			
INDICATES WEATHERPROOF DEVICE OR PLATE			
FIRE ALARM CONTROL PANEL			
FIRE ALARM ANNUNCIATOR PANEL			
SIGNALING LINE CIRCUIT			
NOTIFICATION APPLIANCE CIRCUIT			
FIRE ALARM KNOX BOX			

NOTE: NOT ALL SYMBOLS ARE USED.

## RATED THRU WALL PIPE PENETRATION

System No. W-L-8010  
May 19, 2005  
F Ratings - 1 & 2 Hr (See Item 1)  
T Ratings - 1/4, 3/4, 1, 1-1/2 and 1-3/4 Hr (See Items 2 & 3)



**1. Wall Assembly** - The 1 or 2 hr fire-rated system wall/boardcast wall assembly shall be constructed of the materials and in the manner specified in the individual UL90, 3400 or V801 Series Wall and Partition Design in the U.S. Fire Resistance Directory and shall include the following construction features:

**A. Studs** - Wall framing may consist of either wood studs or steel channel studs. Wood studs to consist of nom 2 in. by 4 in., (51 mm to max 102 mm) lumber spaced 16 in., (405 mm) OC. Steel studs to max 3.5-8 in., (89 mm) wide and spaced max 24 in., (610 mm) OC.

**B. Gypsum Board** - Nom 5/8 in., (16 mm) thick gypsum wallboard, as specified in the Individual Wall and Partition Design. Max area of opening is 65.16 sq.in. (421 cm<sup>2</sup>) with max dimension of 14.12 in., (358 mm).

The hourly F Rating of the firestop system is equal to the hourly fire rating of the wall assembly.

**2. Through Penetrants** - A max of four pipes, conduits or tubing to be installed within the opening. The space between pipes, conduits or tubing shall be min 1/2 in. to max 1-9/16 in., (13 mm to max 33 mm). The space between pipes, conduits or tubing and periphery of opening shall be min 1/4 in., (20 mm) for uninsulated copper tubes and copper pipes (Items 2C and 2D), and 2 in. (joint contact) for insulated copper tubes and copper pipes and uninsulated steel pipes and conduit (Item 2B). The space between pipes, conduits or tubing, and periphery of opening shall be max 1/8 in., (3 mm). Pipe, conduit or tubing to be tightly supported on both sides of floor or wall assembly. The following types and sizes of metallic pipes, conduits or tubing may be used:

- A. Steel Pipe** - Nom 2 in., (51 mm) diam (or smaller) Schedule 5 (or heavier) steel pipe.
- B. Conduit** - Nom 2 in., (51 mm) diam (or smaller) steel electrical metallic tubing or steel conduit.
- C. Copper Tubing** - Nom 2 in., (51 mm) diam (or smaller) Type I, (or heavier) copper tubing.
- D. Copper Pipe** - Nom 2 in., (51 mm) diam (or smaller) Regular (or heavier) copper pipe.

When uninsulated steel pipe or conduit is used, T Rating is 1/4 hr for both 1 and 2 hr rated assemblies, respectively.  
When uninsulated copper tubing or pipe is used, T Rating is 1/4 hr for both 1 and 2 hr rated assemblies, respectively.

**3A. Pipe Covering** (Optional) - Nom 1 in., (25 mm) hollow cylindrical heavy density glass fiber jackets on the outside with an air space joint. Longitudinal joints sealed with metal fasteners or factory applied self-sealing top tape. Transverse joints secured with metal fasteners or with soft tape supplied with the product.

See Pipe and Equipment Covering - Materials (BIEG) category in the Building Materials Directory for names of manufacturers. Any pipe covering material meeting the above specifications and bearing a UL Classification Marking with a Flame Spread Index of 25 or less and a Smoke Developed Index of 50 or less may be used.

When pipe covering is used on all through penetrants, T Rating is 1 hr and 1-3/4 hr for 1 and 2 hr rated assemblies, respectively.

**3B. Tube Insulation - Plastice#** (Optional) - Nom 3/4 in., (19 mm) thick arylketone butadiene/polystyrene chloride (ABRVC) flexible foam furnished in the form of tubing.

See Plastice (MVF2) category in the Recognized Component Directory for names of manufacturers. Any Recognized Component tube insulation material meeting the above specifications and bearing a UL Flammability Classification of 0-5/8 may be used.

When tube insulation is used on all through penetrants, T Rating is 3/4 hr and 1-1/2 hr for 1 and 2 hr rated assemblies, respectively.

**4. Fill/void or Cavity Material - Caulk or Sealant** - Min 5/8 in. or 1-1/4 in., (16 mm or 32 mm) thickness of fill material, for 1 or 2 hr walls, respectively, applied within the annulus. Flush with both surfaces of wall. All joint contact locations, a min 1/2 in., (13 mm) diam bead of fill material shall be applied at the wallpipe and wallpipe insulation interface on both surfaces of wall.

**5H COMPANY** - CP-25W/IC 15W/IC-CAU or F18-300 WY Sealant

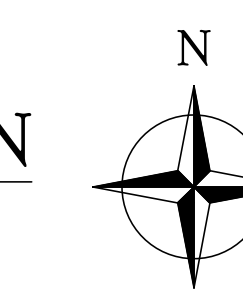
**5. Fill/Void or Cavity Material - Wrap Strip** (Not Shown) - Min one layer of 2 in., (51 mm) wide, nom 14 in., (36 mm) thick minimum-atomistic material based on one side with aluminum foil, required only when tube insulation (Item 3B) is used in 2 hr rated assemblies. Wrap strip tightly wrapped around tube insulation (B3 side exposed) within the opening on both sides of the wall. Flush with both surfaces of the wall assembly.

**5H COMPANY** - FS-195  
Bearing the UL Recognized Component Mark  
Bearing the UL Classification Marking



## LIGHTING PLAN

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



### LIGHTING NOTES

1. CONNECT TO EXISTING LIGHTING CIRCUIT IN AREA. NEW LOAD IS LESS THAN EXISTING.

**SPECIAL LIGHTING NOTE:**  
RELAY LOCATIONS ON PLAN ARE SCHEMATIC. ALL RELAY LOCATIONS TO BE FIELD COORDINATED AND INSTALLED IN ACCESSIBLE SPACE.

**SPECIAL POWER NOTE:**  
ALL EXISTING POWER AND DATA (NOT SHOWN ON PLAN) IS EXISTING TO REMAIN.

### GENERAL NOTES:

- FOR 120V CIRCUITS, WHEN BRANCH CIRCUIT LENGTH EXCEEDS 75 FEET FROM PANEL, WIRING SHALL BE INCREASED TO #10 AWG. WITH #10 AWG GROUND. WHEN BRANCH CIRCUIT LENGTH EXCEEDS 150 FEET FROM PANEL, BRANCH WIRING SHALL BE INCREASED TO #8 AWG WITH #8 AWG GROUND.
- CONNECT ALL EXIT SIGNS, EGRESS FIXTURES, AND NIGHT LIGHTS ON THE UNSWITCHED LEG OF LOCAL LIGHTING CIRCUIT SHOWN.

**FIXTURE, SWITCHING & DEVICE SUFFIXES:**  
E = EXISTING  
R = RELOCATED  
N = NEW  
S = 3-WAY SWITCHES  
D = DIMMER. PROVIDE FIXTURE COMPATIBLE DIMMER SWITCH.  
a,b, etc. = LOWER CASE LETTERS INDICATE CONTROL GROUPS.  
NL = NIGHT LIGHT

LIGHTING FIXTURE SCHEDULE							
TYPE	MANUFACTURER	CATALOG NO.	MOUNTING	VOLT	LAMP	REMARKS	SELECTION
A	LITHONIA	CPX 2X4 4000L 80CRI 4000K SWL MVOLT	LAY-IN GRID	UNV	LED 40W	2X4 LED FIXTURE	EE
AE	LITHONIA	CPX 2X4 4000L 80CRI 4000K SWL MVOLT E10WLCP	LAY-IN GRID	UNV	LED 40W	SAME AS 'A' EXCEPT WITH 90 MINUTE BATTERY BACKUP	EE
B	LITHONIA	LDN4 40/15 L04 MVOLT	RECESSED	UNV	LED 20W	4" RECESSED LED DOWNLIGHT	EE
BEM	LITHONIA	LDN4 40/15 L04 MVOLT EL	RECESSED	UNV	LED 20 W	SAME AS 'B' EXCEPT WITH 90 MINUTE BATTERY BACKUP	EE
X		BUILDING STANDARD/MATCH EXISTING	SURFACE CEILING	UNV	LED	EXIT SIGN WITH 90-MIN BATTERY BACKUP IN FIXTURE.	EE

A - ARCHITECT, EE - ELECTRICAL ENGINEER

PLAN SYMBOL	MANUFACTURER	MODEL NUMBER	DESCRIPTION
{	ACUIY	WSX-PDT-D	WALL MOUNTED, DIMMABLE SINGLE-POLE, LINE-VOLTAGE, STANDARD RANGE DUAL TECHNOLOGY, LIGHTING OCCUPANCY SENSOR WITH BUILT-IN MANUAL OVERRIDE.
{	ACUIY	WSX-PDT	WALL MOUNTED, ON/OFF SINGLE-POLE, LINE-VOLTAGE, STANDARD RANGE DUAL TECHNOLOGY, LIGHTING OCCUPANCY SENSOR WITH BUILT-IN MANUAL OVERRIDE.
{	ACUIY	nPODM	ON/OFF OVERRIDE LOW-VOLTAGE PUSH BUTTON SWITCH WITH INDICATOR LIGHT. IN AREAS WITH MULTIPLE SWITCHES ADJACENT TO EACH OTHER, PROVIDE SINGLE PLATE WITH MULTIPLE GANGS.
{	ACUIY	nPODM DX	DIMMABLE OVERRIDE LOW-VOLTAGE PUSH BUTTON SWITCH WITH INDICATOR LIGHT. IN AREAS WITH MULTIPLE SWITCHES ADJACENT TO EACH OTHER, PROVIDE SINGLE PLATE WITH MULTIPLE GANGS.
[	ACUIY	nPP16 SA EFP	ON/OFF LOW VOLTAGE POWER PACK, LIGHTS TO TURN OFF AFTER 20 MINUTES UNLESS REQUESTED FOR LESS TIME.
[	ACUIY	nPP16 SA D EFP	0-10V DIMMABLE LOW VOLTAGE POWER PACK, LIGHTS TO TURN OFF AFTER 20 MINUTES UNLESS REQUESTED FOR LESS TIME. CONTACT TENANT FOR DESIRED SET POINT.
[	ACUIY	nPP16 D ER EFP	0-10V DIMMABLE LOW VOLTAGE EMERGENCY POWER PACK WIRE SUCH THAT UNDER NORMAL CONDITIONS, POWER PACK WILL CONTROL CORRESPONDING EMERGENCY FIXTURES WITH DIRECTION FROM PAIRED ZULINK POWER PACK AND UNDER EMERGENCY CONDITIONS WILL POWER LIGHTS AT 100%
+	ACUIY	nCM-PDT-9	CEILING/PENDANT/SURFACE MOUNTED, LOW-VOLTAGE, DUAL-TECHNOLOGY, LIGHTING OCCUPANCY SENSOR.
+	ACUIY	nCM-PDT-10	CEILING/PENDANT/SURFACE MOUNTED, LOW-VOLTAGE, EXTENDED RANGE, DUAL-TECHNOLOGY, LIGHTING OCCUPANCY SENSOR.
+	ACUIY	nCM-PDT-10 ADCX	PROVIDE NEW CEILING/PENDANT/SURFACE MOUNTED, LOW-VOLTAGE, EXTENDED RANGE, DUAL-TECHNOLOGY, LIGHTING OCCUPANCY SENSOR AND PHOTOCELL COMBO WITH AUTODIMMING CONTROL.

NOTE: NOT ALL SYMBOLS MAY BE USED



FIRE PROTECTION GENERAL NOTES

- THESE FIRE PROTECTION SYSTEM ENGINEERING DOCUMENTS PROVIDE THE ENGINEERING REQUIREMENTS TO BE USED IN THE PREPARATION OF THE FIRE PROTECTION SYSTEM LAYOUT DOCUMENTS.
- THE 1,450 FT(2) SPACE SHALL BE PROTECTED BY A WET-PIPE SPRINKLER SYSTEM INSTALLED IN ACCORDANCE WITH THE 2016 EDITION OF NFPA 13, 2020 SEVENTH EDITION OF THE FLORIDA FIRE PREVENTION CODE, 2020 FLORIDA BUILDING CODE, CHAPTER 9 AND APPLICABLE LOCAL AND STATE REQUIREMENTS ADOPTED AT TIME OF PERMITTING.
- THE OCCUPANCY CLASSIFICATION OF THIS FACILITY PER NFPA 13, 2016 EDITION SHALL BE:
  - OFFICES, RESTROOMS, CORRIDORS, AND LIKE AREAS SHALL BE DESIGNED PER LIGHT HAZARD OCCUPANCY, WITH A MINIMUM DENSITY OF 0.10 GPM OVER THE HYDRAULICALLY MOST DEMANDING OPERATING AREA PER NFPA 13 2016 11.2.3. TEMPERATURE RATING OF THE SPRINKLERS SHALL BE 155° OR AS INDICATED ON DRAWINGS. SPACING BETWEEN SPRINKLERS SHALL BE A MINIMUM OF 4' AND A MAXIMUM OF 12'. AREA OF COVERAGE PER SPRINKLER SHALL BE 225 SQUARE FEET MAXIMUM FOR STANDARD SPACING AND MANUFACTURERS LISTING REQUIREMENTS FOR EXTENDED COVERAGE SPACING.
- THE SUPPORT SYSTEMS OF THE BUILDING SHALL HAVE ADEQUATE LOAD CARRYING CAPACITY FOR A 5.0 PSF DEAD LOAD WHICH WILL BE CONTRIBUTED BY THE FIRE SPRINKLER, MECHANICAL & ELECTRICAL SYSTEMS. THERE ARE NO SIGNIFICANT STRUCTURAL OPENINGS THAT WILL BE REQUIRED BY THE FIRE SPRINKLER SYSTEM. REFER TO STRUCTURAL DRAWINGS. IT IS THE RESPONSIBILITY OF ARCHITECT AND GENERAL CONTRACTOR TO CONFIRM THE 5.0 PSF EXTRA LOAD CARRYING CAPACITY FOR DISCIPLINES SECURED TO THE STRUCTURE.
- THE FLOW SWITCH, LOCATED ON THE RISER CONTROL VALVE ASSEMBLY, IS CONNECTED TO THE BUILDING FIRE ALARM SYSTEM. THE TAMPER SWITCH IS LOCATED ON THE RISER CONTROL VALVE ASSEMBLY AND CONNECTED TO THE BUILDING FIRE ALARM SYSTEM. THERE IS NO WORK INVOLVED WITH THE FIRE PROTECTION ALARM DEVICES ON THIS PROJECT.
- THIS BUILDING IS PROTECTED BY A WET PIPE AUTOMATIC SPRINKLER SYSTEM. THE FIRE PROTECTION CONTRACTOR'S SCOPE OF WORK SHALL INCLUDE THE PREPARATION OF FIRE PROTECTION SYSTEM LAYOUT DOCUMENTS THAT PROVIDES DETAILS ON THE LOCATION OF ARMOVERS, BRANCHLINES, SPRINKLER HEADS, SIZING OF PIPE, HANGER LOCATION, AND HYDRAULIC CALCULATIONS FOR FABRICATION AND INSTALLATION. THE ACCEPTANCE TESTING OF ALL FIRE PROTECTION SYSTEMS AND COMPONENTS SHALL BE IN ACCORDANCE WITH NFPA 13, 2016 EDITION FOR THE INSIDE (ABOVE GROUND) FIRE SPRINKLER SYSTEM.
- THE FIRE SPRINKLER POINT OF SERVICE FOR THE NEW PROJECT PER F.S. 633.021(18) IS AT THE DISCHARGE SIDE OF AN EXISTING BACKFLOW PREVENTER, AS INDICATED ON THE CIVIL SITE DOCUMENTS PREPARED BY THE CIVIL ENGINEER OF RECORD. REFER TO THE HYDRAULIC REFERENCE SITE PLAN FOR ADDITIONAL INFORMATION FOR THE FIRE PROTECTION SYSTEM.
- THE AWARDED CONTRACTOR SHALL OBTAIN AN APPROVED AHJ WATER SUPPLY SOURCE TEST PER NFPA 13 2016 23.2.1.1, AND INCLUDE WITH FIRE PROTECTION SYSTEM LAYOUT DOCUMENTS, HYDRAULIC CALCULATIONS AND MANUFACTURERS SPECIFICATION LITERATURE SHEETS. FIRE PROTECTION LAYOUT DRAWINGS AND MATERIAL SUBMITTALS SHALL BE SUBMITTED TO THE ARCHITECT/ENGINEER AND FIRE MARSHAL AND SHALL BE APPROVED PRIOR TO BEGINNING ANY INSTALLATION.
- WATER SUPPLIES AND ENVIRONMENTAL CONDITIONS SHALL BE EVALUATED FOR THE EXISTENCE OF MICROBES AND CONDITIONS THAT CONTRIBUTE TO MICROBIOLOGICALLY INFLUENCED CORROSION (MIC), WHERE CONDITIONS ARE FOUND THAT CONTRIBUTE TO MIC, THE OWNER SHALL NOTIFY THE SPRINKLER SYSTEM INSTALLER AND A PLAN SHALL BE DEVELOPED TO TREAT THE SYSTEM.
- THE QUALITY AND PERFORMANCE SPECIFICATIONS OF THE INTERIOR FIRE PROTECTION COMPONENTS SHALL BE MAIN PIPING TO BE GROOVED SCHEDULE 10 PIPE WITH GROOVED FITTINGS. BRANCH PIPING SHALL BE THREADED SCHEDULE 40 WITH THREADED CAST IRON FITTINGS OR GROOVED SCHEDULE 10 PIPE WITH GROOVED FITTINGS.
- ALL FIRE PROTECTION SYSTEM COMPONENTS SHALL BE UL LISTED FOR INTENDED USE.
- TO THE BEST OF THE ENGINEER'S KNOWLEDGE, THE PLANS AND SPECIFICATIONS COMPLY WITH THE APPLICABLE MINIMUM BUILDING CODES AND THE APPLICABLE FIRE SAFETY STANDARDS AS DETERMINED BY THE LOCAL AUTHORITY IN ACCORDANCE WITH CHAPTER 61015-32 OF THE FLORIDA ADMINISTRATIVE CODE.
- ALL FIRE PROTECTION WORK SHALL BE IN STRICT ACCORDANCE WITH ALL RELATED NFPA STANDARDS, THE OWNER'S INSURANCE UNDERWRITER, UNDERWRITERS LABORATORY, THE FLORIDA STATE FIRE PREVENTION CODE 2020 AND ALL LOCAL CODES AND AMENDMENTS.
- FINAL INSPECTION AND APPROVAL OF AUTOMATIC SPRINKLER SYSTEM SHALL BE BY THE LOCAL FIRE MARSHAL (AHJ) AND ARCHITECT/ENGINEER.
- THE CONTRACTOR SHALL FOLLOW THE DRAWINGS, NOTES AND SPECIFICATIONS AS CLOSE AS POSSIBLE. HOWEVER, THE ARCHITECT/ENGINEER RESERVES THE RIGHT TO CHANGE THE LOCATION(S) OF SPRINKLERS, PIPING, VALVES, ETC. TO ACCOMMODATE EXISTING CONDITIONS WHICH MAY ARISE DURING THE SYSTEM INSTALLATION WITHOUT ADDITIONAL COMPENSATION TO THE CONTRACTOR FOR SUCH CHANGES. PROVIDE SUCH CHANGES ARE REQUESTED PRIOR TO THE INSTALLATION OF THE CONTRACTOR'S WORK, COORDINATE WITH ALL OTHER TRADES.
- THE BIDDER IS REQUIRED, BEFORE SUBMITTING HIS PROPOSAL, TO VISIT THE SITE OF THE PROPOSED WORK AND FAMILIARIZE HIMSELF WITH THE NATURE AND EXTENT OF THE WORK AND ANY EXISTING CONDITIONS THAT MAY IN ANY MANNER AFFECT THE WORK TO BE DONE AND THE EQUIPMENT, MATERIALS AND LABOR REQUIRED. THE BIDDER IS ALSO REQUIRED TO EXAMINE CAREFULLY THE PLANS AND SPECIFICATIONS AND TO INFORM HIMSELF THOROUGHLY REGARDING ANY AND ALL CONDITIONS AND REQUIREMENTS THAT MAY IN ANY MANNER AFFECT THE WORK TO BE PERFORMED UNDER THIS CONTRACT.
- REFER TO ARCHITECTURAL REFLECTED CEILING PLANS FOR CEILING DESCRIPTIONS AND HEIGHTS.
- SPRINKLERS SHALL BE COORDINATED WITH ALL DIFFUSERS, SPEAKERS, LIGHTING FIXTURES, FIRE ALARM DEVICES, AND CEILING SYSTEMS. SPACING OF SPRINKLERS SHALL BE IN ACCORDANCE WITH NFPA 13 AND THE LISTING OF THE SPRINKLER.
- SPRINKLERS SHALL BE CENTERED IN THE CEILING TILE AS INDICATED ON THE DRAWINGS. PROVIDE RETURN BENDS OR SWING JOINTS AS REQUIRED.
- SLEEVE AND/OR FIRESTOP ALL PENETRATIONS THROUGH RATED WALLS, CEILINGS, AND FLOORS WITH UL LISTED ASSEMBLIES. FIRESTOP ASSEMBLIES SHALL BE EQUAL TO OR EXCEED THE RATING OF THE WALL, CEILING OR FLOOR. SEE ARCHITECTURAL DRAWINGS FOR FINAL FINISHES.
- PROVIDE ACCESS PANELS TO ALL VALVES ABOVE NON-ACCESSIBLE CEILINGS AND CHASES.
- PROVIDE A PERMANENTLY ATTACHED NAME TAG ATTACHED TO THE RISER STATING THE REQUIRED OR MODIFIED DESIGN CRITERIA FOR EACH HYDRAULICALLY DESIGNED SYSTEM.
- PROVIDE SPRINKLERS CAGES ON ALL SPRINKLERS IN ELECTRIC ROOMS, TELEPHONE ROOMS, MECHANICAL ROOMS, GYMNASIUMS, AND ON ANY SPRINKLER LESS THAN 7'-0" ABOVE FLOOR.
- COORDINATE SPRINKLER PIPING WITH ALL ELECTRICAL EQUIPMENT (PANELS, TRANSFORMERS, ETC.) PRIOR TO ANY INSTALLATION. DO NOT ROUTE ANY SPRINKLER PIPING OVER ANY ELECTRICAL PANELS UNDER ANY CIRCUMSTANCES. ANY SPRINKLER PIPING RUN OVER ELECTRICAL PANELS/EQUIPMENT SHALL BE REROUTED AT NO ADDITIONAL COST TO THE OWNER.
- THE CONTRACTOR SHALL INFORM THE OWNER (A MINIMUM OF ONE WEEK IN ADVANCE) OF ANY DISRUPTION OF SERVICES TO THE BUILDING AND SHALL NOT PROCEED TO WORK WITHOUT WRITTEN APPROVAL FROM THE OWNER. THE CONTRACTOR SHALL MAKE REPAIRS TO ANY SERVICES (ABOVE OR BELOW GROUND) DAMAGED BY WORK PERFORMED BY HIM.
- PROVIDE SPRINKLERS UNDER ALL EXPOSED DUCTWORK OVER 48" WIDE AND SPACE SPRINKLERS AROUND ALL OBSTRUCTIONS WITH NFPA 13. SPRINKLERS UNDER DUCTWORK ARE NOT INDICATED ON THE DRAWINGS BUT ARE REQUIRED AND SHALL BE PROVIDED IN ACCORDANCE WITH NFPA 13. SPRINKLERS LOCATED UNDER DUCTWORK AND AROUND OBSTRUCTIONS SHALL BE GOVERNED BY FINAL INSTALLED LOCATIONS OF THE DUCT OR OBSTRUCTION.
- ALL WORK ON FIRE PROTECTION SYSTEM SHALL BE COORDINATED WITH FACILITY STAFF FOR AFTER HOURS WORK.

FIRE PROTECTION CODE CRITERIA

THE FOLLOWING IS A LIST OF ALL CODES AND STANDARDS ADOPTED DECEMBER 31, 2020 BY THE STATE FIRE MARSHAL'S RULE 69A3.012 F.A.C.:

- FLORIDA BUILDING CODE, SEVENTH EDITION (2020) - ALL SECTIONS
- FLORIDA FIRE PREVENTION CODE, SEVENTH EDITION (2020)
- FLORIDA BUILDING CODE (FBC), SEVENTH EDITION (2020) ENERGY CONSERVATION SOFTWARE: ENERGY GAUGE SUMMIT VERSION 6.10
- FLORIDA BUILDING CODE (FBC), SEVENTH EDITION (2020) ACCESSIBILITY - 2012 FLORIDA ACCESSIBILITY CODE FOR BUILDING CONSTRUCTION

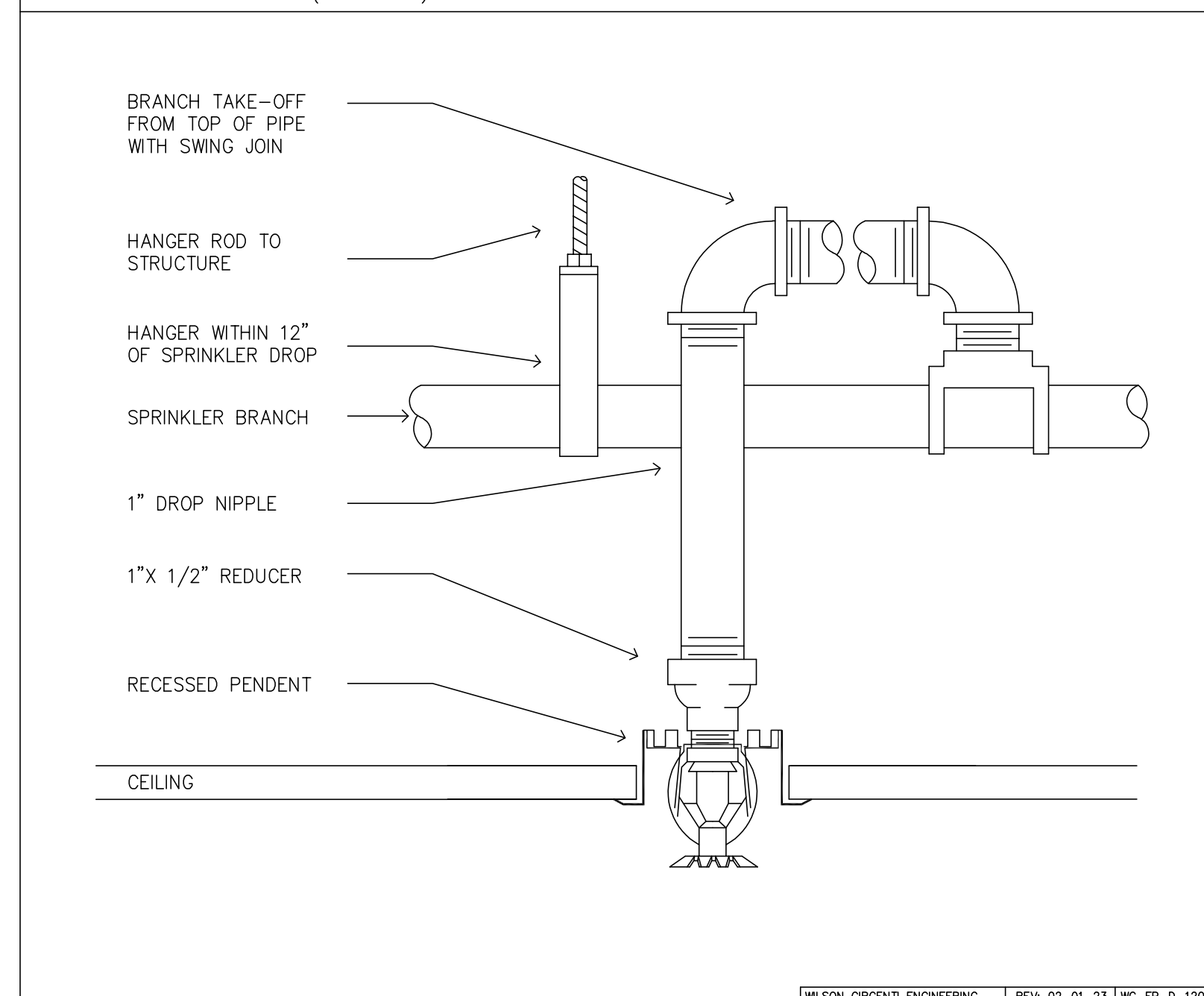
(1) EXCEPT AS SPECIFICALLY MODIFIED BY STATUTE OR BY THE STATE FIRE MARSHAL'S RULES, THE "FLORIDA FIRE PREVENTION CODE, 7TH EDITION (2020)," WHICH IS COMPRISED OF THE FLORIDA SPECIFIC EDITION OF NFPA 101, THE LIFE SAFETY CODE (2018 EDITION) AND THE FLORIDA SPECIFIC EDITION OF NFPA 1, THE FIRE CODE (2018 EDITION), ARE HEREBY ADOPTED AND INCORPORATED BY REFERENCE AND ARE APPLICABLE TO THOSE BUILDINGS AND STRUCTURES SPECIFIED IN PARAGRAPHS (A) AND (B), OF SUBSECTION (1), OF SECTION 633.206, F.S. IN ADDITION, THE FOLLOWING STANDARDS, EXCEPT AS SPECIFICALLY MODIFIED IN THE RULE CHAPTERS IN RULE TITLE 69A, ARE HEREBY ADOPTED AND INCORPORATED BY REFERENCE AND SHALL TAKE EFFECT ON THE EFFECTIVE DATE OF THIS RULE, AS A PART OF THE UNIFORM FIRE SAFETY STANDARDS ADOPTED BY RULE BY THE STATE FIRE MARSHAL AND ARE APPLICABLE TO THOSE BUILDINGS AND STRUCTURES SPECIFIED IN SECTIONS 633.206(1)(A) AND (B), F.S.:

NFPA 1-2018	FIRE CODE
NFPA 13-2016	STANDARD FOR THE INSTALLATION OF SPRINKLER SYSTEMS
NFPA 25-2017	STANDARD FOR THE INSPECTION, TESTING, AND MAINTENANCE OF WATER-BASED FIRE PROTECTION SYSTEMS
NFPA 70-2017	NATIONAL ELECTRIC CODE
NFPA 72-2016	NATIONAL FIRE ALARM CODE
NFPA 101-2018	LIFE SAFETY CODE
NFPA 241-2013	STANDARD FOR SAFEGUARDING CONSTRUCTION, ALTERATION AND DEMOLITION OPERATIONS

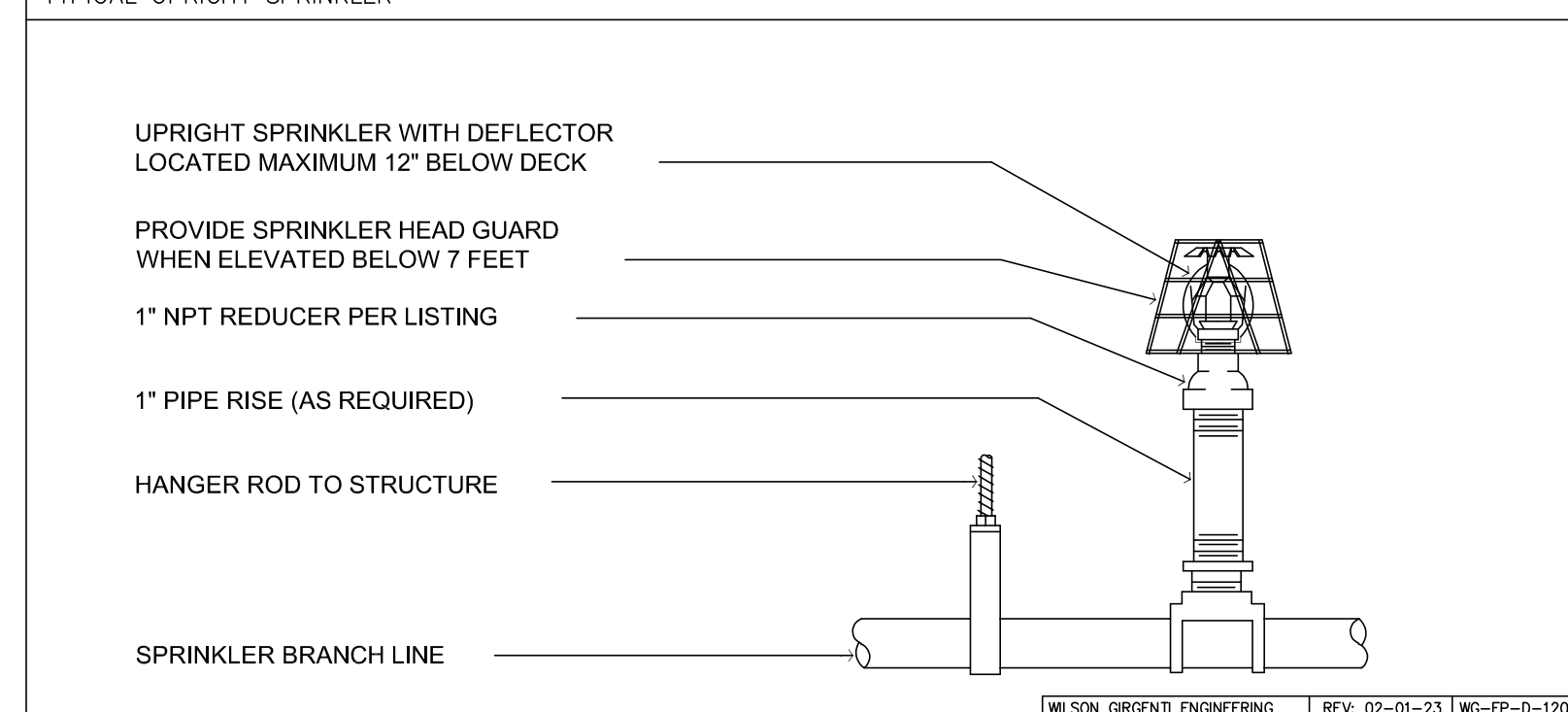
FIRE PROTECTION BASIS OF DESIGN NOTE:

- COUPLINGS AND FITTINGS
  - GROOVED JOINT COUPLINGS: (UL) SHALL CONSISTS OF ONLY TWO DUCTILE IRON HOUSING SEGMENTS CONFIRMING TO ASTM A536, GRADE 65-45-12; COUPLINGS WHICH REQUIRE EXACT GAPPING AT SPECIFIC TORQUE RATINGS ARE NOT PERMITTED.
  - RIGID TYPE BASIS OF DESIGN: VICTAULIC INSTALLATION-READY STYLE 108, 109, 009N, 107N
    - FLEXIBLE TYPE BASIS OF DESIGN: VICTAULIC STYLE 004, 75, 77, 177
- GROOVED END FITTINGS: (UL) DESIGNED TO ACCEPT GROOVED COUPLINGS OF SAME MANUFACTURER; SHALL BE CAST OF DUCTILE CONFORMING TO ASTM A-536, GRADE 65-45-12. BASIS OF DESIGN: VICTAULIC FIRELOCK SHORT RADIUS, INSTALLATION-READY; INNOVATIVE GROOVE SYSTEM FITTINGS, OR VICTAULIC STANDARD RADIUS.
- FLEXIBLE SPRINKLER FITTINGS: (UL) IN LIEU OF RIGID PIPE OFFSETS OR RETURN BENDS FOR SPRINKLER DROPS, VICTAULIC FLEXIBLE SPRINKLER FITTINGS MAY BE USED TO LOCATE SPRINKLERS AS REQUIRED BY FINAL FINISHED CEILING PANELS/TILES AND THE WALLS.
- SPRINKLERS
  - CORROSIVE ENVIRONMENTS: BODY SHALL BE COATED WITH UL AND FM APPROVED ANTI-CORROSION COATING. BASIS OF DESIGN VICTAULIC VC-250 COATING (SILVER / CHROME COLORING).
  - GROOVED SPRINKLERS: 2" (DN15), 3" (DN20), AND 1" (DN25) VICTAULIC GROOVED SPRINKLERS MAY BE USED IN LIEU OF THREADED SPRINKLERS TO PROVIDE CONNECTION TO IGS GROOVED SPRINKLER OUTLETS USING THE INSTALLATION READY STYLE V9 SPRINKLER COUPLING.
  - GUARDS AND ESCUTCHEONS: SHALL BE LISTED, SUPPLIED AND APPROVED FOR USE WITH THE SPRINKLER MODEL AND SPRINKLER MANUFACTURER.
  - WRENCHES SHALL BE PROVIDED BY THE SPRINKLER MANUFACTURER AS THE SPRINKLER HEAD(S).

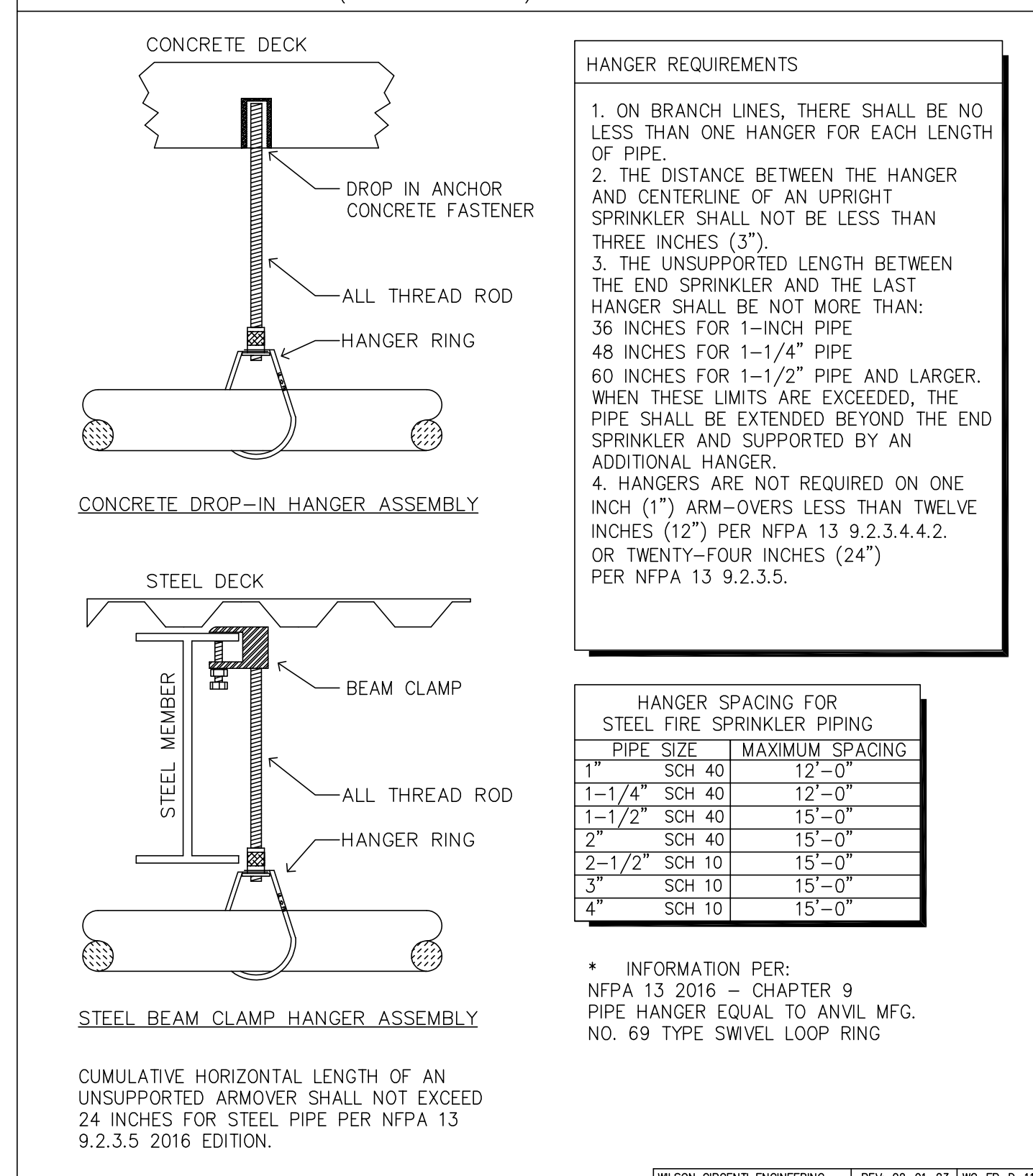
TYPICAL RECESSED PENDENT (ARM-OVER)



TYPICAL UPRIGHT SPRINKLER

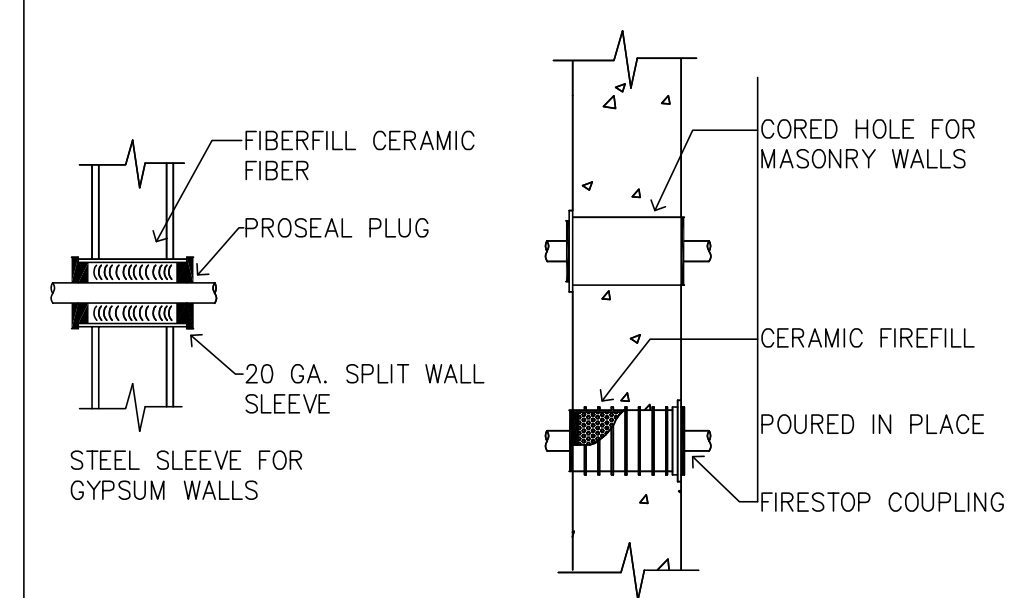


TYPICAL NEW HANGER ASSEMBLY (CONCRETE & STEEL)



FIRE RATED WALL SLEEVING SYSTEM

PROVIDE SLEEVES FOR ALL NEW AND EXISTING SPRINKLER PIPING PENETRATING NEW AND EXISTING FIRE RATED WALLS. THE RENOVATED AREAS: CUT AND REWORK EXISTING PIPING AS REQUIRED FOR INSTALLATION OF SLEEVE.



SLEEVES & FIRESTOPPING  
USE PROSET "FIRESTOP PENETRATIONS" U.L. CLASSIFIED IN THE DIRECTORY, TESTED BY ASTM E814. USE ALL APPLICABLE PIPE PENETRATIONS THROUGH FIRE RATED WALL(S) OR FLOOR/CEILING ASSEMBLIES IN ACCORDANCE WITH THE MANUFACTURERS INSTRUCTIONS.

DRAWING INDEX

FP1.0	FIRE PROTECTION NOTES
FP2.0	FIRE PROTECTION PLAN

**SIGNATURES OF APPROVAL**

ANY ADDITIONAL ALTERATIONS OR REVISIONS TO THESE DRAWINGS AFTER APPROVAL HAS BEEN GIVEN FOR CONSTRUCTION CONSTITUTE A CHANGE IN THE SCOPE OF WORK. WHENEVER SUCH CHANGES WILL BE MADE AT OWNERS RISK. THE OWNER FOR OWNERS USE ONLY: THESE DRAWINGS AND SPECIFICATIONS SHALL BE THE BASIS FOR THE CONTRACT. THE CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING THE ACCURACY OF ALL INFORMATION AND CONDITIONS SHOWN ON THESE DRAWINGS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING THE ACCURACY OF ALL INFORMATION AND CONDITIONS SHOWN ON THESE DRAWINGS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING THE ACCURACY OF ALL INFORMATION AND CONDITIONS SHOWN ON THESE DRAWINGS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING THE ACCURACY OF ALL INFORMATION AND CONDITIONS SHOWN ON THESE DRAWINGS.

**Restrooms Renovation**  
@ **St. Vincent DePaul**  
401 15th Street North  
St. Petersburg, Florida 33705

**CONSTRUCTION DOCUMENTS**

Project Number: 20303  
Scale: AS NOTED  
Drawing Path: WG  
Staff: Andrew T. Malson, A.L.A.  
Architect: AR 94651

Fire Protection Notes  
Drawing Date: 06.22.2023  
Revisions:



FP 1.0



SPRINKLER HEAD LEGEND

SYM	POSITION	FINISH	TEMP	K	NPT	SN	MFG.	MODEL
●	NEW PEND	WHITE	155	5.60	1/2"	V2708	VICTAULIC	FL-QR

**FIRE PROTECTION PLAN CODED NOTES**

- 1 EXISTING RISER WITH CONTROL VALVE AND CHECK VALVE ASSEMBLY.
- 2 REMOVE EXISTING 1" ARMORER AND SPRINKLER FROM LINE OUTLET. CONSTRUCT NEW PIPE CONNECTION FROM EXISTING 1" SPRINKLER OUTLET FOR NEW SPRINKLER(S), PIPE, FITTINGS AND HANGER ASSEMBLY PER NFPA 13 2016 9.1.2.
- 3 PLUG EXISTING SPRINKLER OUTLET WITH NPT PLUG.

**DRAWING NOTE**

THESE MODIFICATIONS DO NOT DEVIATE FROM THE ORIGINAL DESIGN CRITERIA AND ARE LESS HYDRAULICALLY DEMANDING. THEREFORE, NO CALCULATIONS ARE REQUIRED.

**EXISTING HYDRAULIC PLACARD (1):**

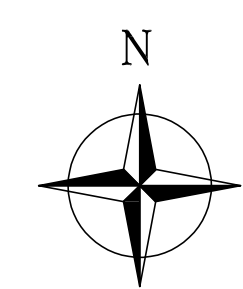
LOCATION: AREA NO. 1  
NUMBER OF SPRINKLERS: 2  
BASIS OF DESIGN  
DENSITY: .10  
DESIGNED AREA OF DISCHARGE: 400 SQ FT  
SYSTEM DEMAND:  
GPM DISCHARGE: 30.0  
RESIDUAL PRESSURE AT THE BASE OF RISER: 22.20

**EXISTING HYDRAULIC PLACARD (2):**

LOCATION: AREA NO. 2  
NUMBER OF SPRINKLERS: 5  
BASIS OF DESIGN  
DENSITY: .10  
DESIGNED AREA OF DISCHARGE: 700 SQ FT  
SYSTEM DEMAND:  
GPM DISCHARGE: 75.0  
RESIDUAL PRESSURE AT THE BASE OF RISER: 19.80



1 FIRE PROTECTION PLAN  
FP2.0 1/8"=1'-0"



**SIGNATURES OF APPROVAL**

ANY CHANGES, ALTERATIONS, OR REVISIONS TO THESE CHANGES AFTER APPROVAL HAS BEEN GIVEN FOR CONSTRUCTION CONSTITUTES A CHANGE IN THE SCOPE OF WORK AND SHALL BE DONE AT OWNERS OR USER'S RISK.

PLANS WERE DEVELOPED FROM INFORMATION SUPPLIED BY THE OWNER OR USER. THE ARCHITECT ASSURES THAT THE PLANS WERE DEVELOPED FROM THE INFORMATION PROVIDED AND THAT THE ARCHITECT HAS CONDUCTED VISUAL GENERAL VERIFICATION OF THE INFORMATION PROVIDED. THE ARCHITECT DOES NOT WARRANT THE ACCURACY OF THE INFORMATION PROVIDED OR THE RESULTS OF THE VERIFICATION. THE ARCHITECT ASSUMES NO LIABILITY FOR ANY DAMAGE, INCLUDING ANY ADDITIONAL PROJECT COSTS, INCURRED BY ANY PARTY TO THE PROJECT.

**Restrooms Renovation**  
**@ St. Vincent DePaul**  
401 15th Street North  
St. Petersburg, Florida 33705

**CONSTRUCTION DOCUMENTS**

Project Number:	20303
Scale:	AS NOTED
Drawing Path:	WG
Staff:	Andrew T. Wilson, A.I.A.
Architect:	AR 04651

Fire Protection Plan  
Drawing Date: 06.22.2023  
Revisions:



# MAKING HOMELESSNESS RARE. BRIEF. ONE-TIME.

Society of St. Vincent de Paul South Pinellas, Inc. DBA St. Vincent de Paul CARES  
384 15th St. N St. Petersburg, FL 33705 | (727) 823-2516 | [www.SVdP.CARE](http://www.SVdP.CARE)

**This document grouping contains bids for the maintenance, repair, or replacement of the following infrastructure:**

- **Air Conditioning**
- **Ceiling Tiles**

**The bids are listed in order below:**

**(Section 1)**

- **Air Conditioning 'MC Mechanical' Bid**
- **Air Conditioning 'Mechanical Services' Bid [SELECTED VENDOR]**

**(Section 2)**

- **Ceiling 'Tile Pro-Ceiling' Bid**
- **Ceiling Tile 'Home Depot' Bid [SELECTED VENDOR]**

**SELECTED VENDOR includes the bids provided in the budget.**



# MAKING HOMELESSNESS **RARE. BRIEF. ONE-TIME.**

Society of St. Vincent de Paul South Pinellas, Inc. DBA St. Vincent de Paul CARES  
384 15th St. N St. Petersburg, FL 33705 | (727) 823-2516 | [www.SVdP.CARE](http://www.SVdP.CARE)

**The subsequent documents include bids for the maintenance, repair, or replacement of the following infrastructure:**

- **Air Conditioning**



6465 123<sup>rd</sup> Ave. N.  
Largo, FL 33773  
Office: 727-540-0400  
Fax: 727-540-0440  
[DougM@mcacservices.com](mailto:DougM@mcacservices.com)  
[www.mcacservices.com](http://www.mcacservices.com)  
Lic# CAC1816295

Date: September 27, 2023

St. Vincent DePaul SVDP  
401 15<sup>th</sup> St. N.

St. Petersburg, FL 33705

Attn: James Kasmark

Phone: 727-509-4895

Email: JamesK@SVDPSP.org

**Re: Replacement of the air conditioning systems**

We propose to furnish and install the following:

1. One (1) RTU-1 Trane TED420 35ton 460v 3pz commercial package unit to include modulating hot gas reheat, 54kw electric heater, 1-100% economizer, and CV zone temp control
2. Two (2) RTU-2 and RTU-3 Trane THC120 10ton 460v 3pz commercial package unit to include motorized outside air damper, 35kw electric heater, dehumidification hot gas reheat, and humidity wall mount sensor
3. Two (2) RTU-5 and RTU-5 Trane THC072 6ton 460v 3pz commercial package unit to include motorized outside air damper, 18kw electric heater, dehumidification hot gas reheat, and humidity wall mount sensor
4. Five (5) Trane XL824 Wi-Fi HD digital programmable thermostat
5. Five (5) hurricane hardware and curb adapters where needed
6. One (1) crane rental with certified rigging and signal personnel on site
7. Misc. duct, electrical, drain, refrigerant piping, insulation, and low voltage for a proper installation
8. Five (5) years compressor, One (1) year all parts, and one (1) year labor warranty
9. One (1) set of filters for each unit
10. Start and test

**Our price will be \$237,260.00**

**Exclude: After hour's labor. Repairs or replacement of any high voltage electrical, duct work, controls, or grilles.**

Thank you for the opportunity to submit this proposal. If you have any questions please feel free to call me.

Sincerely,

Douglas McHenry



***Acceptance of Proposal***

Terms Due Upon Completion: I have the authority to order and perform as outlined above. It is agreed that the seller will retain title to any equipment or materials furnished until final and complete payment is received. If settlement is not made as agreed, the seller shall have the right to remove same and the seller will be held harmless for any damages resulting from removal thereof.

Parts Warranty: All parts as recorded are warranted as per manufacturer specs.

Labor Guarantee: The labor charge recorded is relative to the equipment serviced as stated, and is guaranteed for 30 days from installation unless otherwise stated in agreement. If repairs after become necessary due to defective parts, they will be charged on a separate invoice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## PROJECT AGREEMENT

This agreement dated September 20, 2023, declares that IR Mechanical agrees to provide the services described below in accordance with the "Project Agreement Terms and Conditions" and all other specifications detailed in this agreement.

### BY AND BETWEEN:

IR Mechanical Services  
2160 Sunnydale Blvd  
Suite A  
Clearwater, FL 33765  
Hereinafter "Contractor"

Saint Vincents Center Of Hope  
401 15<sup>th</sup> St. N.  
St. Petersburg, FL 33705  
Hereinafter "Customer"

**SERVICE LOCATION:** Services detailed herein will be performed on equipment located and installed at: 401 15th St. N.

### SCOPE OF SERVICES:

#### SUMMARY:

Contractor will provide materials and labor to replace the 5 Failing RTU's located on rooftop of building.

NOTE: Lead time for this is 36-41 weeks from contract signing.

- 1) Lock out/ tag out unit.
- 2) Disconnect existing electrical wiring from system.
- 3) Disconnect system from roof curb.
- 4) Provide crane and rigging to lift existing units from rooftop.
- 5) Remove and dispose existing unit to EPA standards.
- 6) Provide and install (1) new 35 ton, (2) 10 ton and (2) 6 ton RTU's
- 7) Provide crane to lift new system and set on new roof curbs.
- 8) Connect system to roof curb per hurricane code.
- 9) Provide and install 5 new thermostats.
- 10) Re-connect existing electrical to new system.
- 11) Re-connect existing drain to systems.
- 12) Start, test, and verify proper operation.
- 13) Clean jobsite of debris.
- 14) Follow Proper Safety procedures and protocol including but not limited to use of PPE, fall protection, lanyard, gloves, etc.

**EXCLUSIONS:** Additional to those items specifically addressed in the “Project Agreement Terms and Conditions”, the following items are also excluded from coverage:

- Any service not listed above, is not included in this proposal.
- IR Mechanical is not responsible for design, application, or capacity of customer equipment.
- Replacement, repairs or install of new piping.
- Engineering and drawings
- BMS Controls
- New wiring
- New disconnect
- Fire/life Safety
- Permitting
- Temporary or portable cooling
- Hazardous waste or asbestos abatement
- Roofing of any kind
- Painting-Patching
- Excludes any remediation.

**SERVICE FEE:** Customer agrees to pay **\$188,897** to Contractor for the services outlined in this proposal.

**NOTE:** If contract is awarded, client will receive an invoice for 35% of contract for initial materials purchase.

This proposal will remain valid for 10 days due to potential equipment lead times and pricing increases from manufacturer.

**Approved for Contractor**

*Alexis Evans*  
Sales Executive: Alexis Evans  
9-20-23  
Date

**Approved for Customer**

\_\_\_\_\_  
Name (Print/Type)  
\_\_\_\_\_  
Date



## PROJECT AGREEMENT TERMS AND CONDITIONS

1. Customer shall permit Contractor free and timely access to areas and equipment and allow Contractor to start and stop the equipment as necessary to perform required services. All planned work under this Agreement will be performed during Contractor's normal working hours.
2. Contractor warrants that the workmanship hereunder shall be free from defects for one (1) year from date of installation. If any replacement part or item of equipment proves defective, Contractor will extend to Customer the benefits of any warranty Contractor has received from the manufacturer. Removal and reinstallation of any equipment or materials repaired or replaced under a manufacturer's warranty will be at Customer's expense and at the rates then in effect.
3. Customer will promptly pay invoices within thirty (30) days of receipt. Should a payment become thirty (30) days or more delinquent, Contractor may stop all work under this Agreement without notice and/or cancel this Agreement, and the entire Agreement amount shall become due and payable immediately upon demand.
4. Customer shall be responsible for all taxes applicable to the services and/or materials hereunder.
5. Any alteration to, or deviation from, this Agreement involving extra work, cost of material or labor will become an extra charge (fixed-price amount or on a time-and-material basis at Contractor's rates then in effect) over the sum stated in this Agreement.
6. In the event Contractor must commence legal action in order to recover any amount payable under this Agreement, Customer shall pay Contractor all court costs and attorneys' fees incurred by Contractor.
7. Any legal action against the Contractor relating to this Agreement, or the breach thereof, shall be commenced within one (1) year from the date of the work.
8. Contractor shall not be liable for any delay, loss, damage, or detention caused by unavailability of machinery, equipment or materials, delay of carriers, strikes, including those by Contractor's employees, lockouts, civil or military authority, priority regulations, insurrection or riot, action of the elements, forces of nature, or by any cause beyond its control.
9. To the fullest extent permitted by law, Customer shall indemnify and hold harmless Contractor, its agents and employees from and against all claims, damages, losses and expenses, including but not limited to attorneys' fees, arising out of or resulting from the performance of work hereunder, provided that such claim, damage, loss or expense is caused in whole or in part by any active or passive act or omission of Customer, anyone directly or indirectly employed by Customer, or anyone for whose acts Customer may be liable, regardless of whether it is caused in part by the negligence of Contractor.
10. Customer shall make available to Contractor's personnel all pertinent Material Safety Data Sheets (MSDS) pursuant to OSHA's Hazard Communication Standard Regulations.
11. Contractor's obligation under this proposal ;and any subsequent contract does not include the identification, abatement or removal of asbestos or any other toxic or hazardous substances, hazardous wastes or hazardous materials or any fungus(es) or spore(s); substance, vapor or gas produced by or arising out of any fungus(es) or spore(s); or any material, product, building component or structure that contains, harbors, nurtures or acts as a medium for any fungus(es) of spore(s). In the event such substances, wastes, or materials are encountered, Contractor's sole obligation will be to notify the Owner of their existence. Contractor shall have the right thereafter to suspend its work until such substances, wastes, or materials and the resultant hazards are removed. The time for completion of the work shall be extended to the extent caused by the suspension and the contract price equitably adjusted.

Contractor expressly disclaims any and all responsibility and liability for the indoor air quality of the customer's facility, including without limitation, injury or illness to occupants of the facility or third parties, or any damage to the customer's facility, arising out of or in connection with the Contractor's work under this agreement, including without limitation any illness. Injury, or damage resulting in any manner from any fungus(es) or spore(s), any substance, vapor or gas produced by or arising out of any fungus(es) or spore(s), or any material, product, building component or structure that contains, harbors, nurtures or acts as a medium for any fungus(es) or spore(s).
12. UNDER NO CIRCUMSTANCES, WHETHER ARISING IN CONTRACT, TORT (INCLUDING NEGLIGENCE), EQUITY OR OTHERWISE, WILL CONTRACTOR BE RESPONSIBLE FOR LOSS OF USE, LOSS OF PROFIT, INCREASED OPERATING OR MAINTENANCE EXPENSES, CLAIMS OF CUSTOMER'S TENANTS OR CLIENTS, OR ANY SPECIAL, INDIRECT OR CONSEQUENTIAL DAMAGES.



401 15th St N  
St. Petersburg, FL 33705

(727) 509-4895  
jamesk@svdpsp.org

ESTIMATE	#1010
ESTIMATE DATE	Sep 28, 2023
EXPIRATION DATE	Oct 31, 2023
<b>TOTAL</b>	<b>\$289,783.00</b>

CONTACT US

2990 32nd St S  
St. Petersburg, FL 33712

(727) 865-6004  
info@forestairac.com

ESTIMATE

Services	amount
New Equipment Installation - Trane 5 systems	\$289,783.00
Replacement of the 5 rooftop systems at the 401 15th. Street N. location. Connect to the existing ductwork, the curbs will be replaced to match the new units, we will connect to the existing electrical wiring and replace what needs to be replaced to match the new units. The manufacturer's limited warranty on the units is one year on the parts and 5 years on the compressor. Includes all the material, labor, and permits.	
Services subtotal: \$289,783.00	
Subtotal	\$289,783.00
Tax (EXEMPT 0%)	\$0.00
<b>Total</b>	<b>\$289,783.00</b>

Thank you for choosing Forest Air!



# MAKING HOMELESSNESS **RARE. BRIEF. ONE-TIME.**

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Society of St. Vincent de Paul South Pinellas, Inc. DBA St. Vincent de Paul CARES  
384 15th St. N St. Petersburg, FL 33705 | (727) 823-2516 | [www.SVdP.CARE](http://www.SVdP.CARE)

**The subsequent documents include bids for the maintenance, repair, or replacement of the following infrastructure:**

- **Ceiling Tiles**

Mail - Tim Panyard - Outlook X Petra Mineral Fiber Ceiling Tile 2: X +

nothy/Desktop/Pro%20Ceiling%20Tiles.html

**PROCEILINGTILES.COM**  
*Love your ceiling*

1-855-376-5060  
Mon-Fri 8:00AM-7:30PM EST

Live Chat  
← Calling is faster!

2x2 Tiles 2x4 Tiles Tile Accessories

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### Iconic Petra Ceiling Tile 2x4 Tegular - Box of 10

26 Reviews

Size:

Texture:

Edge Profile:

QUANTITY	PER BOX	THAT'S ONEY
16-25 boxes	<b>\$119<sup>99</sup></b>	\$1.50 / sq. ft.
26-49 boxes	<b>\$114<sup>99</sup></b>	\$1.44 / sq. ft.
50-149 boxes	<b>\$109<sup>99</sup></b>	\$1.37 / sq. ft.
150+ boxes	<b>\$104<sup>99</sup></b>	\$1.31 / sq. ft.

Boxes:  (1100 total tiles)  
16 minimum

110 boxes = \$12,098.90 / covers 8,800 sq. feet



[Full Tile Sample \(\\$11.99\)](#)

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Delivery on:

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FILE SPECIFICATIONS

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Home / Building Materials / Ceilings / Ceiling Tiles / Drop Ceiling Tiles

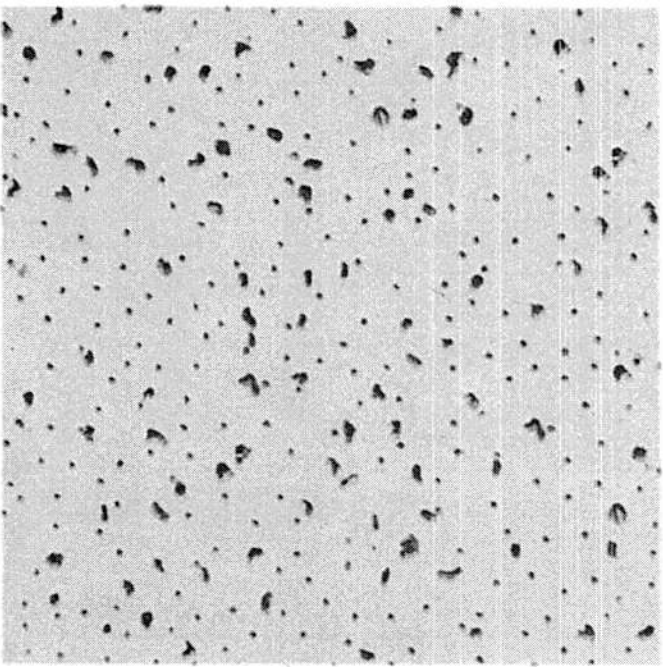
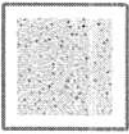
Internet # 203170866 Model # R2310 Store SKU # 524537



USG Ceilings

2 ft. x 4 ft. Radar Basic White Square Edge Lay-In Ceiling Tile, case of 3 (24 sq. ft.)

★★★★★ (227) Questions & Answers (35)



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+ Add Area

Calculate

404 units

will cover 9696.00 sq. ft.

\$10,887.80

Est. Total

Include an extra 10% to cover potential waste and breaks

- 404 +

Add to Cart

- or -

Buy now with **PayPal**

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# MAKING HOMELESSNESS RARE. BRIEF. ONE-TIME.

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**This document grouping contains bids for the maintenance, repair, or replacement of the following infrastructure:**

- **Outdoor Paving**
- **Flooring**

**The bids are listed in order below:**

**(Section 1)**

- **Paving “Arrow Asphalt” Bid [SELECTED VENDOR]**
- **Paving “Rose Paving” Bid**

**(Section 2)**

- **Floor Stripping “Tru Clean” Bid**
- **Floor Stripping “Stanley Steamer” Bid [SELECTED VENDOR]**

**SELECTED VENDOR includes the bids provided in the budget.**



# MAKING HOMELESSNESS **RARE. BRIEF. ONE-TIME.**

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**The subsequent documents include bids for the maintenance, repair, or replacement of the following:**

- **Outdoor Paving**

# Direct All Inquires to Arrow Asphalt, Inc.

**5165 26th Ave North**  
**Saint Petersburg, Fl. 33710**  
 St. Petersburg, Florida  
**Office:** 727-576-4111  
**Mobile:** 727-415-4167  
**Email:** [arrow.asphalt@yahoo.com](mailto:arrow.asphalt@yahoo.com)

**Proposal # 0113228**  
**Date 09/19/23**  
**Purchase Order # N/A**

**To:** Timothy  
**Job address:** St. Vincent de Paul  
 180 34th Street N  
 Saint Petersburg, Fl.  
**Phone:** 727-744-0430  
**Fax:** N/A  
**Email:** [timothy@svdp.care](mailto:timothy@svdp.care)

	# of Units	Estimated cost
<b><u>Sealcoat &amp; Stripe ( One Phase)</u></b>		
<ul style="list-style-type: none"> <li>• Power blow &amp; broom roadways and parking lot front and back area</li> <li>• Use industry leading <b>Seal Master</b> commercial grade sealer.</li> <li>• Use <b>GS-10</b> additive for faster dry times, improved wear resistance &amp; superior adhesion &amp; improved traction.</li> <li>• Apply sealer with <b><u>Push-Broom-Method Only</u></b>,( No Spraying) for more thorough crack and crevice penetration and thicker longer lasting coating</li> <li>• Re-stripe to existing Parking Lines , Traffic Markings , Handicaps to ADA Code , Cross Walks and Stenciling</li> </ul> <p style="text-align: center;">***** 2 year Warranty *****</p>		
<b>Sub Total</b>		<b>\$4,350.00</b>
<b>Tax</b>		<b>Included</b>
<b>Grand total</b>		<b>\$4,350.00</b>



Beyond Paving.  
BEYOND EXPECTATIONS.™

# PROPOSAL

OPP-23-022086

09 / 20 / 2023

Account Information
<b>Account Name:</b> St.Vincent de Paul Community Thrift Store
<b>Street Address:</b> 180 34th St N
<b>City State Zip:</b> Saint Petersburg FL 33713-8519

Contact Information
<b>Contact Name:</b> Tim Panyard
<b>Contact Email:</b> timothy@svdp.care
<b>Contact Phone:</b> 7277440430

Rose Paving Information
<b>Account Executive:</b> Stephen Morrison
<b>Email:</b> stephen.morrison@rosepaving.com
<b>Cell:</b> 813-625-5603

Notes/Exclusions

PRICING TABLE					
Service Line Name	QTY	U of M	Depth	Unit Price	Total
Sealcoat PMM - Spray / Spray	16735	SF		\$0.22	\$3,606.41
Lot Marking Restripe - Single Bays	32	Bays		\$40.65	\$1,300.92

Estimated Tax **\$0.00**

**Total \$4,907.33**



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# PROPOSAL

## CUSTOMER APPROVAL

Total Dollars Approved: **\$4,907.33**

Name:

Authorized Signature:

## BILLING INSTRUCTIONS:

## Scope Detail

Service Line Name	Service Description
Sealcoat PMM - Spray / Spray	<p>-Pavement will be cleaned of all loose debris prior to seal application.</p> <p>-Oil spots will be primed prior to sealcoat; however, there is no guarantee of sealcoat adhesion to these areas.</p> <p>-Apply two coats of sealer using a spray application.</p> <p>-Areas will be barricaded for 24 hours after sealer is applied.</p> <p>If additional mobilizations are required, there will be a charge of \$1,750 for each additional mobilization.</p> <p>*Rose Paving cannot guarantee sealer adhesion to polished rock.</p> <p>Warranty - 12 months.</p>
Lot Marking Restripe - Single Bays	<p>Restripe per existing layout. We use the best Federal Specification paint available &amp; our power equipment assures a 30-50% better flow rate of paint; this will assure you of a longer lasting job.</p>

## Rose Paving Contract Terms & Conditions

- 1. ESCALATION:** This proposal is based on material costs at current market rates. Due to the current volatile market conditions for liquid asphalt that are beyond Rose Paving's control and in the event of future material price increases the responsible party agrees to pay for the escalation of material costs without a change order. This paragraph applies only to materials.
- 2. TIMING:** Due to fluctuation in the cost of raw materials, including but not limited to liquid asphalt, if the current date is past 15 days from the proposal date, customer should clarify that pricing is still valid.
- 3. CONTRACT DOCUMENTS:** Specification sheets, drawings and other documentation presented in this proposal shall be part of the contract. It is the responsibility of the customer's authorized representative to be aware of the terms and conditions stated herein and of the other contract documentation.
- 4. PAYMENT TERMS:** NET BALANCE DUE 30 DAYS AFTER COMPLETION OF WORK. Unpaid balances will accrue a late fee of 1% per month until paid in full. In the event of your failure to conform to the terms and conditions of this agreement, you hereby agree to pay Rose Paving LLC. all sums earned to date. Price reflects a 4% (four percent) discount for payments by cash or check.
- 5. DEPOSIT:** If contracted amount exceeds \$15,000.00, a deposit of 1/3 of the project price is required to schedule work unless noted otherwise in this agreement.
- 6. PERMITS AND FEES:** Owner is responsible for obtaining and paying for any required PERMITS, BONDS, and LICENSES, or plans required to obtain the aforementioned.
- 7. UNMARKED / UNDOCUMENTED UTILITIES:** The client shall be responsible for repairing any private utility lines damaged by Rose Paving during the course of this project which were unmarked, undocumented or non-conforming to prevailing codes. While Rose Paving shall be responsible for repairing utilities in situations where Rose Paving damaged marked, conforming private utility lines, Rose Paving shall not be held liable for additional costs associated with utility interruption regardless of whether the lines were marked and / or documented properly or not. The customer is responsible to call the utility company.
- 8. WORK ACCESSIBILITY:** The price(s) quoted herein is contingent upon the work area being free of any obstructions (vehicles, dumpsters, etc.) at the scheduled project start date and time. Rose Paving, reserves the right to adjust the agreed upon project price if the job conditions prevent Rose Paving work crews from starting on time and proceeding without interruption
- 9. SOIL CONDITIONS:** The proposed price is contingent on the existing subsoil or base being adequate to support the pavement work. Rose Paving shall not be held liable for failure due to poor subgrade, moisture or other unforeseen circumstances such as underground water springs, contaminated soil, etc. If failure does occur, Rose Paving will notify agent or owner for inspection.
- 10. WATER DRAINAGE:** On projects where the natural fall of the land is less than 2%, Rose Paving cannot guarantee that there will be total water drainage on pavements. After repair and Rose Paving shall not be held liable for ponding or retention in surrounding areas. On projects where the scope of work includes an overlay, the overlay will follow the contour of the existing base surface and Rose Paving cannot guarantee and will not be liable for drainage issues in the work area or surrounding areas.
- 11. CLEANING EXPENSES:** The owner understands that the work called for in this agreement is a messy process. The parties agree that Rose Paving is not responsible for cleaning, repairing, or replacing any concrete, carpet, floor, passageway, etc., that is soiled or stained by anyone other than Rose Paving employees.



**12. INDEMNITY:** Rose Paving agrees to complete its work in a safe and workmanlike manner, and to take appropriate safety precautions. However, once installation is complete and customer takes possession of the work area, Owner/Customer understands and agrees that Rose Paving cannot be responsible for materials, area maintenance and safety, and therefore Owner/Customer assumes all responsibility in this regard, including but not limited to any and all personal injuries, deaths, property damage, losses, or expenses related to or in any way connected with the materials or services provided. To the fullest extent allowed by law, Owner/Customer agrees to indemnify, defend and hold Rose Paving and its agents harmless from any and all loss, expense, liability, or attorneys' fees in connection with any such damages or injuries occurring thereafter. Nothing contained within this paragraph means, or should be construed to mean that Rose Paving or others shall be indemnified for their own negligence.

**13. CHOICE OF LAW & VENUE:** To the fullest extent permitted by law, each provision of this contract shall be interpreted in such manner as to be effective and valid under the laws of the State of Project and corresponding Choice of Law indicated below without regard to that state's conflict of laws principles, and venue and jurisdiction for any dispute under this agreement shall rest in the Venue and Jurisdiction identified:

	State of Project	Choice of Law	Venue and Jurisdiction
A.	Arizona	Arizona	Superior Court of Maricopa County or the United States District Court District of Arizona-Phoenix
B.	California	California	Superior Court of California County of Los Angeles or the United States District Court Central District of California
C.	Florida	Florida	Circuit Court of Hillsborough County Florida or the United States District Court Middle District of Florida
D.	Illinois	Illinois	Circuit Court of Cook County or Northern District of Illinois
E.	Tennessee	Tennessee	Davidson County Circuit Court or the U.S. District Court Middle District of Tennessee Nashville Division
F.	All other states	Illinois	Circuit Court of Cook County or Northern District of Illinois

**14. ATTORNEY FEES & COSTS:** In the event Rose Paving places any amounts owed under this proposal for collection with either a collection firm or attorney, Rose Paving shall be entitled to reasonable collection fees, attorneys fees and costs.

**15. TAXES:** All taxes are included in proposal price unless otherwise specified.

**16. MATERIAL & WORKMANSHIP:** All material is guaranteed to be as specified. Unless otherwise specified within this Proposal, Rose Paving warrants workmanship and materials for a period of 1 year from the date of completion. All work shall be completed in a workmanlike manner according to standard practices. Any alteration or deviation from the above specifications involving extra cost will be executed only upon written orders, and will become an extra charge over and above the amount set forth above. We shall not be responsible for delays caused by strikes, accidents, weather or other contingencies beyond our control. Our workers are fully insured.



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# PROPOSAL

**17. CONSENT TO USE OF PHOTOGRAPHS, IMAGES AND VIDEOS:** Customer consents to Rose Paving using images and videos of jobsite as a described in proposal or any work order, for use in Rose Paving promotional, marketing and training materials. Rose Paving shall have right to use the name, logos, trademarks, trade names, service marks or other marks of customer to the extent any of the foregoing appear in photographs, images and videos of the jobsite.

**18. NON-DISCLOSURE:** Customer acknowledges that information in this Proposal, including but not limited to pricing, determination of scope of work, method for evaluating parking lots, and methods of repair, constitute and include Rose Paving's Confidential Information. This Proposal shall not be shared, distributed or disseminated to any other contractor and Customer acknowledges that should it violate this provision monetary damages will not be an adequate remedy and Rose Paving shall be entitled to injunctive relief in addition to any other remedy available in law or equity.

**19. ALTERATIONS TO THIS PROPOSAL:** Alterations or notations on or to this Proposal will not be valid unless accepted in writing by an authorized representative of Rose Paving.

**20. SEVERABILITY OF TERMS:** Should any part of this agreement be deemed unenforceable, the remaining terms shall be severable and separately enforceable and shall remain in full force

**As a duly authorized representative of St.Vincent de Paul  
Community Thrift Store, I agree to these Terms & Conditions**



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**The subsequent documents include bids for the maintenance, repair, or replacement of the following:**

- **Flooring**



# TruClean Commercial Services

7105 58th street north  
Pinellas Park, FL 33781

ESTIMATE	#4607
ESTIMATE DATE	Aug 8, 2023
SERVICE DATE	Aug 8, 2023
<b>TOTAL</b>	<b>\$3,088.84</b>

St. Vincent de Paul  
St. Vincent de Paul  
180 34th St N  
St. Petersburg, FL 33713

## CONTACT US

(727) 238-4818  
 info@trucleanfc.com

(727) 744-0430  
 timothy@svdp.care

## ESTIMATE

Services	amount
----------	--------

Epoxy floor- will include both sales room.	\$3,088.84
We use a high alkaline solution to pre-treat and suspend dirt. Our truck mounted system rinses and extracts dirt and grime into our holding tank leaving the floor clean and sanitized. (Book which day fits best with your schedule, from there we will come do a free in home estimate and book services after estimate is completed!)	

Services subtotal: \$3,088.84

Subtotal	\$3,088.84
Tax (Sales Tax 7%)	\$0.00
<b>Total</b>	<b>\$3,088.84</b>

We appreciate your business! Thank you for supporting a local Veteran-owned company!!  
Payment Terms:

For Residential Jobs payment is due upon completion of work.

For Commercial Jobs payment is due (Within 30) days of invoiced date.

Please be aware that we will charge 1.5% interest per month on late invoices after the (30th) Day.

All returned checks are subject to a \$35 Non Sufficient Funds charge.

If you were satisfied with your service please click this link and leave us a 5 Star review @

<https://www.trucleanfc.com/reviews/>



# STANLEY STEEMER® COMMERCIAL SERVICES

DEEP CLEANING SOLUTIONS FOR ANY BUSINESS  
1-800-STEEMER® | stanleysteemer.com

## Commercial Services Estimate

COMPANY:	St Vincent De Paul Thrift Store	ORDER#	12883893
ADDRESS:	180 34 St N	REPRESENTATIVE	Luis Moreno
CITY, STATE, ZIP	33713	PHONE:	(813) 205-9228
PHONE:	(727) 744-0430	EMAIL	<a href="mailto:luis.moreno@steemer.com">luis.moreno@steemer.com</a>
CONTACT NAME:	Tim	COORDINATOR:	Wendy Carrio
EMAIL:		PHONE:	(888) 637-9920
DATE	September 25, 2023	EMAIL	<a href="mailto:wendy.carrio@steemer.com">wendy.carrio@steemer.com</a>

Areas	Surface	Service	Description	Price
all Epoxy floor		Clean	Includes Spot Pre-treatment	\$ 2,500.00

Portable need:	<b>No</b>	<b>Notes:</b>	Must Meet <b>\$125</b> Service Minimum	
Must meet <b>\$300</b> service minimum AFTER 7PM				<b>Sub -Total</b>
*Taxable items - Hard surface cleaning, protection on moveable items				<b>Tax</b> 7.0%
Call Wendy at 888-637-9920 or email <a href="mailto:wendy.carrio@steemer.com">wendy.carrio@steemer.com</a> to schedule or with any questions				<b>Total</b>
				Payment is due at the time of service

Carpets loose at seams or along walls, floors that have been incorrectly or defectively installed, are cleaned at customer's risk. Any questions regarding workmanship must be reported within 10 days after completion or will be subject to a service charge at our option. **WARNING:** Customer acknowledges being informed & understands carpet/flooring is damp during cleaning and that care should be taken in stepping onto other surfaces to avoid slipping and hereby releases Stanley Steemer from any and all liability for injuries which might be sustained as a result thereof. I HAVE READ AND FULLY UNDERSTAND  
 CUSTOMER \_\_\_\_\_ DATE \_\_\_\_\_



# MAKING HOMELESSNESS RARE. BRIEF. ONE-TIME.

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**This document grouping contains bids for the maintenance, repair, or replacement of the following infrastructure:**

- Exterior Walls
- Bathrooms
- Doors

**The bids are listed in order below:**

**(Section 1)**

- Painting “Jeff C” Bid [SELECTED VENDOR]
- Painting “Industrial Painter” Bid

**(Section 2)**

- Bathrooms “Southern” Bid [SELECTED VENDOR]
- Bathrooms “Taurus” Bid

**(Section 3)**

- Doors “Eurochoice” Bid [SELECTED VENDOR]
- Doors “Rollshield” Bid

**SELECTED VENDOR includes the bids provided in the budget.**



# MAKING HOMELESSNESS **RARE. BRIEF. ONE-TIME.**

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**The subsequent documents include bids for the maintenance, repair, or replacement of the following:**

- **Exterior Walls**





August 3, 2023

St. Vincent de Paul Thrift Store  
180 34<sup>th</sup> St. N.  
St. Petersburg, FL

In care of;  
Tim Panyard  
(727) 744-0430  
[timothy@svdp.care](mailto:timothy@svdp.care)

Re; Exterior painting of building

Contract-Acceptance made this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by Tim Panyard hereinafter referred to as Owner, and Jeff Coffin Painting & Waterproofing Inc. hereinafter referred to as Contractor.

Now, therefore, in consideration of the mutual promises contained herein, the parties agree as follows.

### **THE WORK AND CONTRACT**

The Owner shall pay the Contractor the total sum of **\$10,800.00** for the exterior painting of the thrift store building. All work shall be done in accordance with the specifications set forth below.

### **Exterior areas to be Painted**

1. Stucco/masonry walls
2. Walkway walls
3. Walkway ceiling
4. Metal drip cap

5. Roof parapet walls
6. Gutters and downspouts
7. Metal doors and frames

**Areas not to be painted**

1. Storefront doors and window frames
2. Walkway decks
3. Signage and posts
4. Storage containers
5. Property walls or fencing
6. Loading ramps or railings
7. Canvas awnings and awning metal
8. Bollards
9. Lights and light poles
10. Any other area not mentioned in Areas to be Painted

**PREPARATION AND MATERIAL APPLICATION OF SURFACES TO BE PAINTED**

**A. Pressure Cleaning**

1. All exterior surfaces are to be pressure cleaned using a minimum of 2,500 lbs/psi to remove loose paint and surface contamination, salt deposits, and mildew.
2. On areas where mildew is present, remove mildew using a solution of chlorine shall be applied, allow reaction time. Rinse with pressure washer.

**B. Material Application**

1. **Previously painted stucco/masonry surfaces.**
  - a. Chalky stucco/masonry surfaces are to be sealed with Benjamin Moore O66 Masonry Surface Conditioner

- b. Paint and finish with Benjamin Moore Ultra Spec Exterior Acrylic Satin Paint tinted to owner approved colors
2. **Metal doors, frames, mansard roofing, metal supports, etc.**
- a. Scrape and wire brush to remove loose and peeling paint.
  - b. Treat rusted metal with OSPHO Rust Converter
  - c. Spot prime rusted metal with Benjamin Moore Rust Inhibitive Metal Primer
  - d. Paint and finish with Benjamin Moore Acrylic Semi Gloss Enamel Paint tinted to owner approved colors.

### **STUCCO CRACK REPAIR**

1. All hairline cracks (less than 1/16") are to be detailed with Lastic Patch Elastomeric Patching Compound textured brush grade.  
Bridge crack approximately 2" on both sides and crown center directly over crack approximately 1/16" to allow for thermal movement. Match existing stucco texture as close as possible.
2. All cracks greater than 1/16" are to be routed open to form "U" or "V" shape, dusted clean, and packed with One-Part Urethane Sealant. Force One-Part Urethane Sealant into crack to insure adhesion to inner wall surface. Permit One-Part Urethane Sealant to tack cure, then apply a detailed coat of Lastic textured, brush grade over repair.  
Bridge crack approximately 1/16" to allow for thermal movement.  
Match existing stucco texture as close as possible.

### **SEALANT INSTALLATION**

1. All wall penetrations through exterior walls such as downspouts, gutter straps, roof scuppers, conduit, etc. shall be sealed using Top Gun Sealant.
2. Apply a complete and continuous bead of Top Gun Sealant to all 90-degree angles formed where exterior walls change direction, as necessary.
3. All sealants at stucco to metal window and door framed openings shall be closely inspected and replaced as necessary with Alex Plus Sealant

### **ELECTRICITY AND WATER**

Owner agrees to supply the contractor with necessary electricity and water required to operate his equipment and carry out the work.

**GENERAL CONDITIONS**

The Contractor agrees to save the Owner harmless for all liens and/or damages arising from or caused by this work. All materials are guaranteed to be as specified.

All work to be completed in a workmanlike manner according to standard practices.

Any alteration or deviation from the above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above estimate. All agreements contingent upon strikes, accidents, or delays beyond our control.

**FINAL AGREEMENT**

This instrument contains the entire agreement between the parties relating to the rights herein granted and the obligations herein assumed. Any oral representation or modification concerning this instrument shall be of no force or effect excepting a subsequent modification in writing, signed by the party to be charged.

---

Tim Panyard

*Jeff Coffin*

---

Jeff Coffin Painting & Waterproofing Inc.



**6435 West Jefferson Blvd. #183  
Fort Wayne, IN 46804**

**Office: 1.800.354.9165**  
**Web Site: www.IndustrialPaintingUSA.com**  
**E-Mail: sales@IndustrialPainter.com**

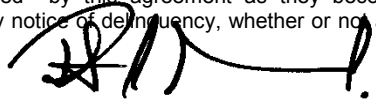
# Proposal

<b>Company</b>	St Vincent de Paul	<b>Contact Name</b>	Thimothy
<b>Address</b>	180 34th St N,	<b>Proposal Date</b>	9-27-23
<b>City, State, Zip</b>	St. Petersburg, FL 33713	<b>Representative</b>	Robert Greengard
<b>Phone</b>	Office 727-744-0430	<b>Contact Phone</b>	Cell 727-744-0430

**WE PROPOSE HEREBY** to furnish material and labor - complete in accordance with specifications below,  
**Fourteen Thousand – Four Hundred – no/100** **Dollars** \$ **\$14,400**

Payment to be made as follows: 50% down for mobilization - Balance to be paid bi-weekly on a % of work completed.

All material is guaranteed to be as specified. All work is to be completed in a workman like manner according to standard practices. Any alteration or deviation from specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements are contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Workmen's compensation insurance. We shall be entitled to recover reasonable attorney fees, costs, and expenses incurred by failure of Owner to make any payments required by this agreement as they become due, including preparing any notice of delinquency, whether or not any legal action is instituted.

**Authorized Signature** 

Note: This proposal may be withdrawn by us if not accepted within 30 days.

**WE HEREBY SUBMIT** specifications and estimates for:

## PAINT EXTERIOR

**Area of work to be completed:** Exterior Walls 7,200 Square Feet x \$2.00 / Square Foot = \$14,400

- Step 01 – Protect other areas** of plant by dropping a poly film curtain wall around work area. (when required).
- Step 02 – Protect machinery, equipment and inventory** by wrapping with a layer of poly film (when required).
- Step 03 – Protect floors** by spreading a layer of poly film & cardboard over entire floor area (when required).
- Step 04 – Protect workers** by making sure that crews wear proper safety equipment at all times.
- Step 05 – Protect accessory items** such as sprinkler heads, skylights, light fixtures, bus ducts, cranes, lifts etc. by masking off with poly film (when required).
- Step 06 – Clean rock crusher** by spot abrasive blasting to remove dust, dirt, loose paint and debris.
- Step 06 – Paint high temp surfaces** with Sur Kill Finish by Sherwin Williams or equal, spray applied two coats or a total coating wet film thickness of 5 mils. .
- Step 07 – Paint surfaces** with A100 Finish by Sherwin Williams or equal, spray applied two coats or a total coating wet film thickness of 5 mils.
- Step 08 – Cleanup work area** by removing all poly film, masking, coverings, paint bucket and drums, & disposing in dumpsters.
- Step 09 – Dispose of waste materials** by contracting with Safety Clean Inc.

Contractor will charge for any additional square feet of work completed further than stated above.  
 Contractor will charge for any additional costs incurred for time delays by owner in scheduled work.  
 Contractor will not paint sprinkler heads or electrical bus ducts if any.

Owner to provide water.  
 Owner will not let their employees or contractors enter our work area.  
 Owner will move all movable items out of work area.  
 Owner to provide dumpsters for the disposal of: trash, poly film, and empty paint containers.

<p align="center"><b>ACCEPTANCE OF PROPOSAL</b></p> <p>The above prices, specifications and conditions are satisfactory and hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.</p>	<p><b>Authorized Signature</b> _____</p> <p align="right">Owner Sign Here</p> <p>Acceptance Date _____</p>
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# MAKING HOMELESSNESS **RARE. BRIEF. ONE-TIME.**

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**The subsequent documents include bids for the maintenance, repair, or replacement of the following:**

- **Bathrooms**



Southern Builders of Florida  
 2119 NE Coachman Rd  
 Clearwater FL 33765  
 727-442-3117 (Office)

Jana Balicki  
 SVDP  
 384 15th St N  
 Suite 100  
 St Petersburg, FL 33705

September 22, 2023

Project: SVDP Restrooms  
 Architect: AIC  
 Plan Date: N/A

We are pleased to provide you with the following proposal on the above mentioned project. If you have any questions, please feel free to contact me.

Summary Breakdown	
Division 1 - General Conditions	\$ 18,417.50
Division 2 - Demolition & Site work	\$ 5,855.00
Division 3 - Concrete	\$ 2,455.00
Division 4 - Masonry	\$ -
Division 5 - Metals	\$ -
Division 6 - Woods & Plastics	\$ 16,775.00
Division 7 - Thermal and Moisture Protection	\$ -
Division 8 - Doors & Windows	\$ 2,995.00
Division 9 - Finishes: Drywall	\$ 15,800.00
Division 9 - Finishes: Paint	\$ 7,992.00
Division 9 - Finishes: Ceilings	\$ 8,900.00
Division 9 - Finishes: Flooring	\$ 81,953.00
Division 10 - Specialties	\$ 17,554.00
Division 11 - Equipment	\$ -
Division 12 - Furnishings	\$ -
Division 13 - Special Construction	\$ -
Division 14 - Conveying Systems	\$ -
Division 15 - Mechanical: HVAC	\$ 13,555.00
Division 15 - Mechanical: Plumbing	\$ 28,600.00
Division 15 - Mechanical: Fire Sprinkler	\$ 3,655.00
Division 16 - Electrical	\$ 23,443.00
Sub-total	\$ 247,949.50
Overhead / Profit / Insurance	\$ 19,835.96
<b>Project Total</b>	<b>\$ 267,785.46</b>

*Exclusions: Voice/data cabling, existing code violations, impact fees, asbestos survey and/or abatement, signage, keying. Card readers provided and installed by owners. All work to be performed during normal business hours. All permit costs to be paid by owner. All impact fees to be paid by owner. All asbestos surveys to be paid by owner.*

Alternates:		
1	Dedcut to use a standard ceramic wall tile	\$ (39,665.00)
2	Deduct to use floor mounted partitions	\$ (3,590.00)
3	0	\$ -
4	0	\$ -
Overhead / Profit / Insurance		\$ -
<b>Alternates Total</b>		<b>\$ (43,255.00)</b>

Sincerely,

Mike Scheetz  
 Owner



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/18/2023

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Yani Fernandez	
Great Florida Insurance		<b>PHONE (A/C, No, Ext):</b> (813) 870-2334	<b>FAX (A/C, No):</b> (888) 351-9818
3956 W Hillsborough Ave		<b>E-MAIL ADDRESS:</b> yani.fernandez@greatflorida.com	
Tampa FL 33614		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>		<b>INSURER A:</b> Clear Blue Insurance Company	
Taurus Renovation and Builders Inc		<b>INSURER B:</b> Infinity Insurance Company	
2622 Oleander Lakes Drive		<b>INSURER C:</b>	
Brandon FL 33511		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	BGFL0021423603	06/24/2023	06/24/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:					GENERAL AGGREGATE \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b>		509-82008-0990-001	11/29/2022	11/29/2023	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$ 10,000
	<input type="checkbox"/> OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$ 20,000
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident) \$ 10,000
	<input type="checkbox"/> AUTOS ONLY					PIP \$ 10,000
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A			PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**

Insured Copy	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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Client: Tomas  
 Project: 401 15th Street, North St. Petersburg, FL

Scope: Bathrooms  
 Date: 8/20/2023



Sr #	Drawing #	Item Description	Quantity	Unit	Unit Cost	Total	TRADE COST
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**Div. 01 General Conditions and Requirements** **\$0.00**

1		Supervision	1	LS	\$0.00	\$0.00	
2		Permits	1	LS	\$0.00	\$0.00	
3		Final Clean-up	1	LS	\$0.00	\$0.00	
4		Mobilization Costs	1	LS	\$0.00	\$0.00	
5		Project Overheads	1	LS	\$0.00	\$0.00	
6		Bonds	1	LS	\$0.00	\$0.00	
7		Temporary Control & Facilities	1	LS	\$0.00	\$0.00	

**Div. 02 Site Work/ Existing Conditions** **\$29,204.56**

		<b>Demolition</b>					
8	A1 - A3	Remove Door	3	EA	\$85.00	\$255.00	
9		Remove Sink	2	EA	\$1,337.50	\$2,675.00	
10		Remove Ceiling	1312	SF	\$3.69	\$4,838.00	
11		Remove Duct	102	LF	\$10.00	\$1,020.00	
12		Remove Vanity	17	LF	\$45.31	\$770.31	
13		Remove Flooring	1320	SF	\$3.13	\$4,125.00	
14		Remove Lavatory	4	EA	\$284.80	\$1,139.20	
15		Remove Wall (8'-0" H)	16	LF	\$18.76	\$300.16	
16		Remove Wall Base	329	LF	\$3.14	\$1,031.74	
17		Remove Air Device	16	EA	\$67.20	\$1,075.20	
18		Remove Exhaust Fan	2	EA	\$91.20	\$182.40	
19		Remove Water Closet	8	EA	\$457.60	\$3,660.80	
20		Remove Counter Top	37	SF	\$22.08	\$816.96	
21		Remove Lighting Fixtures	19	EA	\$134.40	\$2,553.60	
22		Remove Toilet Accessories	2	EA	\$672.00	\$1,344.00	
23		Remove Wall Board	935	SF	\$1.12	\$1,047.20	
24		Remove (2'-9"x5'-0") Toilet Partition W/ Door	6	EA	\$147.74	\$886.46	
25	Remove (5'-0"x5'-0") Toilet Partition	4	EA	\$152.00	\$608.00		
26	Remove (6'-0"x5'-0") Toilet Partition	2	EA	\$182.40	\$364.80		
27	Remove (6'-0"x7'-4") Toilet Partition W/ Door	2	EA	\$255.36	\$510.72		

**Div. 08 Openings** **\$2,940.00**

		<b>Doors</b>					
28	A1	(3'-0"x7'-0") Hollow Metal Door	2	EA	\$1,207.50	\$2,415.00	
29		Hardware Set As Required	2	EA	\$262.50	\$525.00	

**Div. 09 Finishes** **\$41,192.95**

		<b>Dry Wall/ Framing</b>					
		<b>(3-5/8") Interior Stud Wall "W11" As; (8 LF, 8'-0" H)</b>					
30		(5/8") Cement Wall Board	128	SF	\$3.06	\$392.00	
31		(3-5/8") 25 Gauge Metal Studs @ 16" O.C. (8 EA, 57 LF)	64	SF	\$5.00	\$320.00	
32		3-1/2" Batt Insulation (R-13)	64	SF	\$1.50	\$96.00	
33		(3-5/8") Runner Track	8	LF	\$5.63	\$45.00	
34		(3-5/8") Deflection Track	8	LF	\$5.63	\$45.00	
35		Sealant (As Required)	32	LF	\$2.44	\$78.00	
		<b>(3-5/8") Interior Stud Wall "W21A" As; (3 LF, 8'-0" H)</b>					
36		(5/8") Cement Wall Board	48	SF	\$3.06	\$147.00	
37		(3-5/8") 25 Gauge Metal Studs @ 16" O.C. (4 EA, 27 LF)	24	SF	\$5.00	\$120.00	
38		3-1/2" Batt Insulation (R-13)	48	SF	\$10.00	\$480.00	

Client: Tomas  
 Project: 401 15th Street, North St. Petersburg, FL

Scope: Bathrooms  
 Date: 8/20/2023



Sr #	Drawing #	Item Description	Quantity	Unit	Unit Cost	Total	TRADE COST	
39	A1 - A3	(3-5/8") Runner Track	3	LF	\$5.00	\$15.00		
40		(3-5/8") Deflection Track	3	LF	\$5.63	\$16.88		
41		Sealant (As Required)	12	LF	\$2.44	\$29.25		
		(3-5/8") Infill Door Wall "W31" As; (4 LF, 7'-0" H)						
42		(5/8") Cement Wall Board	56	SF	\$3.06	\$171.50		
43		(3-5/8") 25 Gauge Metal Studs @ 16" O.C. (5 EA, 29 LF)	28	SF	\$5.00	\$140.00		
44		3-1/2" Batt Insulation (R-13)	28	SF	\$10.00	\$280.00		
45		(3-5/8") Runner Track	4	LF	\$5.63	\$22.50		
46		(3-5/8") Deflection Track	4	LF	\$5.63	\$22.50		
47		Sealant (As Required)	16	LF	\$2.44	\$39.00		
		<b>Flooring</b>						
48		Epoxy Flooring	1004	SF	\$7.30	\$7,329.20		
49		Luxury Vinyl Flooring	308	SF	\$21.25	\$6,545.00		
		<b>Wall Base</b>						
50		Vinyl Base	92	LF	\$10.50	\$966.00		
51		6" Epoxy Base	257	LF	\$6.50	\$1,670.50		
	<b>Ceiling</b>							
52	2" Soffit	7	LF	\$4.38	\$30.63			
53	2x2 Acoustical Tile Ceiling	865	SF	\$9.00	\$7,785.00			
54	1/2" Gypsum Board Ceiling - Painted	442	SF	\$6.81	\$3,011.13			
	<b>Wall Finish</b>							
55	Wall Paint "PT-1"	1144	SF	\$1.94	\$2,216.50			
56	Ceramic Wall Panelling	773	SF	\$11.88	\$9,179.38			

**Div. 10 Specialties**

**\$20,596.28**

<b>Main Floor</b>								
57	A1	Vanity	21	LF	\$181.25	\$3,806.25		
58		Counter Top	45	SF	\$86.25	\$3,881.25		
59		Backsplash	29	LF	\$27.50	\$797.50		
60		2x2 Lockable Access Hatch	2	EA	\$156.25	\$312.50		
61		(2'-9"x5'-0") Toilet Partition W/ Door	6	EA	\$326.56	\$1,959.38		
62		(6'-0"x7'-4") Toilet Partition W/ Door	2	EA	\$1,045.95	\$2,091.90		
63		(5'-0"x5'-0") Toilet Partition	4	EA	\$593.75	\$2,375.00		
64		(6'-0"x5'-0") Toilet Partition	2	EA	\$712.50	\$1,425.00		
		<b>Toilet Accessories</b>						
65		Mirror	5	EA	\$372.50	\$1,862.50		
66		Coat Hook	8	EA	\$60.00	\$480.00		
67		36" Grab Bars	2	EA	\$137.50	\$275.00		
68		42" Grab Bars	2	EA	\$165.00	\$330.00		
69		Toilet Tissue Dispenser	8	EA	\$50.00	\$400.00		
70	Protective Drain Cover	6	EA	\$50.00	\$300.00			
71	Ppaer Towel Dispenser	6	EA	\$50.00	\$300.00			

**Div. 21 Fire Suppression**

**\$7,290.00**

<b>Main Floor</b>							
72	FP2	Sprinkler Head	14	EA	\$140.00	\$1,960.00	
73		Sprinkler Pipe	72	LF	\$40.00	\$2,880.00	
74		Sprinkler Head Connection To Existing	14	EA	\$175.00	\$2,450.00	

**Div. 22 Plumbing**

**\$30,924.38**

<b>Plumbing Fixtures</b>							
75	TP1	Lavatory	6	EA	\$1,143.75	\$6,862.50	
76		Floor Drain	2	EA	\$526.25	\$1,052.50	
77		Water Closet	6	EA	\$1,787.50	\$10,725.00	
78		ADA Water Closet	2	EA	\$1,600.00	\$3,200.00	
79		Thermostatic Mixing Valve	2	EA	\$387.50	\$775.00	
80		Panel Access To Domestic Hot/Cold Water Valves	2	EA	\$231.25	\$462.50	

Client: Tomas  
 Project: 401 15th Street, North St. Petersburg, FL

Scope: Bathrooms  
 Date: 8/20/2023



Sr #	Drawing #	Item Description	Quantity	Unit	Unit Cost	Total	TRADE COST
81		Allowance For Plumbing Pipe & Fittings	1395	SF	\$5.63	\$7,846.88	

**Div. 23 Heating, Ventilating & Air-Conditioning** **\$6,587.50**

		Ducts & Fittings					
82	<b>TM1</b>	6x6 Duct	40	LF	\$20.00	\$800.00	
83		8x8 Duct	8	LF	\$25.00	\$200.00	
84		10x10 Duct	3	LF	\$30.00	\$90.00	
85		6" Dia. Duct	38	LF	\$12.50	\$475.00	
86		8" Dia. Duct	15	LF	\$15.00	\$225.00	
87		Volume Damper	6	EA	\$97.50	\$585.00	
		Air Devices					
88		(24x24) Supply Diffuser (125 CFM)	3	EA	\$230.00	\$690.00	
89		(24x24) Supply Diffuser (235 CFM)	2	EA	\$230.00	\$460.00	
90		(24x24) Supply Diffuser (210 CFM)	2	EA	\$230.00	\$460.00	
91	(24x24) Return Air Grille (60 CFM)	2	EA	\$163.75	\$327.50		
92	(24x24) Return Air Grille (70 CFM)	4	EA	\$163.75	\$655.00		
93	(24x24) Return Air Grille (400 CFM)	1	EA	\$163.75	\$163.75		
94	(24x24) Return Air Grille (150 CFM)	1	EA	\$163.75	\$163.75		
95	(24x24) Supply Diffuser (175 CFM)	1	EA	\$230.00	\$230.00		
		HVAC System					
96	Exhaust Fan (280 CFM)	2	EA	\$531.25	\$1,062.50		

**Div. 26 Electrical** **\$27,954.38**

		Main Floor				
97	<b>E1.0</b>	2x2 LED Light	2	EA	\$518.75	\$1,037.50
98		Recessed Can Light	5	EA	\$577.50	\$2,887.50
99		2x4 LED Fixture (40 W)	6	EA	\$560.00	\$3,360.00
100		LED Emergency Exit Light	2	EA	\$507.50	\$1,015.00
101		Occupancy Sensor Switch	6	EA	\$185.00	\$1,110.00
102		On/Off Low Voltage Power Pack	3	EA	\$368.75	\$1,106.25
103		4" Recessed LED Downlight (20 W)	12	EA	\$592.50	\$7,110.00
104		2x4 Emergency LED Light Fixtures (40 W)	3	EA	\$575.00	\$1,725.00
105		4" Emergency Recessed LED Downlight (20 W)	7	EA	\$606.25	\$4,243.75
106		Allowance For Electrical Conduit & Wirings	1395	SF	\$3.13	\$4,359.38

<b>SUB TOTAL</b>		<b>\$166,690.04</b>
<b>OVERHEAD &amp; PROFIT</b>	20%	<b>\$33,338.01</b>
<b>INSURANCE</b>	3%	<b>\$5,000.70</b>
<b>CONTINGENCY</b>	7%	<b>\$11,668.30</b>
<b>TOTAL BID</b>		<b>\$216,697.05</b>

Note:





STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
2601 Blair Stone Road, Tallahassee, FL 32399-0783

CONSTRUCTION LICENSE BOND

STATE OF Florida
COUNTY OF Hillsborough

Bond #: W150379646
Effective Date: 06/23/2020

Bond Amount: \$ 10,000.00
Type of Bond: Construction License Bond

Obligee: Florida Construction Industry Licensing Board

KNOW ALL PERSONS BY THESE PRESENTS, THAT

(Applicant) Hugo Ramos
of (Company Name) Taurus Renovation and Builders Inc, a company fully authorized to do business in the State of Florida, as Principal, and
(Bond Company) Old Republic Surety Company, a company fully authorized to do business in the State of Florida, as Surety, are held and firmly bound unto the Florida Construction Industry Licensing Board, as Obligee, in Penal Sum of (amount in words) Ten Thousand Dollars Dollars for the payment of fines and costs pursuant to Rule 61G4-15.006, Florida Administrative Code, well and to truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents. The condition of this obligation is such that:

WHEREAS, Principal has been granted a license to conduct business under Chapter 455, Florida Statutes and;

NOW THEREFORE, if the (Company Name) Taurus Renovation and Builders Inc, shall well and truly and faithfully make the payments to the State Treasurer of the State of Florida in his capacity as Treasurer of the Department of Business and Professional Regulation as provided in and as required by any and all laws of the State of Florida Business and Professional Regulation, and shall faithfully and accurately keep its books and records and make reports as in any and all of said laws provided and required, and shall conduct its business in conformity with said laws and rules of the Florida Department of Business and Professional Regulation, and shall well and truly keep and perform each and every requirement in and by said laws and rules provided, then this obligation to be null and void, otherwise to remain in full force and effect.

IT IS FURTHER AGREED AND UNDERSTOOD that the Obligee will retain an electronic record of this bond and power of attorney that will be utilized to make claims against this bond pursuant to Section 668.50, Florida Statutes. Collection of claims under this bond shall require a statement signed by a duly authorized official acting on behalf of the Florida Construction Industry Licensing Board, referencing the bond number and certifying that the amount of the draft is due and payable pursuant to a Final Order from the Construction Licensing Board; and a copy of this bond. The Principal shall retain the original bond. The Principal must maintain a license bond in effect until the Principal can demonstrate a credit score of 660 (FICO derived) or higher to the Florida Construction Industry Licensing Board. The Surety reserves the right to cancel this bond by sending a notice of cancellation by certified mail 30 days in advance of cancellation to the Executive Director of the Florida Construction Industry Licensing Board, 2601 Blair Stone Road, Tallahassee, Florida 32399. However, the Surety's liability shall continue for any indebtedness incurred or accrued during the period of this bond, including the 30-day notice period.

SIGNED this 16th day of June, 20 20.

PRINCIPAL: Hugo Ramos
Print or Type Name of Applicant

Applicant Signature

COMPANY: Hugo Ramos, President
Authorized Company Officer Name, Title

Signature Authorized Company Officer

SURETY: Old Republic Surety Company

BY: Elise Faust
Print Name of Attorney-in-fact

Elise Faust
Signature Attorney-in-fact
(Attach Power of Attorney)





# OLD REPUBLIC SURETY COMPANY

## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint: **Elise Faust of Brookfield, WI**

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding \$10,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, **(other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds)**, as follows: Effective Date: 6/23/2020 12:00:00 AM

Bond Number: W150379646      Bond Amount:      Ten Thousand Dollars      \$10,000.00  
Principal Name: Hugo Ramos

Obligee Name: FL Dept of Business & Professional Regulation of Tallahassee, FL

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18, 1982.

RESOLVED that the president, any vice president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

- (i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
- (ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
- (iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 16th day of June, 2020

*Karen J. Haffner*  
Assistant Secretary



OLD REPUBLIC SURETY COMPANY

*Alan Pavlic*  
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 16th day of June, 2020, personally came before me, Alan Pavlic and Karen J. Haffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.



*Kathryn R. Pearson*  
Notary Public

My Commission Expires: 09/28/2022

**(Expiration of notary's commission does not invalidate this instrument)**

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

0923637



Signed and sealed at the City of Brookfield, WI this 16th day of June, 2020

*Karen J. Haffner*  
Assistant Secretary

ORSC 22262 (3-06)

SECURITY BOND ASSOCIATES, INC.



JIMMY PATRONIS  
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION**

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 9/10/2023

**EXPIRATION DATE:** 9/9/2025

**PERSON:** HUGO RAMOS

**EMAIL:** TAURUS@RENOVATIONBUILDERSINC.COM

**FEIN:** 822474456

**BUSINESS NAME AND ADDRESS:**

TAURUS RENOVATION AND BUILDERS INC

400 N TAMPA ST

TAMPA, FL 33602

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to [www.myfloridalicense.com](http://www.myfloridalicense.com).

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**IMPORTANT:** Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT  
RULE 69L-6.012, F.A.C. REVISED 01/2023

E01749470

QUESTIONS? (850) 413-1609





Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD**

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



**RAMOS, HUGO**

TAURUS RENOVATION AND BUILDERS INC  
400 NORTH TAMPA ST  
TAMPA FL 33602

**LICENSE NUMBER: CGC1529434**

**EXPIRATION DATE: AUGUST 31, 2024**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

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**PRE-BID MEETING MINUTES**

Project Name: SOOP CARES  
Date: 8/11/23  
Time: 4:00 PM

Project Location:

- 1) All federal requirements are applicable to both the prime contractor and all subcontractors
- 2) The contractor awarded will be required to adhere to the Federal Labor Standards
- 3) The project Wage Decision is attached to this packet. Review prior to submitting your bid so you are aware of the wage rates for the work trades on this project. You may request an additional work classification not listed. These requests can take +/- 30 days for processing so provide immediately upon contract award.
- 4) The Davis Bacon Coordinator with the County will conduct onsite employee interviews to review for contractor compliance with the employee wage rates on the Wage Decision.
- 5) The County does not provide "up front" payment for materials, supplies, or labor prior to project start
- 6) All draw submittals will have a 10% retainage held
- 7) Payment is only for work completed and No payment is permitted for stored materials, unless specified in contract documents and agreed upon
- 8) A Partial Release of Lien is required with each draw submittal from the Prime Contractor. Any subcontractors who filed a Notice to Owner must also forward a Partial Release of Lien. A Final Release of Lien is required from the Prime Contractor and all Subcontractors prior to final payment processing. (All releases are conditional)
- 9) A minimum one-year labor and material warranty is required for all work
- 10) Keep all records a minimum of three (3) years
- 11) If the contract is over \$50,000 and you employ more than 50 employees, an Affirmative Action Plan is required to be forwarded with your bid
- 12) Section 3 is a requirement of all contracts over \$200k
- 13) Bid Guarantee/Bid Bond as specified in each bid materials. Architect/owner speak to requirements
- 14) When submitting your bid, make sure to include the required documentation listed in the bid materials
- 15) You can use the Bid Cover Sheet to make sure you have the necessary information included in your bid

Pre-Bid Meeting Completed On This Date: 8/11/23



**BID SPECIFICATIONS COVER SHEET**

Project Description: Remodel two Bathrooms

Project Address: 384 15th St N

**Documents to include with bid submittal checklist:**

- 1. Certification Form \_\_\_\_\_ ?
- 2. Byrd Anti-Lobbying Certification \_\_\_\_\_ ?
- 3. Affirmative Action Plan Included (if applicable): \_\_\_\_\_
- 4. Section 3 Business Concern self-certification form \_\_\_\_\_
- 5. Contractor's License Copy \_\_\_\_\_
- 6. Contractor's PCCLB Registration Copy \_\_\_\_\_
- 7. Certificates of Insurance (GL and WC) \_\_\_\_\_
- 8. Number of days to completion \_\_\_\_\_
- 9. Firm-fixed Lump Sum Base Bid Price \_\_\_\_\_
- 10. Acknowledgement of Addendums 1- \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ N/A
- 11. Reference listing and contacts \_\_\_\_\_

**Base Bid:** \_\_\_\_\_

Alternate Pricing (if applicable)

Alternate #1: \_\_\_\_\_

Alternate #2: \_\_\_\_\_

Alternate #3: \_\_\_\_\_

Number Days for Completion: \_\_\_\_\_

Tawns Renovation and Builders, Inc 400 North Tampa St Tampa FL 33608

Legal Company Name of Bidder

Address

Miso Tawns  
Print Name

CEO  
Title

Signature

Date

Tawns@renovationbuildersinc.com  
Email

707-504-0898  
Phone Number

## **SECTION 3 CONTRACTOR REQUIREMENTS**

### **WHAT IS SECTION 3?**

Section 3 is a provision of the Housing and Urban Development Act of 1968 that is regulated by the provisions of 24 CFR 75. Section 3 regulations ensure that employment and other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, and consistent with existing Federal, State and local laws and regulations, be directed to low- and very low-income persons, particularly those who are recipients of government assistance for housing, and to business concerns which provide economic opportunities to low- and very low-income persons.

### **IS SECTION 3 REQUIRED?**

YES.

The contractor, to the greatest extent feasible and with best efforts, hire persons who are low or very low income (Section 3 Worker). Additionally, best efforts must be made to obtain subcontractors who qualify as Section 3 Business Concerns. Alternatively, the prime contractor may certify as a Section 3 Business Concern.

**Section 3 is a requirement of the prime contractor and all subcontractors.**

### **WHAT DOCUMENTS WILL BE REQUIRED DURING OR AFTER CONSTRUCTION?**

1. Subcontractors must submit the Section 3 Business Concern Self-Certification Form.
2. The Prime Contractor and all Subcontractors will have their employees complete the Section 3 Worker Self-Certification Form. The Prime Contractor or Subcontractor may complete this form for the employee as you may have the information on file. However, the employee MUST review and sign themselves agreeing to the information input.
3. The Prime Contractor and all Subcontractors will complete the Section 3 Qualitative Efforts Checklist Form.
4. You as the Prime Contractor will need to track three [3] things
  1. First, the TOTAL LABOR HOURS for ALL the workers on the project.  
Prime Contractor + Subcontractors labor hours = TOTAL LABOR HOURS FOR THE PROJECT
  2. Second, the TOTAL LABOR HOURS for ALL the Section 3 workers.
  3. Third, the TOTAL LABOR HOURS for ALL the Targeted Section 3 workers.
  4. The County will use that information to calculate if the goals/benchmarks have been met. The Section 3 goals/benchmarks are 25% of the Labor Hours to Section 3 Workers and 5% to Targeted Section 3 Workers.

### **HOW DO YOU EXPECT ME TO TRACK ALL LABOR HOURS?**

The County Project Manager will provide by email an Excel tracking spreadsheet which you may use to track all labor hours for your employees and input subcontractor hours.

Davis Bacon Certified Payrolls can be used to assist in populating the Section 3 Excel Labor Hours Tracking information which will include all workers on the project and their labor hours.

### **WHERE CAN I LOOK TO FIND A SECTION 3 BUSINESS CONCERN OR SECTION 3 WORKER?**

To register a business or search for one you can go to the following website:

<https://hudapps.hud.gov/OpportunityPortal/>

### **IS THERE SPECIFIC LANGUAGE THAT MUST BE INCLUDED IN MY SUBCONTRACTS?**

Insert the Section 3 Clause below in all subcontract agreements.

#### **SECTION 3 CLAUSE**

Section 3. Any contract or subcontract on a project that is funded with public housing financial assistance or meets the definition of a Section 3 project in 24 CFR § 75.3 must comply with Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u. CONTRACTOR shall comply with HUD's regulations in 24 CFR Part 75, which implements Section 3, and shall include the following clause (referred to as the Section 3 clause) in all subcontracts resulting from the commitment of funds under this Agreement:

1) The work to be performed under this contract is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u (Section 3). The purpose of Section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD-assisted projects covered by Section 3, shall, to the greatest extent feasible, be directed to low- and very low-income persons, particularly persons who are recipients of HUD assistance for housing.

2) The parties to this contract agree to comply with HUD's regulations in 24 CFR Part 75, which implement Section 3. As evidenced by their execution of this contract, the parties to this contract certify that they are under no contractual or other impediment that would prevent them from complying with the Part 75 regulations.

3) The contractor agrees to send to each labor organization or representative of workers with whom the contractor has a collective bargaining agreement or other understanding, if any, a notice advising the labor organization or workers' representative of the contractor's commitments under this Section 3 clause and will post copies of the notice in conspicuous places at the work site where both employees and applicants for training and employment positions can see the notice. The notice shall describe the Section 3 preference, shall set forth minimum number and job titles subject to hire, availability of apprenticeship and training positions, the qualifications for each; and the name and location of the person(s) taking applications for each of the positions; and the anticipated date the work shall begin.

4) The contractor agrees to include this Section 3 clause in every subcontract subject to compliance with regulations in 24 CFR Part 75 and agrees to take appropriate action, as provided in an applicable provision of the subcontract or in this Section 3 clause, upon a finding that the subcontractor is in violation of the regulations in 24 CFR Part 75. The contractor will not subcontract with any subcontractor where the contractor has notice or knowledge that the subcontractor has been found in violation of the regulations in 24 CFR Part 75.

5) The contractor will certify that any vacant employment positions, including training positions, filled: (1) after the contractor is selected but before the contract is executed; and (2) with persons other than those to whom the regulations of 24 CFR Part 75 require employment opportunities to be directed, were not filled to circumvent the contractor's obligations under 24 CFR Part 75.

6) Noncompliance with HUD's regulations in 24 CFR Part 75 may result in sanctions, termination of this contract for default, and debarment or suspension from future HUD assisted contracts.



**SECTION 3 BUSINESS CONCERN  
SELF-CERTIFICATION FORM**

Name of Business Taurus Renovation and Builders inc  
Address of Business 400 North Tampa ST Tampa FL 33602  
Phone Number: (813) 604-0898 Email: Taurus@renovationbuildersinc.com

**PLEASE CHECK ONE BOX BELOW FOR HOW YOUR BUSINESS  
REQUEST TO QUALIFY FOR SECTION 3 BUSINESS CONCERN SELF-CERTIFICATION, IF APPLICABLE**

Option #1-#4 must have been met within the last 6 months to qualify:

- Option #1 - At least 51% of the business is owned and controlled by low or very low-income persons. (Low income is \$48,650 or below for this fiscal year)
- Option #2 - At least 51% of the business is owned and controlled by a current public housing resident or residents who currently live in Section 8 assisted housing.
- Option #3 - Over 75% of the labor hours performed for your business over the prior three-month period are performed by Section 3 workers. (See attached definition of Section 3 workers)
- Option #4 - 51% or more of your business is owned or controlled by current residents of Public Housing or Section 8 assisted housing.
- Option #5 - None of the above apply to me

**Business Concern Affirmation**

I affirm that the above statements are true, complete, and correct to the best of my knowledge and belief. I understand that businesses who misrepresent themselves as Section 3 business concerns and report false information to Pinellas County may have their contracts terminated as default and be barred from ongoing and future considerations for contracting opportunities. I hereby certify, under penalty of law, that the following information is correct to the best of my knowledge.

Please have an authorized agent or representative of the company sign below (President, Owner, etc.)

Print Name: Hugo Ramos  
Title: CEO  
Signature: [Handwritten Signature]

Date: 9/19/23

*NOTE: Please keep this signed certification and supporting documentation on record for a period of 5 years*



## SECTION 3 WORKER SELF-CERTIFICATION FORM

Section 3 is a HUD federal program. Completion of this self-certification may qualify you as a (1) Section 3 Worker, (2) Targeted Section 3 Worker, or (3) Neither.

Complete the form below and return to your employer (contractor or subcontractor). Your employer will provide this information to the Pinellas County Housing & Community Development Department. The information is confidential, and has no effect on employment.

### SECTION 3 WORKERS DEFINED

There are two [2] types of Section 3 workers. You may qualify for one, both, or neither.

- 1) Section 3 Workers
- 2) Targeted Section 3 Workers

Please **check** the box or boxes below that apply to you and complete the bottom section.

#### 1) Section 3 Worker Definition

Your income previously (if hired within past 5 years) OR current (annualized) year is below \$48,650

#### 2) Targeted Section 3 Worker Definition

You currently live within 1 mile of the project area. Or did when hired within the past five [5] years

This Project Address: \_\_\_\_\_

You currently live in Public Housing, Section 8 Assisted Housing, or are a Youthbuild Participant

#### 3) None of the above apply to me

### EMPLOYEE AFFIRMATION

I affirm that the above statements are true, complete, and correct to the best of my knowledge and belief.

Employee Name: Jarvis Builders

Employee Address: 400 North Tampa ST

Month and Year Hired: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3 IDIS INFORMATION  
NATURE OF AGENCY EFFORTS CHECKLIST**

**Project Name:**

**Fiscal Year:**

**Funding:** CDBG

**Safe Harbor Benchmark Goals**

25% Section 3 Worker Hours

5% Targeted Section 3 Worker Hours

Total Labor Hours: \_\_\_\_\_

Total Section 3 Worker Hours: \_\_\_\_\_ Percentage: \_\_\_\_\_

Total Targeted Section 3 Worker Hours: \_\_\_\_\_ Percentage: \_\_\_\_\_

**Check the items below that are applicable to your  
best efforts if safe harbor benchmark not met.**

Outreach efforts to identify and secure bids from Section 3 business concerns.

Technical assistance to help Section 3 business concerns understand and bid on contracts.

Bonding assistance, guaranties, or other efforts to support viable bids from Section 3 business concerns.

Promoting the use of a business registry designed to create opportunities for disadvantaged and small businesses (including Section 3 Business Registry).

Discussed with City staff for opportunities in locating Section 3 Business Concerns or Section 3 Workers through resource assistance or listings available

Technical assistance to help Section 3 workers compete for jobs (i.e. resume assistance, coaching, etc.)

*MA*

- Engaged in outreach efforts to generate job applicants who are Targeted Section 3 workers.
- Provided training or apprenticeship opportunities.
- Provided assistance to apply for/or attend community college, a four-year educational institution, or vocational/technical training.
- Divided contracts into smaller jobs to facilitate participation by Section 3 business concerns.
- Provided or connected Section 3 workers with assistance in seeking employment including: drafting resumes, preparing for interviews, and finding job opportunities connecting residents to job placement services.
- Held one or more job fairs or open houses.
- Provided or referred Section 3 workers to services supporting work readiness and retention (*e.g.*, work readiness activities, interview clothing, test fees, transportation, child care).
- Assisted Section 3 workers to obtain financial literacy training and/or coaching.
- Provided bonding assistance, guaranties, or other efforts to support viable bids from Section 3 business concerns.
- Outreach, engagement, or referrals with the state one-stop system as defined in Section 121(e)(2) of the Workforce Innovation and Opportunity Act.
- Other Best Efforts to recruit related to Section 3

N/A

Additional Best Effort Details:

PRINT NAME:

Jose Ramos

SIGNATURE:

[Handwritten Signature]

DATE:

9/19/23

## INVITATION TO BID

Notice is hereby given that Saint Vincent de Paul CARES (SVdP CARES) will receive sealed bids from a State of Florida licensed general contractor for the Renovation of two bathrooms , office space and hallway at SVdP Shelter.

All materials furnished and work performed shall be in accordance with the Drawings, Specifications and other Contract Documents as prepared by the Office AIC Architects. Bidders may contact the Architect for document review and project questions at [www.aicoll.com](http://www.aicoll.com)

A mandatory pre-bid meeting and site visit is being held at SVdP CARES 401 15<sup>th</sup> Street N. St. Petersburg, Florida 33705, on August 9, 2023, at 1:00 PM. Sealed bids will be received at the office of the owner: SVdP CARES 384 15<sup>th</sup> Street N. St. Petersburg, Florida 33705 attention Jana Balicki- Bids will be received until 10:59 A.M. on August 24, 2023. A public bid opening will take place immediately following the receipt of the sealed bids at 11:00 A.M at SVdP CARES 384 15<sup>th</sup> Street N. St. Petersburg, Florida 33705

All bids must be accompanied by a Bid Bond, Certified Check, Cashier's Check, in a sum not less than five (5) percent of the amount of the Bid, as a guarantee that the Bidder will enter into an agreement with the Owner upon Award.

This is a COMMUNITY DEVELOPMENT BLOCK GRANT project, funded by the Pinellas County Housing & Community Development Department through the United States Department of Housing and Urban Development. Federal regulations including, but not limited to the following apply: Federal Labor Standards per 29 CFR parts 3 and 5, and Procurement Procedures per 2 CFR Part 200. The successful Bidder will be required to furnish and pay for a satisfactory one hundred percent (100%) contract performance and payment bond. Surety companies executing these bonds must appear in the US Treasury Department's most current list (Circular 570, as amended), and be authorized to transact business in the State of Florida. Details regarding Federal Requirements are included in contract documents. Section 3 Business Concerns, and Minority and Women Business Enterprises are encouraged to apply.

The Owner reserves the right to reject any and all bids. Awards, if made, will be to the lowest responsive and responsible bidder.





**PINELLAS COUNTY HOUSING AND COMMUNITY  
DEVELOPMENT FEDERAL, CDBG BID DOCUMENTS AND  
COMPLIANCE REQUIREMENTS**

**PROJECT**

**St. Vincent de Paul  
Rehabilitation Project**

**Pinellas County Contacts**

**Joe Riddle, 727-464-8234, JRiddle@pinellas.gov (Grants Section Manager)  
Natasha Suarez, 727-464-8241, NSuarez@pinellas.gov (Project Manager, Davis  
Bacon and Section 3 Compliance)**

The construction work for this project is financed by a Federal grant through the Pinellas County Housing and Community Development Department. Contractors and Subcontractors are responsible for following all applicable Federal requirements.

**HOUSING ITEMS TO COMPLETE AND FORWARD WITH YOUR BID**

1. Certification Form
2. Byrd-Anti Lobbying Certification – (and subcontracts exceeding \$100,000)
3. Affirmative Action Plan (if applicable) – (If you employ 50 or more employees and the contract exceeds \$50,000)
4. Section 3 Business Concern self-certification form

**DOCUMENTS INCLUDED IN THE  
PERFORMANCE OF THE CONTRACT (as applicable)**

- Certification Form
- Byrd-Anti Lobbying Certification
- General Terms and Conditions
- Labor Standards, EEO, and E.O. 11246
- Section 3 Requirements (contracts over \$200,000)

## **DOCUMENT REQUIREMENTS AND INFORMATION**

### **Certification Form**

This form is to be completed by all contractors on the project and forwarded to the Housing and Community Development (HCD) Project Manager prior to work start. The HCD Project Manager will review the document for contractor applicability to perform work on a federally funded project.

### **Byrd Anti-Lobbying Amendment Certification**

Completion of this form is applicable to all contracts exceeding \$100,000. The completed form should be forwarded to the HCD Project Manager prior to work start. The HCD Project Manager will review the form for contractor eligibility and filing of the required reporting form (if applicable).

### **Affirmative Action Plan**

Any contract that is \$50,000 or more and the contractor employs 50 or more employees must forward a completed Affirmative Action Plan to the HCD Project Manager prior to work start.

### **General Terms and Conditions**

Pinellas County Housing and Community Development General Terms and Conditions on Community Development Grant Block (CDBG) projects requirements.

### **Section 3**

Section 3 is applicable to this project for all contractors. The attached Section 3 Packet provides detailed information on the requirements.

### **Labor Standards Provisions**

All contracts are Davis Bacon and Related Acts applicable. The Supplementary Conditions to the Contract attachment identifies the Labor Standards and Equal Employment Opportunity requirements. Further detail regarding the project specific Davis Bacon documents applicable to the project and required are identified below.

#### **I. Wage Decision**

The wage decision included in the pre-bid documents is applicable for all contractor bids and is effective unless a modification has been issued with 10 or more days before bid opening. If so, then the modification/updated wage decision will be inserted into the bidding specifications for the contractor.

#### **II. Certified Payrolls**

The project certified payrolls are required to be originals signed blue ink and provided to the Housing Project Manager weekly. Contractors are responsible for completing all

Certified Payroll requirements. The Housing Project Manager will review all Certified Payrolls for compliance requirements and contact the contractor with any issues or concerns.

**III. Certified Payroll Supplement Documents**

- a. Employee Authorization Form – Any employee who has deductions on a certified payroll must complete and sign this form. Examples include child support, retirement plans, or insurance plans.
- b. Authorization Form – Any employee designated to sign the certified payrolls that is not a registered agent/officer of the corporation must have this form completed and signed by an authorized agent/officer of the company.

**IV. Employee Rights Under Davis Bacon Posters and Wage Decisions Posting**

Contractor will be responsible for providing access to the Employee Rights Under the Davis Bacon Act poster at a location accessible to all project employees. The project wage decision(s) should be posted at the same location.

**V. Davis Bacon Employee Interviews**

The Housing Project Manager will perform onsite employee interviews for Davis Bacon work classification and wage requirements compliance. All contractors are required to provide access to employees at any time the Housing Project Manager deems necessary to review for compliance requirements.



## CERTIFICATION FORM

This form is applicable to the Prime Contractor and all Subcontractors prior to performing any work. This information will be used to review eligibility requirements for working on federally funded projects.

**COMPLETE PAGES #1 and #2, CHECK THE APPROPRIATE BOXES, AND SIGN.**

Project Name: St. Vincent De Paul Rehab Project  
Address: St Petersburg Florida

### DEBARRED CONTRACTOR CERTIFICATION

I certify that this firm is not debarred and has not and will not award a subcontract, in connection with any contract awarded to it as a result of this bid, to any firm that has been debarred for noncompliance with the Federal Labor Standards, Title VI of the Civil Rights Act, Executive Order 11246, as amended, or any other Federal law.

### E.O. 11246 CERTIFICATION

This certification is required pursuant to Executive Order 11246 and regulations at 41 CFR Part 60-1.7(b). Each bidder or prospective prime contractor and any proposed subcontractor shall state as a part of the bid or negotiation of a contract whether it has participated in any previous contract or subcontract subject to the Equal Opportunity Clause; whether it has developed and has on file an affirmative action program pursuant to 41 CFR Part 60-2; and whether it has filed all reports due under the applicable filing requirements of E.O. 11246.

### CERTIFICATION OF NONSEGREGATED FACILITIES

In order to comply with obligations under the Equal Opportunity Clause, a prime contractor and all subcontractors must insure that facilities provided for employees are provided in such a manner that segregation on the basis of race, color, religion or national origin cannot result.

I certify that this firm does not and will not provide or maintain any facilities for its employees at any of its establishments which are segregated by race, color, religion or national origin and does not and will not permit its employees to perform their services at any location, under its control, where segregated facilities are maintained. I agree that a breach of this certification will be a violation of the Equal Opportunity Clause of this contract. I agree as a representative of this firm that the term "segregated facilities," as used herein, means waiting rooms, work areas, restaurants and other eating areas, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, and housing facilities provided for employees which are segregated by explicit directive or because of habit, local custom or otherwise. I further agree as a representative of this firm that this firm will obtain a Certification of Nonsegregated Facilities from all subcontractors working on this job prior to said subcontractors beginning work on the job.

Check the appropriate box as required pursuant to E.O. 11246 (mandatory to complete):

- 1)  Has  **Has Not** participated in a previous contract or subcontract subject to the Equal Opportunity Clause
- 2)  Has  **Has Not** filed with the Joint Reporting Committee, the Deputy Assistant Secretary or the Equal Employment Opportunity Commission all reports due under the applicable filing requirements
- 3)  Has  **Has Not**  **Not Applicable** developed an Affirmative Action Program pursuant to 41 CFR Part 60-2 (Affirmative Action programs are only required for contracts over \$50,000 and when you employ 50 or more persons)

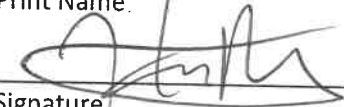
**I CERTIFY THAT THIS FIRM WILL ADHERE TO ALL APPLICABLE FEDERAL REQUIREMENTS INCLUDING THE ABOVE LISTED DEBARRED CONTRACTOR CERTIFICATION, E.O. 11246 CERTIFICATION, AND CERTIFICATION OF NONSEGREGATED FACILITIES.**

Contractor Name: Huso Ramos FID or EIN #: 822-474-480

License Number: CGC 1529434 Trade: Construction

Address and Zip Code: 400 North Tampa ST 15th Floor  
Tampa FL 33602

Print Name: Huso Ramos Title: CEO

Signature:  Date: 9/19/23

Telephone Number - Office: (813) 504-0898

Telephone Number - Cell (optional): ( ) \_\_\_\_\_

Email: Taurus@renationbuildersinc.com

**BYRD ANTI-LOBBYING AMENDMENT CERTIFICATION**  
(to be submitted with each contract exceeding \$100,000)

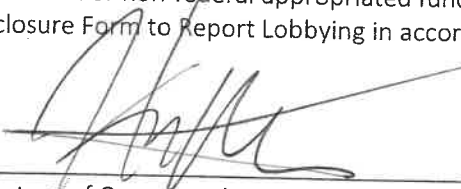
The undersigned certifies, to the best of his or her knowledge that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C.1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
4. The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. 3801 et seq., apply to this certification and disclosure, if any.

Please check the appropriate box and complete below:

No federal or non-federal appropriated funds have been used as stated above

Federal or non-federal appropriated funds will/have been used. Complete the Standard Form-LLL, Disclosure Form to Report Lobbying in accordance with its instructions.

  
\_\_\_\_\_  
Signature of Contractor's Authorized Official

  
\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Name and Title of Contractor's Authorized Official

\_\_\_\_\_  
Date

## **Community Development Block Grant Federal Requirements**

### **Bonding (2 CFR (200.304))**

For construction or facility improvement contracts or subcontracts exceeding the simplified acquisition threshold, the awarding agency may accept the bonding policy and requirements of the grantee or sub-grantee provided the awarding agency has made a determination that the awarding agency's interest is adequately protected. If such a determination has not been made, the minimum requirements shall be as follows:

- (1) A bid guarantee from each bidder equivalent to five percent of the bid price. The "bid guarantee" shall consist of a firm commitment such as a bid bond, certified check, or other negotiable instrument accompanying a bid as assurance that the bidder will, upon acceptance of his bid, execute such contractual documents as may be required within the time specified.
- (2) A performance bond on the part of the contractor for 100 percent of the contract price. A "performance bond" is one executed in connection with a contract to secure fulfillment of all the contractor's obligations under such contract.
- (3) A payment bond on the part of the contractor for 100 percent of the contract price. A "payment bond" is one executed in connection with a contract to assure payment as required by law of all persons supplying labor and material in the execution of the work provided for in the contract.

### **Administrative, contractual, or legal remedies (2 CFR (200.338))**

Contractor shall be subject to any or all administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and any sanctions and penalties as may be appropriate under applicable law.

### **Termination (2 CFR (200.339))**

This contract is subject to the termination provisions for cause and convenience contained within the general terms and conditions.

### **Contracting with small and minority firms, women's business enterprise and labor surplus area firms (2 CFR (200.321))**

- (1) Contractor will take all necessary affirmative steps to assure that minority firms, women's business enterprises, and labor surplus area firms are used when possible.
- (2) Affirmative steps shall include:
  - (i) Placing qualified small and minority businesses and women's business enterprises on solicitation lists; and
  - (ii) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources; and



(iii) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority business, and women's business enterprises; and

(iv) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority business, and women's business enterprises; and

(v) Using the services and assistance of the Small Business Administration, and the Minority Business Development Agency of the Department of Commerce.

**Equal Opportunity Clause (41 CFR §60-1. 4(b))**

During the performance of this contract, the contractor agrees as follows:

(1) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. Such action shall include, but not be limited to the following: Employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination clause.

(2) The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive considerations for employment without regard to race, color, religion, sex, or national origin.

(3) The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representatives of the contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

(4) The contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.

(5) The contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

(6) In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations, or orders, this contract may be canceled, terminated, or suspended in whole or in part and the contractor may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

(7) The contractor will include the portion of the sentence immediately preceding paragraph (1) and the provisions of paragraphs (1) through (7) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance: *Provided, however,* That in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the administering agency the contractor may request the United States to enter into such litigation to protect the interests of the United States.

**Solicitation Requirement (41 CFR §60-4. 2(d)) - The following notice shall be included in and shall be a part of all solicitations for offers and bids on all Federal and federally assisted construction contracts or subcontracts in excess of \$10,000 to be performed in geographic areas designated pursuant to 41 CFR §60-4. 6.**

**Notice of Requirement for Affirmative Action to Ensure Equal Employment Opportunity (Executive Order 11246)**

1. The Offeror's or Bidder's attention is called to the "Equal Opportunity Clause" and the "Standard Federal Equal Employment Specifications" set forth herein.
2. The goals and timetables for minority and female participation, expressed in percentage terms for the Contractor's aggregate workforce in each trade on all construction work in the covered area, are as follows:

Goal for Female Utilization - All Trades for the life of the project- 6.9%

Goal Minority Utilization - All Trades for the life of the project - 17.9%

These goals are applicable to all the Contractor's construction work (whether or not it is Federal or federally assisted) performed in the covered area. If the contractor performs construction work in a geographical area located outside of the covered area, it shall apply the goals established for such geographical area where the work is actually performed. With regard to this second area, the contractor also is subject to the goals for both its federally involved and non-federally involved construction.

The Contractor's compliance with the Executive Order and the regulations in 41 CFR Part 60-4 shall be based on its implementation of the Equal Opportunity Clause, specific affirmative action obligations required by the specifications set forth in 41 CFR 60-4. 3(a), and its efforts to meet the goals. The hours of minority and female employment and training must be substantially uniform throughout the length of the contract, and in each trade, and the contractor shall make a good faith effort to employ minorities and women evenly on each of its projects. The transfer of minority or female employees or trainees from Contractor to Contractor or from project to project for the sole purpose of meeting the Contractor's goals shall be a violation of the contract, the Executive Order and the regulations in 41 CFR Part 60-4. Compliance with the goals will be measured against the total work hours performed.

3. The Contractor shall provide written notification to the Director of the Office of Federal Contract Compliance Programs within 10 working days of award of any construction subcontract in excess of \$10,000 at any tier for construction work under the contract resulting from this

solicitation. The notification shall list the name, address and telephone number of the subcontractor; employer identification number of the subcontractor; estimated dollar amount of the subcontract; estimated starting and completion dates of the subcontract; and the geographical area in which the subcontract is to be performed.

4. As used in this Notice, and in the contract resulting from this solicitation, the "covered area" is Pinellas County, Florida.

**Standard Federal Equal Employment Opportunity Construction Contract Specifications Executive Order 11246 and 41 CFR §60-4.3)**

1. As used in these specifications:

- a. "Covered area" means the geographical area described in the solicitation from which this contract resulted;
- b. "Director" means Director, Office of Federal Contract Compliance Programs, United States Department of Labor, or any person to whom the Director delegates authority;
- c. "Employer identification number" means the Federal Social Security number used on the Employer's Quarterly Federal Tax Return, U. S. Treasury Department Form 941.
- d. "Minority" includes:
  - (i) Black (all persons having origins in any of the Black African racial groups not of Hispanic origin);
  - (ii) Hispanic (all persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race);
  - (iii) Asian and Pacific Islander (all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands); and
  - (iv) American Indian or Alaskan Native (all persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification).

2. Whenever the Contractor, or any Subcontractor at any tier, subcontracts a portion of the work involving any construction trade, it shall physically include in each subcontract in excess of \$10,000 the provisions of these specifications and the Notice which contains the applicable goals for minority and female participation and which is set forth in the solicitations from which this contract resulted.

3. If the Contractor is participating (pursuant to 41 CFR 60-4.5) in a Hometown Plan approved by the U. S. Department of Labor in the covered area either individually or through an association, its affirmative action obligations on all work in the Plan area (including goals and timetables) shall be in accordance with that Plan for those trades which have unions participating in the Plan. Contractors must be able to demonstrate their participation in and compliance with the provisions of any such Hometown Plan. Each Contractor or Subcontractor participating in an approved Plan is individually required to comply with its obligations under the EEO clause, and to make a good faith effort to achieve each goal under the Plan in each trade

in which it has employees. The overall good faith performance by other Contractors or Subcontractors toward a goal in an approved Plan does not excuse any covered Contractor's or Subcontractor's failure to take good faith efforts to achieve the Plan goals and timetables.

4. The Contractor shall implement the specific affirmative action standards provided in paragraphs 7 a through p of these specifications. The goals set forth in the solicitation from which this contract resulted are expressed as percentages of the total hours of employment and training of minority and female utilization the Contractor should reasonably be able to achieve in each construction trade in which it has employees in the covered area. Covered Construction contractors performing construction work in geographical areas where they do not have a Federal or federally assisted construction contract shall apply the minority and female goals established for the geographical area where the work is being performed. Goals are published periodically in the Federal Register in notice form, and such notices may be obtained from any Office of Federal Contract Compliance Programs office or from Federal procurement contracting officers. The Contractor is expected to make substantially uniform progress in meeting its goals in each craft during the period specified.

5. Neither the provisions of any collective bargaining agreement, nor the failure by a union with whom the Contractor has a collective bargaining agreement, to refer either minorities or women shall excuse the Contractor's obligations under these specifications, Executive Order 11246, or the regulations promulgated pursuant thereto.

6. In order for the nonworking training hours of apprentices and trainees to be counted in meeting the goals, such apprentices and trainees must be employed by the Contractor during the training period, and the Contractor must have made a commitment to employ the apprentices and trainees at the completion of their training, subject to the availability of employment opportunities. Trainees must be trained pursuant to training programs approved by the U.S. Department of Labor.

7. The Contractor shall take specific affirmative actions to ensure equal employment opportunity. The evaluation of the Contractor's compliance with these specifications shall be based upon its effort to achieve maximum results from its actions. The Contractor shall document these efforts fully, and shall implement affirmative action steps at least as extensive as the following:

- a. Ensure and maintain a working environment free of harassment, intimidation, and coercion at all sites, and in all facilities at which the Contractor's employees are assigned to work. The Contractor, where possible, will assign two or more women to each construction project. The Contractor shall specifically ensure that all foremen, superintendents, and other on-site supervisory personnel are aware of and carry out the Contractor's obligation to maintain such a working environment, with specific attention to minority or female individuals working at such sites or in such facilities.
- b. Establish and maintain a current list of minority and female recruitment sources, provide written notification to minority and female recruitment sources and to community organizations when the Contractor or its unions have employment opportunities available, and maintain a record of the organizations' responses.
- c. Maintain a current file of the names, addresses and telephone numbers of each minority and female off-the-street applicant and minority or female referral from a union, a recruitment source or community organization and of what action was taken with respect

to each such individual. If such individual was sent to the union hiring hall for referral and was not referred back to the Contractor by the union or, if referred, not employed by the Contractor, this shall be documented in the file with the reason therefor, along with whatever additional actions the Contractor may have taken.

- d. Provide immediate written notification to the Director when the union or unions with which the Contractor has a collective bargaining agreement has not referred to the Contractor a minority person or woman sent by the Contractor, or when the Contractor has other information that the union referral process has impeded the Contractor's efforts to meet its obligations.
- e. Develop on-the-job training opportunities and/or participate in training programs for the area which expressly include minorities and women, including upgrading programs and apprenticeship and trainee programs relevant to the Contractor's employment needs, especially those programs funded or approved by the Department of Labor. The Contractor shall provide notice of these programs to the sources compiled under 7b above.
- f. Disseminate the Contractor's EEO policy by providing notice of the policy to unions and training programs and requesting their cooperation in assisting the Contractor in meeting its EEO obligations; by including it in any policy manual and collective bargaining agreement; by publicizing it in the company newspaper, annual report, etc. ; by specific review of the policy with all management personnel and with all minority and female employees at least once a year; and by posting the company EEO policy on bulletin boards accessible to all employees at each location where construction work is performed.
- g. Review, at least annually, the company's EEO policy and affirmative action obligations under these specifications with all employees having any responsibility for hiring, assignment, layoff, termination or other employment decisions including specific review of these items with onsite supervisory personnel such as Superintendents, General Foremen, etc., prior to the initiation of construction work at any job site. A written record shall be made and maintained identifying the time and place of these meetings, persons attending, subject matter discussed, and disposition of the subject matter.
- h. Disseminate the Contractor's EEO policy externally by including it in any advertising in the news media, specifically including minority and female news media, and providing written notification to and discussing the Contractor's EEO policy with other Contractors and Subcontractors with whom the Contractor does or anticipates doing business.
- i. Direct its recruitment efforts, both oral and written, to minority, female and community organizations, to schools with minority and female students and to minority and female recruitment and training organizations serving the Contractor's recruitment area and employment needs. Not later than one month prior to the date for the acceptance of applications for apprenticeship or other training by any recruitment source, the Contractor shall send written notification to organizations such as the above, describing the openings, screening procedures, and tests to be used in the selection process.
- j. Encourage present minority and female employees to recruit other minority persons and women and, where reasonable, provide after school, summer and vacation employment

to minority and female youth both on the site and in other areas of a Contractor's work force.

- k. Validate all tests and other selection requirements where there is an obligation to do so under 41 CFR Part 60-3.
- l. Conduct, at least annually, an inventory and evaluation at least of all minority and female personnel for promotional opportunities and encourage these employees to seek or to prepare for, through appropriate training, etc., such opportunities.
- m. Ensure that seniority practices, job classifications, work assignments and other personnel practices, do not have a discriminatory effect by continually monitoring all personnel and employment related activities to ensure that the EEO policy and the Contractor's obligations under these specifications are being carried out.
- n. Ensure that all facilities and company activities are non-segregated except that separate or single-user toilet and necessary changing facilities shall be provided to assure privacy between the sexes.
- o. Document and maintain a record of all solicitations of offers for subcontracts from minority and female construction contractors and suppliers, including circulation of solicitations to minority and female contractor associations and other business associations.
- p. Conduct a review, at least annually, of all supervisors' adherence to and performance under the Contractor's EEO policies and affirmative action obligations.

8. Contractors are encouraged to participate in voluntary associations which assist in fulfilling one or more of their affirmative action obligations (7a through p). The efforts of a contractor association, joint contractor-union, contractor-community, or other similar group of which the contractor is a member and participant, may be asserted as fulfilling any one or more of its obligations under 7a through p of these Specifications provided that the contractor actively participates in the group, makes every effort to assure that the group has a positive impact on the employment of minorities and women in the industry, ensures that the concrete benefits of the program are reflected in the Contractor's minority and female workforce participation, makes a good faith effort to meet its individual goals and timetables, and can provide access to documentation which demonstrates the effectiveness of actions taken on behalf of the Contractor. The obligation to comply, however, is the Contractor's and failure of such a group to fulfill an obligation shall not be a defense for the Contractor's noncompliance.

9. A single goal for minorities and a separate single goal for women have been established. The Contractor, however, is required to provide equal employment opportunity and to take affirmative action for all minority groups, both male and female, and all women, both minority and non-minority. Consequently, the Contractor may be in violation of the Executive Order if a particular group is employed in a substantially disparate manner (for example, even though the Contractor has achieved its goals for women generally, the Contractor may be in violation of the Executive Order if a specific minority group of women is underutilized).

10. The Contractor shall not use the goals and timetables or affirmative action standards to discriminate against any person because of race, color, religion, sex, or national origin.

11. The Contractor shall not enter into any Subcontract with any person or firm debarred from Government contracts pursuant to Executive Order 11246.

12. The Contractor shall carry out such sanctions and penalties for violation of these specifications and of the Equal Opportunity Clause, including suspension, termination and cancellation of existing subcontracts as may be imposed or ordered pursuant to Executive Order 11246, as amended, and its implementing regulations, by the Office of Federal Contract Compliance Programs. Any Contractor who fails to carry out such sanctions and penalties shall be in violation of these specifications and Executive Order 11246, as amended.

13. The Contractor, in fulfilling its obligations under these specifications, shall implement specific affirmative action steps, at least as extensive as those standards prescribed in paragraph 7 of these specifications, so as to achieve maximum results from its efforts to ensure equal employment opportunity. If the Contractor fails to comply with the requirements of the Executive Order, the implementing regulations, or these specifications, the Director shall proceed in accordance with 41 CFR 60-4. 8.

14. The Contractor shall designate a responsible official to monitor all employment related activity to ensure that the company EEO policy is being carried out, to submit reports relating to the provisions hereof as may be required by the Government and to keep records. Records shall at least include for each employee the name, address, telephone numbers, construction trade, union affiliation if any, employee identification number when assigned, social security number, race, sex, status (e.g., mechanic, apprentice trainee, helper, or laborer), dates of changes in status, hours worked per week in the indicated trade, rate of pay, and locations at which the work was performed. Records shall be maintained in an easily understandable and retrievable form; however, to the degree that existing records satisfy this requirement, contractors shall not be required to maintain separate records.

15. Nothing herein provided shall be construed as a limitation upon the application of other laws which establish different standards of compliance or upon the application of requirements for the hiring of local or other area residents (e.g., those under the Public Works Employment Act of 1977 and the Community Development Block Grant Program).

**Federal Labor Standards Provisions (Davis-Bacon Act, Copeland Act, and Contract Work Hours & Safety Standards Act)**

The Project or Program to which the construction work covered by this Contract pertains is being assisted by the United States of America, and the following Federal Labor Standards Provisions are included in this Contract pursuant to the provisions of such Federal assistance.

**Davis-Bacon Act (29 CFR §5.5(a)) and Copeland Act Contract provisions (40 U.S.C. § 3145)**

(1) Minimum wages:

- (i) All laborers and mechanics employed or working upon the site of the work (or under the United States Housing Act of 1937 or under the Housing Act of 1949 in the construction or development of the project), will be paid unconditionally and not less often than once a week, and without subsequent deduction or rebate on any account (except such

payroll deductions as are permitted by regulations issued by the Secretary of Labor under the Copeland Act (29 CFR Part 3)), the full amount of wages and bona fide fringe benefits (or cash equivalents thereof) due at time of payment computed at rates not less than those contained in the wage determination of the Secretary of Labor which is attached hereto and made a part hereof, regardless of any contractual relationship which may be alleged to exist between the contractor and such laborers and mechanics.

Contributions made or costs reasonably anticipated for bona fide fringe benefits under section I(b)(2) of the Davis-Bacon Act on behalf of laborers or mechanics are considered wages paid to such laborers or mechanics, subject to the provisions of paragraph (a)(I)(iv) of this section; also, regular contributions made or costs incurred for more than a weekly period (but not less often than quarterly) under plans, funds, or programs which cover the particular weekly period, are deemed to be constructively made or incurred during such weekly period. Such laborers and mechanics shall be paid the appropriate wage rate and fringe benefits on the wage determination for the classification of work actually performed, without regard to skill, except as provided in § 5. 5(a)(4). Laborers or mechanics performing work in more than one classification may be compensated at the rate specified for each classification for the time actually worked therein; provided, that the employer's payroll records accurately set forth the time spent in each classification in which work is performed. The wage determination (including any additional classification and wage rates conformed under paragraph (a)(I)(ii) of this section) and the Davis-Bacon poster (WH-1321) shall be posted at all times by the contractor and its subcontractors at the site of the work in a prominent and accessible place where it can be easily seen by the workers.

(ii) (A) Any class of laborers or mechanics, including helpers, which is not listed in the wage determination and which is to be employed under the contract shall be classified in conformance with the wage determination. HUD shall approve an additional classification and wage rate and fringe benefits therefore only when the following criteria have been met:

(1) The work to be performed by the classification requested is not performed by a classification in the wage determination; and

(2) The classification is utilized in the area by the construction industry; and

(3) The proposed wage rate, including any bona fide fringe benefits, bears a reasonable relationship to the wage rates contained in the wage determination.

(B) If the contractor and the laborers and mechanics to be employed in the classification (if known), or their representatives, and the contracting officer agree on the classification and wage rate (including the amount designated for fringe benefits were appropriate), a report of the action taken shall be sent by the contracting officer to the Administrator of the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, Washington, D.C. 20210. The Administrator, or an authorized representative, will approve, modify, or disapprove every additional classification action within 30 days of receipt and so advise the contracting officer or will notify the contracting officer within the 30-day period that additional time is necessary.

(C) In the event the contractor, the laborers or mechanics to be employed in the classification or their representatives, and the contracting officer do not agree on the proposed classification and wage rate (including the amount designated for fringe



benefits, where appropriate), the contracting officer shall refer the questions, including the views of all interested parties and the recommendation of the contracting officer, to the Administrator for determination. The Administrator, or an authorized representative, will issue a determination within 30 days of receipt and advise the contracting officer or will notify the contracting officer within the 30-day period that additional time is necessary.

(D) The wage rate (including fringe benefits where appropriate) determined pursuant to subparagraphs (1)(B) or (C) of this paragraph, shall be paid to all workers performing work in the classification under this contract from the first day on which work is performed in the classification.

- (iii) Whenever the minimum wage rate prescribed in the contract for a class of laborers or mechanics includes a fringe benefit which is not expressed as an hourly rate, the contractor shall either pay the benefit as stated in the wage determination or shall pay another bona fide fringe benefit or an hourly cash equivalent thereof.
- (iv) If the contractor does not make payments to a trustee or other third person, the contractor may consider as part of the wages of any laborer or mechanic the amount of any costs reasonably anticipated in providing bona fide fringe benefits under a plan or program, Provided, That the Secretary of Labor has found, upon the written request of the contractor, that the applicable standards of the Davis-Bacon Act have been met. The Secretary of Labor may require the contractor to set aside in a separate account assets for the meeting of obligations under the plan or program.

(2) Withholding:

HUD or its designee shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld from the contractor under this contract or any other Federal contract with the same prime contractor, or any other Federally-assisted contract subject to Davis-Bacon prevailing wage requirements, which is held by the same prime contractor, so much of the accrued payments or advances as may be considered necessary to pay laborers and mechanics, including apprentices, trainees, and helpers, employed by the contractor or any subcontractor the full amount of wages required by the contract. In the event of failure to pay any laborer or mechanic, including any apprentice, trainee, or helper, employed or working on the site of the work (or under the United States Housing Act of 1937 or under the Housing Act of 1949 in the construction or development of the project), all or part of the wages required by the contract, the (Agency) may, after written notice to the contractor, sponsor, applicant, or owner, take such action as may be necessary to cause the suspension of any further payment, advance, or guarantee of funds until such violations have ceased.

(3) Payrolls and basic records:

- (i) Payrolls and basic records relating thereto shall be maintained by the contractor during the course of the work and preserved for a period of three years thereafter for all laborers and mechanics working at the site of the work (or under the United States Housing Act of 1937, or under the Housing Act of 1949, in the construction or development of the project). Such records shall contain the name, address, and social security number of each such worker, his or her correct classification, hourly rates of

wages paid (including rates of contributions or costs anticipated for bona fide fringe benefits or cash equivalents thereof of the types described in section I(b)(2)(B) of the Davis-Bacon Act), daily and weekly number of hours worked, deductions made and actual wages paid. Whenever the Secretary of Labor has found under 29 CFR 5. 5(a)(1)(iv) that the wages of any laborer or mechanic include the amount of any costs reasonably anticipated in providing benefits under a plan or program described in section I(b)(2)(B) of the Davis-Bacon Act, the contractor shall maintain records which show that the commitment to provide such benefits is enforceable, that the plan or program is financially responsible, and that the plan or program has been communicated in writing to the laborers or mechanics affected, and records which show the costs anticipated or the actual cost incurred in providing such benefits. Contractors employing apprentices or trainees under approved programs shall maintain written evidence of the registration of apprenticeship programs and certification of trainee programs, the registration of the apprentices and trainees, and the ratios and wage rates prescribed in the applicable programs.

- (ii) (A) The contractor shall submit weekly for each week in which any contract work is performed a copy of all payrolls to HUD or its designee if the agency is a party to the contract, but if the agency is not such a party, the contractor will submit the payrolls to the applicant, sponsor, or owner, as the case may be, for transmission to HUD or its designee. The payrolls submitted shall set out accurately and completely all of the information required to be maintained under § 5. 5(a)(3)(i) of Regulations, 29 CFR Part 5. This information may be submitted in any form desired. Optional Form WH-347 is available for this purpose and may be purchased from the Superintendent of Documents (Federal Stock Number 029-005- 00014-1), U.S. Government Printing Office, Washington, D.C. 20402. The prime contractor is responsible for the submission of copies of payrolls by all subcontractors.

(B) Each payroll submitted shall be accompanied by a "Statement of Compliance," signed by the contractor or subcontractor or his or her agent who pays or supervises the payment of the persons employed under the contract and shall certify the following:

- (1) That the payroll for the payroll period contains the information required to be maintained under § 5. 5(a)(3)(i) of Regulations, 29 CFR Part 5 and that such information is correct and complete; and
- (2) That each laborer or mechanic (including each helper, apprentice, and trainee) employed on the contract during the payroll period has been paid the full weekly wages earned, without rebate, either directly or indirectly, and that no deductions have been made either directly or indirectly from the full wages earned, other than permissible deductions as set forth in Regulations, 29 CFR Part 3; and
- (3) That each laborer or mechanic has been paid not less than the applicable wage rates and fringe benefits or cash equivalents for the classification of work performed, as specified in the applicable wage determination incorporated into the contract.

(C) The weekly submission of a properly executed certification set forth on the reverse side of Optional Form WH-347 shall satisfy the requirement for submission of the "Statement of Compliance" required by paragraph (a)(3)(ii)(B) of this section.

(D) The falsification of any of the above certifications may subject the contractor or subcontractor to civil or criminal prosecution under Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.

(iii) The contractor or subcontractor shall make the records required under paragraph (a)(3)(i) of this section available for inspection, copying, or transcription by authorized representatives of the (write the name of the agency) or the Department of Labor, and shall permit such representatives to interview employees during working hours on the job. If the contractor or subcontractor fails to submit the required records or to make them available, the Federal agency may, after written notice to the contractor, sponsor, applicant, or owner, take such action as may be necessary to cause the suspension of any further payment, advance, or guarantee of funds. Furthermore, failure to submit the required records upon request or to make such records available may be grounds for debarment action pursuant to 29 CFR 5. 12.

(4) Apprentices and Trainees:

(i) Apprentices. Apprentices will be permitted to work at less than the predetermined rate for the work they performed when they are employed pursuant to and individually registered in a bona fide apprenticeship program registered with the U.S. Department of Labor, Employment and Training Administration, Office of Apprenticeship Training, Employer and Labor Services, or with a State Apprenticeship Agency recognized by the Office, or if a person is employed in his or her first 90 days of probationary employment as an apprentice in such an apprenticeship program, who is not individually registered in the program, but who has been certified by the Office of Apprenticeship Training, Employer and Labor Services or a State Apprenticeship Agency (where appropriate) to be eligible for probationary employment as an apprentice. The allowable ratio of apprentices to journeymen on the job site in any craft classification shall not be greater than the ratio permitted to the contractor as to the entire work force under the registered program. Any worker listed on a payroll at an apprentice wage rate, who is not registered or otherwise employed as stated above, shall be paid not less than the applicable wage rate on the wage determination for the classification of work actually performed. In addition, any apprentice performing work on the job site in excess of the ratio permitted under the registered program shall be paid not less than the applicable wage rate on the wage determination for the work actually performed. Where a contractor is performing construction on a project in a locality other than that in which its program is registered, the ratios and wage rates (expressed in percentages of the journeyman's hourly rate) specified in the contractor's or subcontractors registered program shall be observed. Every apprentice must be paid at not less than the rate specified in the registered program for the apprentice's level of progress, expressed as a percentage of the journeymen hourly rate specified in the applicable wage determination. Apprentices shall be paid fringe benefits in accordance with the provisions of the apprenticeship program. If the apprenticeship program does not specify fringe benefits, apprentices must be paid the full amount of fringe benefits listed on the wage determination for the applicable classification. If the Administrator determines that a different practice prevails for the applicable apprentice classification, fringes shall be paid in accordance with that determination. In the event the Office of Apprenticeship Training, Employer and Labor

Services, or a State Apprenticeship Agency recognized by the Office, withdraws approval of an apprenticeship program, the contractor will no longer be permitted to utilize apprentices at less than the applicable predetermined rate for the work performed until an acceptable program is approved.

- (ii) Trainees. Except as provided in 29 CFR 5. 16, trainees will not be permitted to work at less than the predetermined rate for the work performed unless they are employed pursuant to and individually registered in a program which has received prior approval, evidenced by formal certification by the U. S. Department of Labor, Employment and Training Administration. The ratio of trainees to journeymen on the job site shall not be greater than permitted under the plan approved by the Employment and Training Administration. Every trainee must be paid at not less than the rate specified in the approved program for the trainee's level of progress, expressed as a percentage of the journeyman hourly rate specified in the applicable wage determination. Trainees shall be paid fringe benefits in accordance with the provisions of the trainee program. If the trainee program does not mention fringe benefits, trainees shall be paid the full amount of fringe benefits listed on the wage determination unless the Administrator of the Wage and Hour Division determines that there is an apprenticeship program associated with the corresponding journeyman wage rate on the wage determination which provides for less than full fringe benefits for apprentices. Any employee listed on the payroll at a trainee rate who is not registered and participating in a training plan approved by the Employment and Training Administration shall be paid not less than the applicable wage rate on the wage determination for the classification of work actually performed. In addition, any trainee performing work on the job site in excess of the ratio permitted under the registered program shall be paid not less than the applicable wage rate on the wage determination for the work actually performed. In the event the Employment and Training Administration withdraws approval of a training program, the contractor will no longer be permitted to utilize trainees at less than the applicable predetermined rate for the work performed until an acceptable program is approved.
- (iii) Equal employment opportunity. The utilization of apprentices, trainees and journeymen under this part shall be in conformity with the equal employment opportunity requirements of Executive Order 1 1246, as amended, and 29 CFR Part 30.

(5) Compliance with Copeland Act requirements. The contractor shall comply with the requirements of 29 CFR Part 3, which are incorporated by reference in this contract.

(6) Subcontracts. The contractor or subcontractor shall insert in any subcontracts the clauses contained in 29 CFR 5.5(a)(l) through (10) and such other clauses as HUD or its designee may by appropriate instructions require, and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for the compliance by any subcontractor or lower tier subcontractor with all the contract clauses in 29 CFR 5. 5.

(7) Contract termination; debarment. A breach of the contract clauses in 29 CFR 5.5 may be grounds for termination of the contract, and for debarment as a contractor and a subcontractor as provided in 29 CFR 5. 12.

(8) Compliance with Davis-Bacon and Related Act requirements. All rulings and interpretations of the Davis-Bacon and Related Acts contained in 29 CFR Parts 1, 3, and 5 are herein incorporated by reference in this contract.

(9) Disputes concerning labor standards. Disputes arising out of the labor standards provisions of this contract shall not be subject to the general disputes clause of this contract. Such disputes shall be resolved in accordance with the procedures of the Department of Labor set forth in 29 CFR Parts 5, 6, and 7. Disputes within the meaning of this clause include disputes between the contractor (or any of its subcontractors) and the contracting agency, the U.S. Department of Labor, or the employees or their representatives.

(10) Certification of Eligibility:

- (i) By entering into this contract, the contractor certifies that neither it (nor he or she) nor any person or firm who has an interest in the contractor's firm is a person or firm ineligible to be awarded Government contracts by virtue of section 3 (a) of the Davis-Bacon Act or 29 CFR 5. 12(a)(1).
- (ii) No part of this contract shall be subcontracted to any person or firm ineligible for award of a Government contract by virtue of section 3 (a) of the Davis-Bacon Act or 29 CFR 5.12(a)(1).
- (iv) The penalty for making false statements is prescribed in the U.S. Criminal Code, 18 U.S.C. §§1001 and 1010.

### **Contract Work Hours & Safety Standards Act (29 CFR §5.5(b))**

As used in this paragraph, the terms laborers and mechanics include watchmen and guards.

(1) Overtime requirements. No contractor or subcontractor contracting for any part of the contract work which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic in any workweek in which he or she is employed on such work to work in excess of forty hours in such workweek unless such laborer or mechanic receives compensation at a rate not less than one and one-half times the basic rate of pay for all hours worked in excess of forty hours in such workweek.

(2) Violation; liability for unpaid wages; liquidated damages. In the event of any violation of the clause set forth in paragraph (b)(1) of this section the contractor and any subcontractor responsible therefor shall be liable for the unpaid wages. In addition, such contractor and subcontractor shall be liable to the United States (in the case of work done under contract for the District of Columbia or a territory, to such District or to such territory), for liquidated damages. Such liquidated damages shall be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of the clause set forth in paragraph (b)(1) of this section, in the sum of \$10 for each calendar day on which such individual was required or permitted to work in excess of the standard workweek of forty hours without payment of the overtime wages required by the clause set forth in paragraph (b)(1) of this section.

(3) Withholding for unpaid wages and liquidated damages. HUD or its designee shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld, from any moneys payable on account of work performed by the contractor or subcontractor under any such contract or any other Federal contract with the same prime contractor, or any other Federally-assisted contract subject to the Contract Work Hours and Safety Standards Act, which is held by the same prime contractor, such sums as may be determined to be necessary to satisfy any liabilities of such contractor or subcontractor for unpaid wages and liquidated damages as provided in the clause set forth in paragraph (b)(2) of this section.

(4) Subcontracts. The contractor or subcontractor shall insert in any subcontracts the clauses set forth in paragraph (b)(1) through (4) of this section and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in paragraphs (b)(1) through (4) of this section.

### **Health and safety standards in building trades and construction industry (40 USC §3704)**

Contractor agrees that no contractor or subcontractor contracting for any part of the contract work shall require any laborer or mechanic employed in the performance of the contract to work in surroundings or under working conditions that are unsanitary, hazardous, or dangerous to health or safety, as established under construction safety and health standards the Secretary of Labor prescribes by regulation based on proceedings pursuant to section 553 of title 5, provided that the proceedings include a hearing similar in nature to that authorized by section 553. Contractor further agrees that this provision will be in any subcontracts let by the Contractor.

**"Section 3 Clause" (24 CFR §135.38)**

- A. The work to be performed under this contract is subject to the requirements of section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U. S.C. 1701u (section 3). The purpose of section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD- assisted projects covered by section 3, shall, to the greatest extent feasible, be directed to low- and very low-income persons, particularly persons who are recipients of HUD assistance for housing.
- B. The parties to this contract agree to comply with HUD's regulations in 24 CFR part 135, which implement section 3. As evidenced by their execution of this contract, the parties to this contract certify that they are under no contractual or other impediment that would prevent them from complying with the part 135 regulations.
- C. The contractor agrees to send to each labor organization or representative of workers with which the contractor has a collective bargaining agreement or other understanding, if any, a notice advising the labor organization or workers' representative of the contractor's commitments under this section 3 clause, and will post copies of the notice in conspicuous places at the work site where both employees and applicants for training and employment positions can see the notice. The notice shall describe the section 3 preference, shall set forth minimum number and job titles subject to hire, availability of apprenticeship and training positions, the qualifications for each; and the name and location of the person(s) taking applications for each of the positions; and the anticipated date the work shall begin.
- D. The contractor agrees to include this section 3 clause in every subcontract subject to compliance with regulations in 24 CFR part 135, and agrees to take appropriate action, as provided in an applicable provision of the subcontract or in this section 3 clause, upon a finding that the subcontractor is in violation of the regulations in 24 CFR part 135. The contractor will not subcontract with any subcontractor where the contractor has notice or knowledge that the subcontractor has been found in violation of the regulations in 24 CFR part 135.
- E. The contractor will certify that any vacant employment positions, including training positions, that are filled (1) after the contractor is selected but before the contract is executed, and (2) with persons other than those to whom the regulations of 24 CFR part 135 require employment opportunities to be directed, were not filled to circumvent the contractor's obligations under 24 CFR part 135.
- F. Noncompliance with HUD's regulations in 24 CFR part 135 may result in sanctions, termination of this contract for default, and debarment or suspension from future HUD assisted contracts.
- G. With respect to work performed in connection with section 3 covered Indian housing assistance, section 7(b) of the Indian Self-Determination and Education Assistance Act (25 U. S.C. 450e) also applies to the work to be performed under this contract. Section 7(b) requires that to the greatest extent feasible (i) preference and opportunities for training and employment shall be given to Indians, and (ii) preference in the award of contracts and subcontracts shall be given to Indian organizations and Indian-owned Economic Enterprises. Parties to this contract that are subject to the provisions of section 3 and section 7(b) agree to comply with section 3 to the maximum extent feasible, but not in derogation of compliance with section 7(b).

### **Other Federal Requirements**

Contractor agrees and shall comply in all respects with all applicable standards, orders or regulations issued pursuant to the following laws and requirements, and further agrees that each of these provisions shall be included in any subcontracts so that such provisions will be binding on all subcontractors:

1) The Clean Air Act (42 U. S.C. § 7401 et seq.), the Federal Water Pollution Control Act as amended (33 U. S.C. § 1251 et seq.), and Executive Order 11738. Any violations shall be reported to County, HUD, and the Regional Office of the Environmental Protection Agency (EPA).

2) Byrd Anti-Lobbying Amendment (31 U. S.C. § 1352)-Contractors who apply or bid for an award of \$100,000 or more shall file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U. S.C. § 1352. Each tier shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the recipient.

3) Debarment and Suspension (E.O.'s 12549 and 12689)-No contract or subcontract shall be made to parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Non Procurement Programs in accordance with E.O.'s 12549 and 12689, "Debarment and Suspension." This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory or regulatory authority other than E.O. 12549. Contractors with awards that exceed the small purchase threshold shall provide the required certification regarding its exclusion status and that of its principal employees.

### **Reports, Information, and Record Retention (2 CFR (200.33))**

Contractor shall, and shall require by contract each of its subcontractors to, furnish to County, at such times and in such forms as the County may require, any statements, records, reports, data, or information pertaining to matters covered by this Contract.

All records pertaining to this Contract, including but not limited to financial, statistical, property and programmatic records, shall be retained for five (5) years from the ending date of the County's fiscal year (October 1 through September 30) in which this Contract is paid in full, expired or terminated. All records, however, that are subject to audit findings shall be retained for five (5) years in the manner prescribed above or until such audit findings have been resolved, whichever is later. Nothing herein shall be construed to allow destruction of records that may be required to be retained longer by Florida law This paragraph shall survive the expiration or termination of the Contract to the extent necessary to enforce its terms.

The Contractor shall, at any time during normal business hours and as often as the County and/or Comptroller General of the United States and/or the U.S. Department of Housing and Urban Development and/or any of their duly authorized representatives may deem necessary, make available for examination all of Contractor's records, books, documents, papers, data, and



records with respect to all matters which are directly pertinent to this Contract for the purpose of making audit, examination, excerpts, and transcriptions.

**Intellectual and Intangible Property Statements (2 CFR (200.315))**

Unless HUD regulations or the terms and condition of the award provide otherwise, Contractor shall have no obligation to the Federal Government with respect to program income earned from license fees and royalties for copyrighted material, patents, patent applications, trademarks, and inventions produced under an award. However, Patent and Trademark Amendments (35 U. S.C. 18) apply to inventions made under an experimental, developmental, or research award.

**Intangible Property (2 CFR (200.59) & (200.315))**

(a) The recipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under an award. HUD reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

(b) Recipients are subject to applicable regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements."

(c) HUD has the right to:

(1) Obtain, reproduce, publish or otherwise use the data first produced under an award; and

(2) Authorize others to receive, reproduce, publish, or otherwise use such data for HUD purposes.

(d)(i) In addition, in response to a Freedom of Information Act (FOIA) request for research data relating to published research findings produced under an award that were used by HUD in developing an agency action that has the force and effect of law, HUD shall request, and the recipient shall provide, within a reasonable time, the research data so that they can be made available to the public through the procedures established under the FOIA. If HUD obtains the research data solely in response to a FOIA request, HUD may charge the requester a reasonable fee equaling the full incremental cost of obtaining the research data. This fee should reflect costs incurred by HUD, the recipient, and applicable sub recipients. This fee is in addition to any fees HUD may assess under the FOIA (5 U. S.C. 552(a)(4)(A)).

(2) The following definitions apply for purposes of this paragraph (d):

(i) Research data is defined as the recorded factual material commonly accepted in the scientific community as necessary to validate research findings, but not any of the following: preliminary analyses, drafts of scientific papers, plans for future research, peer reviews, or communications with colleagues. This "recorded" material excludes physical objects (e. g., laboratory samples). Research data also do not include:

(A) Trade secrets, commercial information, materials necessary to be held confidential by a researcher until they are published, or similar information which is protected under law; and

(B) Personnel and medical information and similar information the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, such as information that could be used to identify a particular person in a research study.

(ii) Published is defined as either when:

(A) Research findings are published in a peer-reviewed scientific or technical journal; or

(B) HUD publicly and officially cites the research findings in support of an agency action that has the force and effect of law.

(iii) Used by HUD in developing an agency action that has the force and effect of law is defined as when HUD publicly and officially cites the research findings in support of an agency action that has the force and effect of law.

(C) Title to intangible property and debt instruments acquired under an award or sub award vests upon acquisition in the recipient. The recipient shall use that property for the originally-authorized purpose, and the recipient shall not encumber the property without approval of HUD. When no longer needed for the originally authorized purpose, disposition of the intangible property shall occur in accordance with the provisions of §84. 34(g).

#### **Energy Efficiency Requirements (42 U.S.C 6201)**

Contractor agrees to and shall comply with any and all applicable mandatory standards and policies relating to energy efficiency which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (Pub. L. 94-163, 89 Stat. 871).

#### **Interests of Public Officials**

A) No Member of Congress, or resident commissioner, shall be admitted to any share or part of any contract executed pursuant to this Contract, or to any benefit that may arise from such contract. This paragraph may not be construed to apply to any contract with a third party entered into under this Contract if such contract is made with a corporation for the general benefit of the corporation.

B) No member, officer or employee of the County, or its designees or agents, no member of the governing body of the locality in which the project is located, and no other public official of such locality or localities who exercises any functions or responsibilities in connection with the Project during his tenure or for one year thereafter, shall have any interest, direct or indirect, in any Contract or Subcontract or the proceeds thereof, for work to be performed under this Contract.

Contractor will include the provisions of paragraphs A) and B) in every Subcontract so that such provisions will be binding upon each Subcontractor.

## SECTION 3 CONTRACTOR REQUIREMENTS

### WHAT IS SECTION 3?

Section 3 is a provision of the Housing and Urban Development Act of 1968 that is regulated by the provisions of 24 CFR 75. Section 3 regulations ensure that employment and other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, and consistent with existing Federal, State and local laws and regulations, be directed to low- and very low-income persons, particularly those who are recipients of government assistance for housing, and to business concerns which provide economic opportunities to low- and very low-income persons.

### IS SECTION 3 REQUIRED?

YES.

The contractor, to the greatest extent feasible and with best efforts, hire persons who are low or very low income (Section 3 Worker). Additionally, best efforts must be made to obtain subcontractors who qualify as Section 3 Business Concerns. Alternatively, the prime contractor may certify as a Section 3 Business Concern.

**Section 3 is a requirement of the prime contractor and all subcontractors.**

### WHAT DOCUMENTS WILL BE REQUIRED DURING OR AFTER CONSTRUCTION?

1. Subcontractors must submit the Section 3 Business Concern Self-Certification Form.
2. The Prime Contractor and all Subcontractors will have their employees complete the Section 3 Worker Self-Certification Form. The Prime Contractor or Subcontractor may complete this form for the employee as you may have the information on file. However, the employee MUST review and sign themselves agreeing to the information input.
3. The Prime Contractor and all Subcontractors will complete the Section 3 Qualitative Efforts Checklist Form.
4. You as the Prime Contractor will need to track three [3] things
  1. First, the TOTAL LABOR HOURS for ALL the workers on the project.  
Prime Contractor + Subcontractors labor hours = TOTAL LABOR HOURS FOR THE PROJECT
  2. Second, the TOTAL LABOR HOURS for ALL the Section 3 workers.
  3. Third, the TOTAL LABOR HOURS for ALL the Targeted Section 3 workers.
  4. The County will use that information to calculate if the goals/benchmarks have been met. The Section 3 goals/benchmarks are 25% of the Labor Hours to Section 3 Workers and 5% to Targeted Section 3 Workers.

### **HOW DO YOU EXPECT ME TO TRACK ALL LABOR HOURS?**

The County Project Manager will provide by email an Excel tracking spreadsheet which you may use to track all labor hours for your employees and input subcontractor hours.

Davis Bacon Certified Payrolls can be used to assist in populating the Section 3 Excel Labor Hours Tracking information which will include all workers on the project and their labor hours.

### **WHERE CAN I LOOK TO FIND A SECTION 3 BUSINESS CONCERN OR SECTION 3 WORKER?**

To register a business or search for one you can go to the following website:

<https://hudapps.hud.gov/OpportunityPortal/>

### **IS THERE SPECIFIC LANGUAGE THAT MUST BE INCLUDED IN MY SUBCONTRACTS?**

Insert the Section 3 Clause below in all subcontract agreements.

#### **SECTION 3 CLAUSE**

Section 3. Any contract or subcontract on a project that is funded with public housing financial assistance or meets the definition of a Section 3 project in 24 CFR § 75.3 must comply with Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u. CONTRACTOR shall comply with HUD's regulations in 24 CFR Part 75, which implements Section 3, and shall include the following clause (referred to as the Section 3 clause) in all subcontracts resulting from the commitment of funds under this Agreement:

1) The work to be performed under this contract is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u (Section 3). The purpose of Section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD-assisted projects covered by Section 3, shall, to the greatest extent feasible, be directed to low- and very low-income persons, particularly persons who are recipients of HUD assistance for housing.

2) The parties to this contract agree to comply with HUD's regulations in 24 CFR Part 75, which implement Section 3. As evidenced by their execution of this contract, the parties to this contract certify that they are under no contractual or other impediment that would prevent them from complying with the Part 75 regulations.

3) The contractor agrees to send to each labor organization or representative of workers with whom the contractor has a collective bargaining agreement or other understanding, if any, a notice advising the labor organization or workers' representative of the contractor's commitments under this Section 3 clause and will post copies of the notice in conspicuous places at the work site where both employees and applicants for training and employment positions can see the notice. The notice shall describe the Section 3 preference, shall set forth minimum number and job titles subject to hire, availability of apprenticeship and training positions, the qualifications for each; and the name and location of the person(s) taking applications for each of the positions; and the anticipated date the work shall begin.

4) The contractor agrees to include this Section 3 clause in every subcontract subject to compliance with regulations in 24 CFR Part 75 and agrees to take appropriate action, as provided in an applicable provision of the subcontract or in this Section 3 clause, upon a finding that the subcontractor is in violation of the regulations in 24 CFR Part 75. The contractor will not subcontract with any subcontractor where the contractor has notice or knowledge that the subcontractor has been found in violation of the regulations in 24 CFR Part 75.

5) The contractor will certify that any vacant employment positions, including training positions, filled: (1) after the contractor is selected but before the contract is executed; and (2) with persons other than those to whom the regulations of 24 CFR Part 75 require employment opportunities to be directed, were not filled to circumvent the contractor's obligations under 24 CFR Part 75.

6) Noncompliance with HUD's regulations in 24 CFR Part 75 may result in sanctions, termination of this contract for default, and debarment or suspension from future HUD assisted contracts.



**SECTION 3 BUSINESS CONCERN  
SELF-CERTIFICATION FORM**

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE CHECK ONE BOX BELOW FOR HOW YOUR BUSINESS  
REQUEST TO QUALIFY FOR SECTION 3 BUSINESS CONCERN SELF-CERTIFICATION, IF APPLICABLE**

Option #1-#4 must have been met within the last 6 months to qualify:

- Option #1 - At least 51% of the business is owned and controlled by low or very low-income persons. (Low income is \$46,000 or below for this fiscal year)
- Option #2 - At least 51% of the business is owned and controlled by a current public housing resident or residents who currently live in Section 8 assisted housing.
- Option #3 - Over 75% of the labor hours performed for your business over the prior three-month period are performed by Section 3 workers. (See attached definition of Section 3 workers)
- Option #4 - 51% or more of your business is owned or controlled by current residents of Public Housing or Section 8 assisted housing.
- Option #5 - None of the above apply to me

**Business Concern Affirmation**

I affirm that the above statements are true, complete, and correct to the best of my knowledge and belief. I understand that businesses who misrepresent themselves as Section 3 business concerns and report false information to Pinellas County may have their contracts terminated as default and be barred from ongoing and future considerations for contracting opportunities. I hereby certify, under penalty of law, that the following information is correct to the best of my knowledge.

Please have an authorized agent or representative of the company sign below (President, Owner, etc.)

Print Name: Oluso Ramos

Title: CEO

Signature: [Handwritten Signature]

Date: 9/19/13

*NOTE: Please keep this signed certification and supporting documentation on record for a period of 5 years*



## SECTION 3 WORKER SELF-CERTIFICATION FORM

Section 3 is a HUD federal program. Completion of this self-certification may qualify you as a (1) Section 3 Worker, (2) Targeted Section 3 Worker, or (3) Neither.

Complete the form below and return to your employer (contractor or subcontractor). Your employer will provide this information to the Pinellas County Housing & Community Development Department. The information is voluntary, confidential, and has no effect on employment.

### SECTION 3 WORKERS DEFINED

There are two [2] types of Section 3 workers. You may qualify for one, both, or neither.

- 1) Section 3 Workers
- 2) Targeted Section 3 Workers

Please check the box or boxes below that apply to you and complete the bottom section.

#### 1) Section 3 Worker Definition

Your income previously (if hired within past 5 years) OR current (annualized) year is below \$46,000

#### 2) Targeted Section 3 Worker Definition

You currently live within 1 mile of the project area. Or did when hired within the past five [5] years

This Project Address: \_\_\_\_\_

You currently live in Public Housing, Section 8 Assisted Housing, or are a Youthbuild Participant

#### 3) None of the above apply to me

### EMPLOYEE AFFIRMATION

I affirm that the above statements are true, complete, and correct to the best of my knowledge and belief.

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Month and Year Hired: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SECTION 3 IDIS INFORMATION  
NATURE OF AGENCY EFFORTS CHECKLIST**

**Project Name:**

**Fiscal Year:**

**Funding:** CDBG

**Safe Harbor Benchmark Goals**

25% Section 3 Worker Hours

5% Targeted Section 3 Worker Hours

Total Labor Hours: \_\_\_\_\_

Total Section 3 Worker Hours: \_\_\_\_\_ Percentage: \_\_\_\_\_

Total Targeted Section 3 Worker Hours: \_\_\_\_\_ Percentage: \_\_\_\_\_

**Check the items below that are applicable to your  
best efforts if safe harbor benchmark not met.**

- Outreach efforts to identify and secure bids from Section 3 business concerns.
- Technical assistance to help Section 3 business concerns understand and bid on contracts.
- Bonding assistance, guaranties, or other efforts to support viable bids from Section 3 business concerns.
- Promoting the use of a business registry designed to create opportunities for disadvantaged and small businesses (including Section 3 Business Registry).
- Discussed with City staff for opportunities in locating Section 3 Business Concerns or Section 3 Workers through resource assistance or listings available
- Technical assistance to help Section 3 workers compete for jobs (i.e. resume assistance, coaching, etc.)

Engaged in outreach efforts to generate job applicants who are Targeted Section 3 workers.

Provided training or apprenticeship opportunities.

Provided assistance to apply for/or attend community college, a four-year educational institution, or vocational/technical training.

Divided contracts into smaller jobs to facilitate participation by Section 3 business concerns.

Provided or connected Section 3 workers with assistance in seeking employment including: drafting resumes, preparing for interviews, and finding job opportunities connecting residents to job placement services.

Held one or more job fairs or open houses.

Provided or referred Section 3 workers to services supporting work readiness and retention (*e.g.*, work readiness activities, interview clothing, test fees, transportation, child care).

Assisted Section 3 workers to obtain financial literacy training and/or coaching.

Provided bonding assistance, guaranties, or other efforts to support viable bids from Section 3 business concerns.

Outreach, engagement, or referrals with the state one-stop system as defined in Section 121(e)(2) of the Workforce Innovation and Opportunity Act.

Other Best Efforts to recruit related to Section 3

Additional Best Effort Details:

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# MAKING HOMELESSNESS **RARE. BRIEF. ONE-TIME.**

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Society of St. Vincent de Paul South Pinellas, Inc. DBA St. Vincent de Paul CARES  
384 15th St. N St. Petersburg, FL 33705 | (727) 823-2516 | [www.SVdP.CARE](http://www.SVdP.CARE)

**The subsequent documents include bids for the maintenance, repair, or replacement of the following:**

- **Doors**



[www.eurochoicewindowsdoors.com](http://www.eurochoicewindowsdoors.com)

Phone: 727-510-1701

Email:

[info@eurochoicewindowsdoors.com](mailto:info@eurochoicewindowsdoors.com)

<b>Quote #</b>	<b>391710</b>
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Prepared by: Euro Choice Windows and Doors Inc.      Client Name: James

Job Name: PO2023-201DoubleDoor      Client Address:

Rep: DP

Mark	Qty	Product	Width	Height	Frame	90 Days Bluemax	Pressure	Reinf
A	1	MG5000 / MG500 (LMI)	73.0"	84.0"	White	No	+80/ -80	JAMB
<b>Glass</b>	[ 1/4 CLEAR HS (SB60 FACE #2) + 0.090 PVB + 1/4 CLEAR HS ] ( U-FACTOR: 0.0, SHGC: 0.0 )							

1Active82 1/4"84"69 1/2"73"

Lock	Hinges	Handle	Closer	Swing
D1: 3 point lock & 2 point lock	6 Hinges	Push-pull	3084	SO
<b>Sell each</b>	<b>Sell total</b>			
\$7300.00	\$7300.00			

7/24/2023Page 1 of 2



[www.eurochoicewindowsdoors.com](http://www.eurochoicewindowsdoors.com)

Phone: 727-510-1701

Email:

[info@eurochoicewindowsdoors.com](mailto:info@eurochoicewindowsdoors.com)

<b>Quote #</b>	<b>391710</b>
----------------	---------------

Prepared by: Euro Choice Windows and Doors Inc.      Client Name: James

**Job Name:** PO2023-201DoubleDoor      **Client Address:**  
**Rep:** DP

Summary

System Summary	
Total Products	1
Storefront Door (MG-500)	1
Sell Summary	
<b>Total:</b>	\$7300.00
Sqft Summary	
Storefront(MG-500/MG5000)	42.58 sqft
Total Sqft	42.58 sqft

**Notes:** We are upgrading the softwar , please go to the NOA to check compliance  
**All rates apply, only line items mentioned are included. Customer agrees to pay all cost/expenses incurred collecting any amount due, including attorney's fees and associated expenses. A \$25 charge is added to checks returned and 1.5% monthly interest fee for past due balance. Quote valid for 30 days.**

**THIS QUOTE IS SUBJECT TO FIELD VERIFICATION.**

**ACCEPTED BY:**

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

(please complete if party to this quote is a corporation only)

**RollShield LLC**

1151 Kapp Drive  
 Clearwater FL 33765

DATE	8/9/2023

**St. Vincent de Paul**

Attn: John Kasmarak  
 384 15th St. N.  
 St. Peersburg, FL 33705

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
Steve Hughes			

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Supply and install one pair 70 1/2 x 80" impact rated doors.		
	Metal finish shall be clear anodized, galss 9/16" clear laminated impact glass.		
	First choice brand Panics with electric activators, power supply included. Price includes removal of exsiting doors, new door frames, new closers, caulking, coordination of key cards and push buttons with locksmith.		\$14,030
	**Locksmith fees not included**		
	**50% deposit required upon accepatance of contract**		

Prepared by: Mandi Murphy

SUBTOTAL	
TOTAL	

The Project Budget is provided in the table below. A 20% contingency has been added for performance and 5% for indirect costs.

<b>PROJECT BUDGET</b>				
<b>CONSTRUCTION – TYPE/DESCRIPTION</b>	<b>ITEM</b>	<b>COST</b>	<b>OTHER GRANT FUNDING</b>	<b>REMAINING COST</b>
<b>CARE Center/Center of Hope - 401 15<sup>th</sup> Street North</b>				
Front Door Replacement	CARE Center Front doors (MG-500/MG5000)	\$ 7,300.00		\$ 7,300.00
Air Conditioning System	One 35-ton RTU, two 10-ton RTU, two 6-ton RTU	\$188,897.00		\$188,897.00
Bathroom Rehab	Removal and installation of new exhaust fans; Installation of new lighting; New fire alarms in corridor and bathroom area; New 45-minute rated bathroom door; New fire sprinkler; flooring installation	\$224,530.05	\$184,165.00 Pinellas County CDBG	\$ 40,365.05
<b>Thrift Store – 180 34<sup>th</sup> Street North</b>				
Parking Lot Seal Coat & Restripe	Approx. 18,500 sf of resealing and restriping	\$ 4,350.00		\$ 4,350.00
Exterior Paint	Approximately 7,200 sf surface area	\$ 10,800.00		\$ 10,800.00
Floor Stripping	Approx. 8,700 sf floor area	\$ 2,500.00		\$ 2,500.00
Ceiling Tiles	Approx. 9,700 sf ceiling area	\$ 10,887.80		\$ 10,887.80
<b>SUBTOTAL</b>		<b>\$449,264.85</b>		<b>\$265,099.85</b>
20% Contingency				\$ 53,019.97
5% Indirect Costs				\$ 13,254.99
<b>TOTAL</b>				<b>\$331,374.81</b>



**SOCIETY OF ST. VINCENT DE PAUL**  
**Proposed Budget**  
**October 1, 2022 through September 30, 2023**

	Program- Excluding SSVF	SSVF	Permanent Supportive Housing	Development	Management and General	Total Budget 22-23
Thrift Shop Revenue	750,000					750,000
Rental income- transitional housing			900,000			900,000
Grants from private agencies						-
Grants from governmental agencies	13,014,716	24,686,687				37,701,403
Contributions				1,150,182		1,150,182
Contributions- interest free debt						-
Donated Food-Food Center	500,000					500,000
Interest Income						-
<b>Revenue</b>	<b>14,264,716</b>	<b>24,686,687</b>	<b>900,000</b>	<b>1,150,182</b>	<b>-</b>	<b>41,001,585</b>
Salaries	1,628,601	6,924,000	200,000	105,408	610,000	9,468,009
Taxes & Benefits	3,526,633	1,683,250	52,500	17,611	217,642	5,497,636
Employment benefits						-
Administrative Expense		2,233,029				2,233,029
<b>Total Salary and Related Expenses</b>	<b>5,155,234</b>	<b>10,840,279</b>	<b>252,500</b>	<b>123,019</b>	<b>827,642</b>	<b>17,198,674</b>
<b>Operating Expenses</b>						
Donated Food	500,000					500,000
Program Supplies	538,917	34,105	16,000	600		589,622
Direct Assistance to Individuals	6,382,388	10,677,472				17,059,860
Other Expenses	27,791	51,064	97,000	15,500	1,500	192,855
Insurance	212,311	225,010	20,540	3,328	8,000	469,189
Utilities	286,994	264,594	96,000			647,588
Maintenace and Repairs	108,658	78,220	123,000			309,878
Rent	107,646	347,888				455,534
Security	40,811	110,421				151,232
Food Costs	226,000					226,000
Interest			7,000		50,000	57,000
Professional Fees	5,770	43,530	21,500	53,000		123,800
Contract Labor	8,000	925,000				933,000
Other Supplies and Furniture	29,600	175,044			8,000	212,644
Computer Expense	23,000	387,204		5,500	15,000	430,704
Printing and Postage	9,000	71,112		66,550	9,000	155,662
Seminars and Training	9,750	17,000	2,000	5,100		33,850
Vehicles and Travel	100,615	438,744	2,000		5,000	546,359
<b>Total Operating Expenses</b>	<b>8,617,251</b>	<b>13,846,408</b>	<b>385,040</b>	<b>149,578</b>	<b>96,500</b>	<b>23,094,777</b>
<b>Depreciation</b>	<b>188,000</b>		<b>520,134</b>			<b>708,134</b>
<b>Total Expenses</b>	<b>13,960,485</b>	<b>24,686,687</b>	<b>1,157,674</b>	<b>272,597</b>	<b>924,142</b>	<b>41,001,585</b>
<b>Revenue over Expense</b>	<b>304,231</b>	<b>-</b>	<b>(257,674)</b>	<b>877,585</b>	<b>(924,142)</b>	<b>-</b>
<b>Government Funding</b>						
CDBG St. Pete Grant	79,314					
Pinellas SAF/RRH/SEHA	1,150,000					
City of St. Pete SAF	233,633					
City of St. Pete CV	1,040,000					
City of St. Pete ARPA	1,252,095					
City of Largo	130,000					
VA Shelter Grant	360,000					
GPD	1,200,000					
COC	2,310,309					
JWB	922,928					
THHI	2,260,831					
ESG Polk	190,338					
Mid-Fl ESG RRH	297,443					
Sarasota ESG	163,519					
Lee County ARPA	360,000					
Bay Pines	350,000					
Pinellas Cty RRH	588,600					
SSVF	24,626,687					
	37,515,697					



St. Vincent de Paul CARES  
384 15th St. North · St. Petersburg, FL 33705-2016  
Ph. (727) 823-2516 · Fax (727) 821-6244

**SPECIAL WORKS BOARD OF DIRECTORS**

**Christopher Stuart. Youmans**  
President

**Susan Anabelle King-Dwyer**  
Secretary

**Edwina Renea. Maxwell**  
Vice President

**William Gregory Reidy**  
Treasurer

**Gary Steadman Bishop**

**Isabel Darcy**

**Kevin McKeefery**

**Joseph John Sabatino**

**Richard David Bouchard**

**Kathryn Elaine St. Germain**

**EX-OFFICIO**

**Michael Joseph Raposa, CEO**

**Rev. Kevin Eugene Mackin, OFM Parochial**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

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

<b>B</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	<b>C</b> Name of organization <b>SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>384 15TH STREET NORTH</b> City or town, state or province, country, and ZIP or foreign postal code <b>ST. PETERSBURG, FL 33705</b>		<b>D</b> Employer identification number <b>59-2380770</b>
	<b>F</b> Name and address of principal officer: <b>MICHAEL RAPOSA</b> <b>SAME AS C ABOVE</b>		<b>E</b> Telephone number <b>727-823-2516</b>
	<b>I</b> 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		<b>G</b> Gross receipts \$ <b>43,001,047.</b>
	<b>J</b> Website: ▶ <b>WWW.SVDPSP.ORG</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1961</b> <b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO BE A BEACON OF LIGHT BY TRANSFORMING LIVES IN THE VINCENTIAN SPIRIT OF CHARITY, JUSTICE, AND</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>481</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>1586</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>44,701,626.</b> <b>Prior Year</b> <b>41,360,558.</b> <b>Current Year</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>1,237,688.</b> <b>1,464,211.</b>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>26,719.</b> <b>26,427.</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>144,618.</b> <b>91,762.</b>	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>46,110,651.</b> <b>42,942,958.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>17,065,733.</b> <b>19,712,638.</b>	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>12,318,818.</b> <b>15,676,142.</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>258,647.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>6,363,779.</b> <b>8,371,160.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>35,748,330.</b> <b>43,759,940.</b>		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>10,362,321.</b> <b>-816,982.</b>		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>34,237,647.</b> <b>Beginning of Current Year</b> <b>34,361,476.</b> <b>End of Year</b>	
	<b>21</b> Total liabilities (Part X, line 26) <b>12,139,940.</b> <b>14,099,471.</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>22,097,707.</b> <b>20,262,005.</b>	

**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.

<b>Sign Here</b>	Signature of officer <b>MICHAEL RAPOSA, CEO</b> Type or print name and title		Date
	Print/Type preparer's name <b>SAM A. LAZZARA</b>		Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P00176817</b>
<b>Preparer Use Only</b>	Firm's name ▶ <b>RIVERO, GORDIMER &amp; COMPANY, P.A.</b>		Firm's EIN ▶ <b>59-3040705</b>
	Firm's address ▶ <b>P. O. BOX 172359 TAMPA, FL 33672</b>		Phone no. (813) <b>875-7774</b>

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
TO BE A BEACON OF LIGHT BY TRANSFORMING LIVES IN THE VINCENTIAN SPIRIT OF CHARITY, JUSTICE, AND MERCY THROUGH INTERPERSONAL CONNECTIVITY. THE ORGANIZATION'S TARGET POPULATION IS THE POOR, HOMELESS, UNEMPLOYED, AND MENTALLY AND PHYSICALLY DISABLED IN THE 16 COUNTIES WE SERVE -

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 21,760,960. including grants of \$ 10,780,099. ) (Revenue \$ 741,973. )  
SUPPORTIVE SERVICES FOR VETERAN FAMILIES - PROVIDES RAPID RE-HOUSING AND PREVENTION ASSISTANCE TO ELIGIBLE VETERANS WHO ARE HOMELESS OR AT RISK OF BECOMING HOMELESS WITH VERY LOW OR NO INCOME. SERVICES INCLUDE, BUT ARE NOT LIMITED TO, CASE MANAGEMENT, EMPLOYMENT, HOUSING COUNSELING, OUTREACH, TEMPORARY FINANCIAL ASSISTANCE AND EMERGENCY HOUSING ASSISTANCE TO HELP HOUSEHOLDS REMAIN IN OR GAIN ACCESS TO PERMANENT HOUSING THROUGHOUT OUR SERVICE AREA. IN 2021, 1,051 HOUSEHOLDS WERE ASSISTED WITH 941 EXITING BY THE END OF THE YEAR; 78% OF THOSE HOUSEHOLDS WHO WERE HOMELESS AND 88% WHO WERE AT RISK OF BECOMING HOMELESS EXITED THE PROGRAM STABLY HOUSED.

4b (Code: ) (Expenses \$ 13,899,004. including grants of \$ 8,913,824. ) (Revenue \$ )  
RAPID RE-HOUSING NON-VETERAN FAMILIES - PROVIDES SUPPORTIVE SERVICES AND RENTAL ASSISTANCE TO INDIVIDUALS AND FAMILIES WHO ARE STAYING IN EMERGENCY SHELTERS OR ON THE STREET WITH NO OTHER RESOURCES. THE TARGET POPULATION IS EXPECTED TO HAVE LITTLE OR NO INCOME, LEGAL ISSUES, POOR RENTAL HISTORY, BEHAVIORAL DISORDERS AND OTHER HEALTH CONCERNS. SERVICES INCLUDE, BUT ARE NOT LIMITED TO, CASE MANAGEMENT, EMPLOYMENT, HOUSING COUNSELING AND TEMPORARY FINANCIAL ASSISTANCE TO HELP HOUSEHOLDS REMAIN IN OR GAIN ACCESS TO PERMANENT HOUSING THROUGHOUT OUR SERVICE AREA. IN 2021, 722 HOUSEHOLDS WERE ASSISTED AND 63% WHO EXITED THE PROGRAM WERE STABLY HOUSED.

4c (Code: ) (Expenses \$ 1,571,037. including grants of \$ 9,704. ) (Revenue \$ )  
PERMANENT SUPPORTIVE HOUSING - PROVIDED 98 UNITS OF PERMANENT SUPPORTIVE HOUSING IN PASCO COUNTY. INDIVIDUALS AND FAMILIES HAVE INCOMES THAT RANGE FROM 40% TO 60% OF THE AREA'S MEDIAN INCOME (AMI). ALSO, PROVIDES PERMANENT SUPPORTIVE SHARED HOUSING FOR 14 INDIVIDUALS WITH HOUSEHOLD INCOME NOT GREATER THAN 50% OF THE AREA'S MEDIAN INCOME AND TENANTS PAY 30% OF THEIR INCOME. IN 2021, 125 CLIENTS WERE ASSISTED AND 55 SUPPORTIVE HOUSING ACTIVITIES WERE PROVIDED.

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 3,215,811. including grants of \$ 9,011. ) (Revenue \$ )

4e Total program service expenses **40,446,812.**

**SOCIETY OF ST VINCENT DE PAUL  
SOUTH PINELLAS, INC**

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b> 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> .....	<b>1</b>	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b>	<input checked="" type="checkbox"/>	
<b>3</b> 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> .....	<b>3</b>		<input checked="" type="checkbox"/>
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>		<input checked="" type="checkbox"/>
<b>5</b> 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> .....	<b>5</b>		<input checked="" type="checkbox"/>
<b>6</b> 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> .....	<b>6</b>		<input checked="" type="checkbox"/>
<b>7</b> 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> .....	<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b> 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> .....	<b>9</b>		<input checked="" type="checkbox"/>
<b>10</b> 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> .....	<b>10</b>		<input checked="" type="checkbox"/>
<b>11</b> 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.			
<b>a</b> 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> .....	<b>11a</b>	<input checked="" type="checkbox"/>	
<b>b</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> .....	<b>11b</b>		<input checked="" type="checkbox"/>
<b>c</b> 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> .....	<b>11c</b>		<input checked="" type="checkbox"/>
<b>d</b> 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> .....	<b>11d</b>		<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>		<input checked="" type="checkbox"/>
<b>f</b> 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> .....	<b>11f</b>	<input checked="" type="checkbox"/>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>		<input checked="" type="checkbox"/>
<b>b</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> .....	<b>12b</b>	<input checked="" type="checkbox"/>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>		<input checked="" type="checkbox"/>
<b>b</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> .....	<b>14b</b>		<input checked="" type="checkbox"/>
<b>15</b> 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> .....	<b>15</b>		<input checked="" type="checkbox"/>
<b>16</b> 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> .....	<b>16</b>		<input checked="" type="checkbox"/>
<b>17</b> 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 .....	<b>17</b>		<input checked="" type="checkbox"/>
<b>18</b> 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> .....	<b>18</b>	<input checked="" type="checkbox"/>	
<b>19</b> 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> .....	<b>19</b>		<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>		<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>		
<b>21</b> 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> .....	<b>21</b>		<input checked="" type="checkbox"/>



**SOCIETY OF ST VINCENT DE PAUL  
SOUTH PINELLAS, INC**

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? If "Yes," complete Schedule I, Parts I and III	X	
<b>23</b> 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? If "Yes," complete Schedule J	X	
<b>24a</b> 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</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? If "Yes," complete Schedule L, Part I		X
<b>26</b> 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? If "Yes," complete Schedule L, Part II		X
<b>27</b> 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? If "Yes," complete Schedule L, Part III		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</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)? If "Yes," complete Schedule R, Part V, line 2	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> 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? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		726
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**SOCIETY OF ST VINCENT DE PAUL  
SOUTH PINELLAS, INC**

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

		Yes	No
<b>2a</b>	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 ..... <b>2a</b> 481		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. ....	<b>2b</b> X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....		<b>3a</b> X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....	<b>3b</b>	
<b>4a</b>	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)? .....	<b>4a</b>	X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	<b>5c</b>	
<b>6a</b>	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? .....	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? .....	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	<b>7b</b>	X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	<b>7f</b>	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	<b>7g</b>	N/A
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	<b>7h</b>	N/A
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... <b>N/A</b>	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? ..... <b>N/A</b>	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... <b>N/A</b>	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>N/A</b>	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>N/A</b>	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>N/A</b>	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... <b>N/A</b> <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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 .....	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand .....	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....	<b>14b</b>	
<b>15</b>	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? .....	<b>15</b>	X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	<b>16</b>	X
	If "Yes," complete Form 4720, Schedule O.		
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? ..... <b>N/A</b> If "Yes," complete Form 6069.	<b>17</b>	

**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
<b>1a</b>	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.		
	<b>1a</b> 13		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 13		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15a</b>		X	
<b>b</b>	Other officers or key employees of the organization	X	
<b>15b</b>		X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 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 **MICHAEL J RAPOSA - 727-823-2516**  
**384 15TH STREET NORTH, ST. PETERSBURG, FL 33705**

**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) MICHAEL RAPOSA CEO	40.00 1.00			X			293,208.	0.	34,084.	
(2) MARK COOPER COS	40.00 1.00			X			123,969.	0.	0.	
(3) THOMAS TAYLOR CFO	40.00 1.00			X			98,713.	0.	0.	
(4) SHEILA LOPEZ COO	40.00 1.00			X			47,049.	0.	0.	
(5) CHRIS YOUMANS PRESIDENT	4.00 1.00	X					0.	0.	0.	
(6) EDWINA MAXWELL VICE PRESIDENT	1.00 1.00	X					0.	0.	0.	
(7) SUSAN KING-DWYER SECRETARY	1.00 1.00	X					0.	0.	0.	
(8) WILLIAM REIDY TREASURER	1.00 1.00	X					0.	0.	0.	
(9) RICHARD BOUCHARD BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(10) GARY BISHOP BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(11) ISABEL DARCY BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(12) KEVIN MCKEEFERY BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(13) NATHAN PENHA BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(14) JOSEPH SABATINO BOARD MEMBER	1.00 1.00	X					0.	0.	0.	
(15) KATHIE ST. GERMAIN BOARD MEMBER	1.00 1.00	X					0.	0.	0.	



**SOCIETY OF ST VINCENT DE PAUL  
SOUTH PINELLAS, 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	111,409.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	38,843,507.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,405,642.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 837,936.				
	<b>h Total.</b> Add lines 1a-1f			41,360,558.			
<b>Program Service Revenue</b>	<b>2 a</b> RENTAL INCOME - HOUSING	<b>Business Code</b>	624100	741,973.	741,973.		
	<b>b</b> THRIFT SHOP REVENUE		453310	722,238.	722,238.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			1,464,211.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			942.		942.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	79,480.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	53,995.				
<b>c</b> Gain or (loss)	<b>7c</b>	25,485.					
<b>d</b> Net gain or (loss)			25,485.	25,485.			
<b>8 a</b> Gross income from fundraising events (not including \$ 111,409. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		21,627.				
<b>b</b> Less: direct expenses	<b>8b</b>	4,094.					
<b>c</b> Net income or (loss) from fundraising events			17,533.		17,533.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER INCOME	<b>Business Code</b>	900099	74,229.	74,229.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			74,229.			
<b>12 Total revenue.</b> See instructions			42,942,958.	1,563,925.	0.	18,475.	



**SOCIETY OF ST VINCENT DE PAUL  
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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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	19,712,638.	19,712,638.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	567,592.	474,352.	88,751.	4,489.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	12,202,509.	10,197,972.	1,908,029.	96,508.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,490.	62,421.	6,677.	392.
<b>9</b> Other employee benefits	1,868,108.	1,678,081.	179,496.	10,531.
<b>10</b> Payroll taxes	968,443.	811,547.	149,471.	7,425.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	7,637.	4,112.	2,240.	1,285.
<b>c</b> Accounting	40,776.	21,957.	11,960.	6,859.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	168,111.	90,525.	49,307.	28,279.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	425,877.	337,113.	36,618.	52,146.
<b>14</b> Information technology	475,533.	419,966.	48,115.	7,452.
<b>15</b> Royalties				
<b>16</b> Occupancy	1,383,734.	1,345,539.	31,953.	6,242.
<b>17</b> Travel	552,705.	543,009.	9,659.	37.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	175,897.	165,067.	10,022.	808.
<b>20</b> Interest	53,867.	48,332.	5,535.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	882,971.	638,811.	244,160.	
<b>23</b> Insurance	500,785.	437,063.	60,596.	3,126.
<b>24</b> 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.)				
<b>a CONTRACT LABOR</b>	1,750,270.	1,724,681.	25,589.	
<b>b CLOTHING &amp; HOUSEHOLD GO</b>	792,269.	581,501.	180,386.	30,382.
<b>c MAINTENANCE AND REPAIRS</b>	373,404.	367,205.	3,767.	2,432.
<b>d DONATED FOOD</b>	298,818.	298,818.		
<b>e</b> All other expenses	488,506.	486,102.	2,150.	254.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	43,759,940.	40,446,812.	3,054,481.	258,647.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**SOCIETY OF ST VINCENT DE PAUL  
SOUTH PINELLAS, INC**

Form 990 (2021)

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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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	150,490.	<b>1</b>	540,780.
	<b>2</b> Savings and temporary cash investments .....	334.	<b>2</b>	1,617,038.
	<b>3</b> Pledges and grants receivable, net .....	6,188,428.	<b>3</b>	5,343,605.
	<b>4</b> Accounts receivable, net .....	291,652.	<b>4</b>	184,110.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	69,342.	<b>8</b>	60,030.
	<b>9</b> Prepaid expenses and deferred charges .....	189,314.	<b>9</b>	318,949.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 26,141,073.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,662,649.		
	<b>11</b> Investments - publicly traded securities .....	21,615,399.	<b>10c</b>	21,478,424.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	5,255,933.	<b>11</b>	3,623,882.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	476,755.	<b>14</b>	1,194,658.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	34,237,647.	<b>15</b>	34,361,476.	
<b>17</b> Accounts payable and accrued expenses .....	2,408,230.	<b>16</b>	34,361,476.	
<b>18</b> Grants payable .....		<b>17</b>	2,854,067.	
<b>19</b> Deferred revenue .....	29,587.	<b>18</b>	37,695.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> 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 .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	9,702,123.	<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	11,207,709.	
<b>25</b> 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 .....		<b>24</b>		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	12,139,940.	<b>25</b>	14,099,471.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	12,139,940.	<b>26</b>	14,099,471.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	12,033,140.	<b>27</b>	10,703,504.
	<b>28</b> Net assets with donor restrictions .....	10,064,567.	<b>28</b>	9,558,501.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	22,097,707.	<b>32</b>	20,262,005.
	<b>33</b> Total liabilities and net assets/fund balances .....	34,237,647.	<b>33</b>	34,361,476.

Form **990** (2021)

**SOCIETY OF ST VINCENT DE PAUL  
SOUTH PINELLAS, INC**

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	42,942,958.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	43,759,940.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	-816,982.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	<b>4</b>	22,097,707.
<b>5</b>	Net unrealized gains (losses) on investments .....	<b>5</b>	-1,605,215.
<b>6</b>	Donated services and use of facilities .....	<b>6</b>	
<b>7</b>	Investment expenses .....	<b>7</b>	
<b>8</b>	Prior period adjustments .....	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O) .....	<b>9</b>	586,495.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	<b>10</b>	20,262,005.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		<b>X</b>
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>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	<b>X</b>	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b> 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? .....	<b>2c</b>	<b>X</b>	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
<b>3a</b> 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? .....	<b>3a</b>	<b>X</b>	
<b>b</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 .....	<b>3b</b>	<b>X</b>	

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC Employer identification number 59-2380770

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

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

- 1 A church, convention of churches... 2 A school... 3 A hospital... 4 A medical research organization... 5 An organization operated for the benefit of a college... 6 A federal, state, or local government... 7 X An organization that normally receives a substantial part of its support from a governmental unit... 8 A community trust... 9 An agricultural research organization... 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions... 11 An organization organized and operated exclusively to test for public safety... 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations... a Type I... b Type II... c Type III functionally integrated... d Type III non-functionally integrated... e Check this box if the organization received a written determination... f Enter the number of supported organizations... g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

SOCIETY OF ST VINCENT DE PAUL  
SOUTH PINELLAS, 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	12512564.	13795921.	20004696.	44701626.	41360558.	132375365
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	12512564.	13795921.	20004696.	44701626.	41360558.	132375365
<b>5</b> 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) .....						4137560.
<b>6 Public support.</b> Subtract line 5 from line 4.						128237805

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	12512564.	13795921.	20004696.	44701626.	41360558.	132375365
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	599.	2,856.	4,237.	18,310.	942.	26,944.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....			12,832.	11,341.	17,533.	41,706.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						132444015
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	96.82 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	93.90 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

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

**Section D. Computation of Investment Income Percentage**

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

**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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

SOCIETY OF ST VINCENT DE PAUL  
SOUTH PINELLAS, INC

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

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

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

SOCIETY OF ST VINCENT DE PAUL  
SOUTH PINELLAS, INC

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

COPY

**Schedule A** **Identification of Excess Contributions  
Included on Part II, Line 5** **2021**

**\*\* Do Not File \*\***  
**\*\*\* Not Open to Public Inspection \*\*\***

Contributor's Name	Total Contributions	Excess Contributions
JOHN JOSEPH FITZSIMONS ESTATE	3,369,403.	720,523.
BEZOS FAMILY FOUNDATION	5,029,765.	2,380,885.
TRUST OF FRANK A. WAGNER & MARIAN V. WAGNER	3,685,032.	1,036,152.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		4,137,560.



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization <b>SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC</b>	Employer identification number <b>59-2380770</b>
--	---

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).

Name of organization <b>SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC</b>	Employer identification number <b>59-2380770</b>
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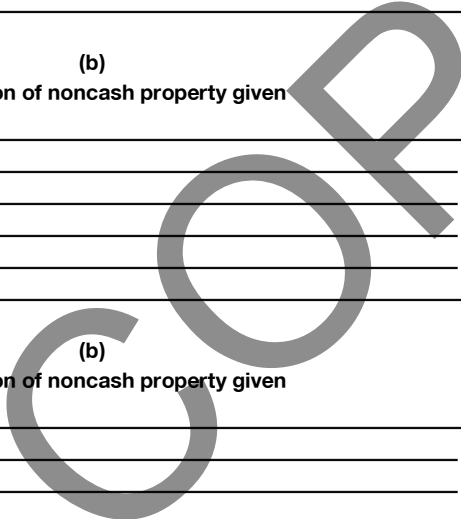
**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF VETERAN AFFAIRS  10000 BAY PINES BLVD RM 315, BLDG 2  BAY PINES, FL 33744	\$ 24,871,599.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  451 7TH STREET S.W.  WASHINGTON, DC 20410	\$ 2,510,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PASCO COUNTY, FLORIDA  8731 CITIZENS DRIVE  NEW PORT RICHEY, FL 34654	\$ 1,960,273.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	TAMPA HILLSBOROUGH HOMELESS INITIATIVE  601 E KENNEDY BLVD, 24TH FLOOR  TAMPA, FL 33602	\$ 2,041,306.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JUVENILE WELFARE BOARD OF PINELLAS COUNTY  14155 58TH ST N.  CLEARWATER, FL 33760	\$ 834,596.	Person <input checked="" 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 <b>SOCIETY OF ST VINCENT DE PAUL                  SOUTH PINELLAS, INC</b>	Employer identification number <b>59-2380770</b>
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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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



Name of organization <b>SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC</b>	Employer identification number <b>59-2380770</b>
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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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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 SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC Employer identification number 59-2380770

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) about conservation easements, including checkboxes for types of easements, a table for 'Held at the End of the Tax Year' (rows 2a-2d), and yes/no questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) about reporting art and historical treasures, including dollar amounts for revenue and assets.

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,723,635.		1,723,635.
b Buildings		22,274,166.	3,758,705.	18,515,461.
c Leasehold improvements				
d Equipment		1,611,761.	862,882.	748,879.
e Other		531,511.	41,062.	490,449.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				21,478,424.



**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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...

**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.

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

**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.

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

**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:**

INCOME TAXES ARE NOT PROVIDED FOR IN THE CONSOLIDATED FINANCIAL STATEMENTS SINCE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR STATE PROVISIONS. THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THE ORGANIZATION'S TAX EXEMPT STATUS.

THE ORGANIZATION IS NOT AWARE OF ANY TAX POSITIONS IT HAS TAKEN THAT ARE SUBJECT TO A SIGNIFICANT DEGREE OF UNCERTAINTY. TAX YEARS AFTER 2018 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES.

**Part XIII** Supplemental Information *(continued)*

Horizontal lines for supplemental information.

COPY

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2021**

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **SOCIETY OF ST VINCENT DE PAUL  
SOUTH PINELLAS, INC** Employer identification number  
**59-2380770**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**SOCIETY OF ST VINCENT DE PAUL  
SOUTH PINELLAS, INC**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CARES CHAMPION EVE (event type)	EMPTY BOWLS (event type)	NONE (total number)	
Revenue	1	Gross receipts	21,627.	111,409.	133,036.
	2	Less: Contributions		111,409.	111,409.
	3	Gross income (line 1 minus line 2)	21,627.		21,627.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	1,524.	133,036.	134,560.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			134,560.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-112,933.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

SOCIETY OF ST VINCENT DE PAUL  
SOUTH PINELLAS, INC

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16 Gaming manager information:
- Name ▶ \_\_\_\_\_
- Gaming manager compensation ▶ \$ \_\_\_\_\_
- Description of services provided ▶ \_\_\_\_\_
- \_\_\_\_\_
- Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

COPY

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization **SOCIETY OF ST VINCENT DE PAUL  
SOUTH PINELLAS, INC**

Employer identification number  
**59-2380770**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ \_\_\_\_\_
- 3 Enter total number of other organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

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

Schedule I (Form 990) 2021

**SOCIETY OF ST VINCENT DE PAUL  
SOUTH PINELLAS, INC**

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENT, UTILITIES - SSVF	0	10,780,099.	0.		
RENT, UTILITIES - RAPID RE-HOUSING	0	8,913,824.	0.		
RENT, UTILITIES - PERMANENT SUPPORTIVE HOUSING	0	9,704.	0.		
RENT, UTILITIES - CARE CENTER	0	3,155.	0.		
RENT, UTILITIES, MEALS - CENTER OF HOPE/BRIDGING FAMILIES/FOOD CENTER	0	5,856.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

ALL GRANTS ARE MONITORED IN ACCORDANCE WITH SVDP CARES PERFORMANCE QUALITY IMPROVEMENT PLAN WHICH MEASURES COMPLIANCE WITH CONTRACT DELIVERABLES INCLUDING BOTH OUTPUTS AND OUTCOMES AS IDENTIFIED IN THE CONTRACTS. THE FINANCE DEPARTMENT MONITORS THE EXPENDITURES FOR COMPLIANCE WITH REGULATIONS AND TO ENSURE FUNDS ARE EXPENDED BY THE END OF THE GRANT TERM.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC** Employer identification number **59-2380770**

**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 type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

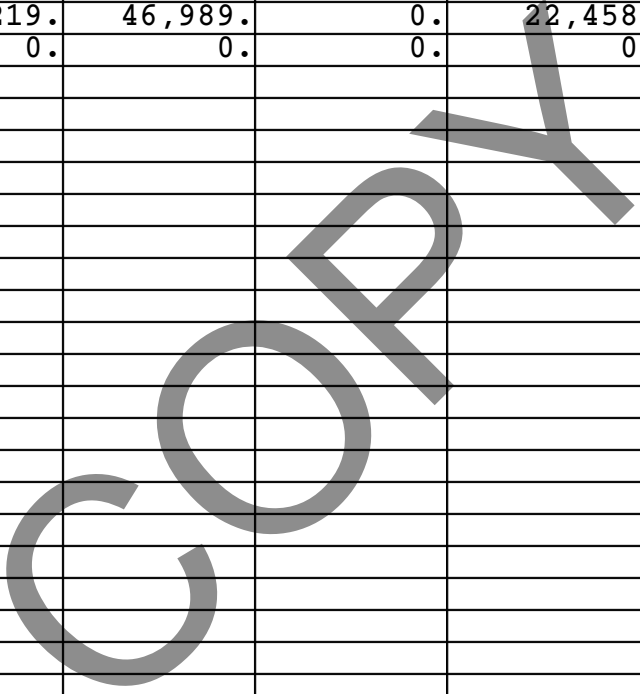
SOCIETY OF ST VINCENT DE PAUL  
SOUTH PINELLAS, INC

**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) MICHAEL RAPOSA CEO	(i)	246,219.	46,989.	0.	22,458.	11,626.	327,292.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

COPY



**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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **SOCIETY OF ST VINCENT DE PAUL  
SOUTH PINELLAS, INC** Employer identification number **59-2380770**

**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	X		539,118.	THRIFT SHOP VALUE
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	X		298,818.	COST - MULTIPLE DONO
20 Drugs and medical supplies				
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**

- 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.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2021

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS IN COLUMN B FOR FOOD INVENTORY REFLECTS THE NUMBER OF POUNDS RECEIVED FROM MULTIPLE DONORS.

COPY

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization	SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC	Employer identification number	59-2380770
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**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

MERCY THROUGH INTERPERSONAL CONNECTIVITY.

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

CHARLOTTE, CITRUS, COLLIER, DESOTO, HARDEE, HERNANDO, HIGHLANDS,  
HILLSBOROUGH, LAKE, LEE, MANATEE, PASCO, PINELLAS, POLK, SARASOTA, AND  
SUMTER.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

CARE CENTER - OPEN 365 NIGHTS A YEAR, THE CARE CENTER, A  
HOUSING-FOCUSED, LOW-BARRIER HOMELESS SHELTER LOCATED IN ST.  
PETERSBURG, PROVIDES MATS INDOORS FOR 70 MEN AND WOMEN NIGHTLY TO SLEEP  
AND A COURTYARD WHICH PROVIDES A SAFE PLACE FOR PEOPLE TO STAY DURING  
THE DAY. CLIENTS ADMITTED TO THE CARE CENTER ARE ASSESSED TO IDENTIFY  
AND ADDRESS BARRIERS TO MOVING INTO HOUSING. THE CLIENTS HAVE ACCESS TO  
THE HOMELESS STORAGE UNITS WHICH PROVIDE A SAFE AND SECURE PLACE FOR  
THE HOMELESS POPULATION TO CHECK-IN THEIR PERSONAL BELONGINGS  
THROUGHOUT THE DAY (MORNING AND NIGHT), ENABLING THEM TO ACCESS NEEDED  
SERVICES. IN 2021, 512 INDIVIDUALS RECEIVED SHELTER THROUGH THE CARE  
CENTER (26,677 MATS) WITH 22% LEAVING FOR PERMANENT HOUSING. OTHER  
SAFER EMERGENCY HOUSING ALTERNATIVES WERE PROVIDED TO 1,487 INDIVIDUALS  
INCLUDING 1,098 VETERANS WITH 61% MOVING INTO PERMANENT HOUSING.

CENTER OF HOPE - PROVIDES 55 TRANSITIONAL VA GRANT PER DIEM SINGLE  
ROOMS OFFERING THREE DIFFERENT SERVICE DELIVERY MODELS (BRIDGE, LOW  
DEMAND, AND HOSPITAL TO HOUSING). EACH MODEL OFFERS AN EXTENSIVE ARRAY

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

Schedule O (Form 990) 2021

Name of the organization SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC	Employer identification number 59-2380770
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OF SERVICES AND FOCUSES ON EXITING THE VETERAN TO PERMANENT HOUSING. IN 2021, 135 VETERANS WERE ASSISTED WITH 55% EXITING TO PERMANENT HOUSING; OF THE 97 FAMILIES ASSISTED ON-SITE AND THROUGH ALTERNATIVE LOCATIONS, 74% EXITED TO PERMANENT HOUSING.

BRIDGING FAMILIES - PROVIDES EMERGENCY SHELTER FOR FAMILIES WHO ARE EXPERIENCING HOMELESSNESS TO ACCESS A SAFE ENVIRONMENT WHILE THEY WORK TO SECURE STABLE HOUSING. THE PROGRAM PROVIDES 13 SHELTER ROOMS AT THE CENTER OF HOPE, 23 HOTEL/MOTEL UNITS AND 7 SCATTERED SITE MASTER LEASED APARTMENTS TO INCREASE SHELTER CAPACITY FOR FAMILY EMERGENCY SHELTER. CASE MANAGEMENT IS PROVIDED TO HELP PEOPLE DEVELOP A PLAN TO MOVE INTO PERMANENT HOUSING AND TO PROVIDE SUPPORT AND LINKAGE TO COMMUNITY-BASED RESOURCES. SVDP CARES WORKS IN PARTNERSHIP WITH MANY LOCAL AGENCIES, WHO REFER FAMILIES TO THE SHELTER AND PROVIDE RAPID REHOUSING SERVICES. IN 2021, FAMILY SHELTER SERVED 96 UNDUPLICATED HOUSEHOLDS AND 68% EXITED TO PERMANENT HOUSING.

FOOD CENTER - PROVIDES NOURISHING MEALS TO THOSE WHO WOULD NOT OTHERWISE HAVE ENOUGH FOOD FOR THE DAY. THESE INCLUDE: "STREET PEOPLE", ELDERLY, DISABLED AND FAMILIES WHO ARE LOOKING FOR WORK AND WHOSE FUNDS HAVE RUN OUT. IN 2021, THE FOOD CENTER SERVED 91,698 MEALS AND 563 INDIVIDUALS RECEIVED FOOD ASSISTANCE.

COMMUNITY THRIFT STORE - SVDP CARES COMMUNITY THRIFT STORE PROVIDES DONATED CLOTHING, FURNITURE AND HOUSEHOLD GOODS TO PEOPLE WITH EXTREMELY LOW INCOME LIVING IN ST. PETERSBURG. THE REMAINING MERCHANDISE IS SOLD AT A LOW COST TO THE COMMUNITY. IN 2021, THE COMMUNITY THRIFT STORE DISTRIBUTED \$26,209 IN CLOTHING VOUCHERS FOR 931

Name of the organization SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC	Employer identification number 59-2380770
--	--

PERSONS.

EXPENSES \$ 3,215,811. INCLUDING GRANTS OF \$ 9,011. REVENUE \$ 0.

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

EACH PARISH WITHIN ST. VINCENT DE PAUL SOUTH PINELLAS, INC. CONFERENCE ELECTS A PRESIDENT WHO SERVES ON THE DISTRICT COUNCIL BOARD. THERE ARE CURRENTLY 11 CONFERENCE PRESIDENTS THAT SERVE ON THE DISTRICT COUNCIL. THE DISTRICT COUNCIL ELECTS THE OFFICERS OF THE SPECIAL WORKS BOARD OF ST. VINCENT DE PAUL SOUTH PINELLAS, INC.

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

A COPY OF THE FORM 990 IS GIVEN TO THE FINANCE COMMITTEE FOR THEIR REVIEW. THE FORM 990 IS FORMALLY APPROVED BY THE SPECIAL WORKS BOARD.

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

EACH OFFICER, DIRECTOR, MEMBER OF A COMMITTEE, AND NEWLY HIRED EMPLOYEE AT THE TIME THEY JOIN THE ORGANIZATION, WILL SIGN A STATEMENT THAT AFFIRMS HE/SHE HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ IT AND UNDERSTANDS IT, AND AGREES TO COMPLY WITH IT. ALSO, THE ORGANIZATION WILL CONDUCT PERIODIC REVIEWS TO DETERMINE THAT THEY ARE OPERATING IN A MANNER CONSISTENT WITH THEIR CHARITABLE PURPOSE AND DOES NOT ENGAGE IN ANY ACTIVITIES THAT RESULT IN IMPERMISSIBLE PRIVATE BENEFITS TO ANY OFFICER, DIRECTOR, MEMBER OF A COMMITTEE OR EMPLOYEE.

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

COMPENSATION PROCESS FOR TOP OFFICIAL- CHIEF EXECUTIVE OFFICER'S SALARY IS APPROVED BY THE BOARD OF DIRECTORS AND IS REVIEWED ANNUALLY.

Name of the organization SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC	Employer identification number 59-2380770
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COMPENSATION PROCESS FOR TOP OFFICIAL - OFFICER'S SALARY IS APPROVED BY THE BOARD OF DIRECTORS AND IS REVIEWED ANNUALLY.

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

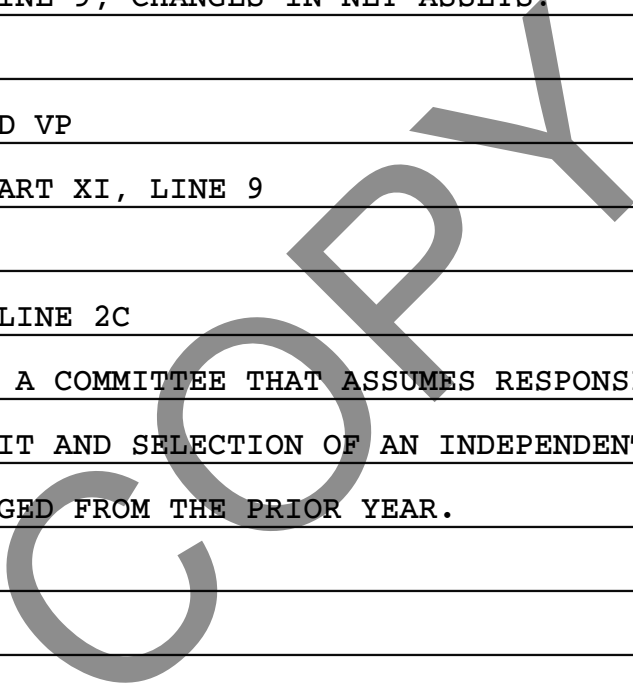
FINANCIAL REPORTS AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104.

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

LOAN DISCOUNTS	-129,492.
EARNINGS FROM VHC AND VP	715,987.
TOTAL TO FORM 990, PART XI, LINE 9	586,495.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**  
Open to Public  
Inspection

Name of the organization **SOCIETY OF ST VINCENT DE PAUL  
SOUTH PINELLAS, INC** Employer identification number **59-2380770**

**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
VINCENTIAN PROPERTIES, INC. - 81-5385286 384 15TH STREET N ST. PETERSBURG, FL 33705	HOUSING	FLORIDA	501(C)(3)	LINE 7	SOCIETY OF ST. VINCENT DE PAUL SOUTH PINELLAS	X	
VINCENTIAN HOUSING CORPORATION, INC. - 81-5329916, 384 15TH STREET N, ST. PETERSBURG, FL 33705	HOUSING	FLORIDA	501(C)(3)	LINE 10	SOCIETY OF ST. VINCENT DE PAUL SOUTH PINELLAS	X	



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

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

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

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

**SOCIETY OF ST VINCENT DE PAUL  
SOUTH PINELLAS, 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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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) VINCENTIAN HOUSING CORPORATION, INC.	N	0.	UNABLE TO EASILY DETERMINE VALUE
(2) VINCENTIAN HOUSING CORPORATION, INC.	O	0.	UNABLE TO EASILY DETERMINE VALUE
(3) VINCENTIAN HOUSING CORPORATION, INC.	B	177,851.	FMV
(4) VINCENTIAN PROPERTIES, INC	B	174,200.	FMV
(5)			
(6)			



**Part VII** Supplemental Information

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

Lined area for supplemental information.

COPY

UNRELATED BUSINESS INCOME

**CARRYOVER DATA TO 2022**

Name SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC	Employer Identification Number 59-2380770
---	--

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL PRE-2018 NET OPERATING LOSS 472.

COPY



Form **8868**  
(Rev. January 2022)

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC</b>	Taxpayer identification number (TIN) <b>59-2380770</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>384 15TH STREET NORTH</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ST. PETERSBURG, FL 33705</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**MICHAEL J RAPOSA**

• The books are in the care of ► **384 15TH STREET NORTH - ST. PETERSBURG, FL 33705**

Telephone No. ► **727-823-2516**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **AUGUST 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year \_\_\_\_\_ or
- tax year beginning **OCT 1, 2021**, and ending **SEP 30, 2022**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)



# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING  
September 30, 2022

<b>Prepared for</b>	Society of St Vincent De Paul South Pinellas, Inc 384 15th Street North St. Petersburg, FL 33705
<b>Prepared by</b>	RIVERO, GORDIMER & COMPANY, P.A. P. O. BOX 172359 TAMPA, FL 33672
<b>Amount due or refund</b>	No amount is due.
<b>Make check payable to</b>	No amount is due.
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

# 2021

For calendar year 2021 or other tax year beginning OCT 1, 2021, and ending SEP 30, 2022.

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>384 15TH STREET NORTH</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>ST. PETERSBURG, FL 33705</b></p>	<p><b>D</b> Employer identification number  <b>59-2380770</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... ▶ <b>34,361,476.</b></p>		<p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> <p><b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p> <p><b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶ <input type="checkbox"/></p> <p><b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... ▶ <b>1</b></p> <p><b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶</p> <p><b>L</b> The books are in care of ▶ <b>MICHAEL J RAPOSA</b> Telephone number ▶ <b>727-823-2516</b></p>	

Part I Total Unrelated Business Taxable Income		
1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	0.
2	Reserved .....	
3	Add lines 1 and 2 .....	
4	Charitable contributions (see instructions for limitation rules) .....	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	
6	Deduction for net operating loss. See instructions .....	0.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	
8	Specific deduction (generally \$1,000, but see instructions for exceptions) .....	1,000.
9	<b>Trusts.</b> Section 199A deduction. See instructions .....	
10	<b>Total deductions.</b> Add lines 8 and 9 .....	1,000.
11	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	0.

Part II Tax Computation		
1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	
3	Proxy tax. See instructions .....	
4	Other tax amounts. See instructions .....	
5	Alternative minimum tax (trusts only) .....	
6	Tax on noncompliant facility income. See instructions .....	
7	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	0.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>				
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>			
b Other credits (see instructions) .....	<b>1b</b>			
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>			
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>			
e <b>Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>		
2 Subtract line 1e from Part II, line 7 .....		<b>2</b>		0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....		<b>3</b>		
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....		<b>4</b>		0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....		<b>5</b>		0.
6a Payments: A 2020 overpayment credited to 2021 .....	<b>6a</b>			
b 2021 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>			
c Tax deposited with Form 8868 .....	<b>6c</b>			
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>			
e Backup withholding (see instructions) .....	<b>6e</b>			
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>			
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....	<b>6g</b>			
<input type="checkbox"/> Form 4136 .....				
7 <b>Total payments.</b> Add lines 6a through 6g .....		<b>7</b>		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....		<b>8</b>		
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>		
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>		
11 Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> .....		<b>11</b>		

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)				
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....				Yes No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....				X
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....				
4 Enter available pre-2018 NOL carryovers here .....				
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.				
Business Activity Code	Available post-2017 NOL carryover			
	\$			
	\$			
6a Did the organization change its method of accounting? (see instructions) .....				X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....				

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	CEO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	SAM A. LAZZARA			P00176817
	Firm's name	Firm's EIN		
	RIVERO, GORDIMER & COMPANY, P.A.	59-3040705		
	P. O. BOX 172359			
	Firm's address	Phone no.		
	TAMPA, FL 33672	(813) 875-7774		

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/16	1,382.	910.	472.	472.
NOL CARRYOVER AVAILABLE THIS YEAR			472.	472.

COPY

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC B Employer identification number 59-2380770

C Unrelated business activity code (see instructions) 561439 D Sequence: 1 of 1

E Describe the unrelated trade or business PASSTHROUGH ORDINARY INCOME

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	A	B	C	D
2	Rent received or accrued			
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D			
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)			
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	A	B	C	D
2	Gross income from or allocable to debt-financed property			
3	Deductions directly connected with or allocable to debt-financed property			
a	Straight line depreciation (attach statement)			
b	Other deductions (attach statement)			
c	Total deductions (add lines 3a and 3b, columns A through D)			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)			
5	Average adjusted basis of or allocable to debt-financed property (attach statement)			
6	Divide line 4 by line 5 % % % %			
7	Gross income reportable. Multiply line 2 by line 6			
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ 0.			
9	Allocable deductions. Multiply line 3c by line 6			
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ 0.			
11	Total dividends-received deductions included in line 10 ▶ 0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Includes sub-sections for Exempt and Nonexempt Controlled Organizations and a Totals row.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Includes a Totals row.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 rows: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to income entered on line 5, 7. Excess exempt expenses.



Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

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Form **8868**  
(Rev. January 2022)

**Application for Automatic Extension of Time To File an Exempt Organization Return**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC</b>	Taxpayer identification number (TIN) <b>59-2380770</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>384 15TH STREET NORTH</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ST. PETERSBURG, FL 33705</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**MICHAEL J RAPOSA**

• The books are in the care of ► **384 15TH STREET NORTH - ST. PETERSBURG, FL 33705**

Telephone No. ► **727-823-2516**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **AUGUST 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year \_\_\_\_\_ or
- tax year beginning **OCT 1, 2021**, and ending **SEP 30, 2022**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

# 2021 TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING

September 30, 2022

<b>Prepared for</b>	Society of St Vincent De Paul South Pinellas, Inc 384 15th Street North St. Petersburg, FL 33705
<b>Prepared by</b>	RIVERO, GORDIMER & COMPANY, P.A. P. O. BOX 172359 TAMPA, FL 33672
<b>To be signed and dated by</b>	Not Applicable
<b>Amount of tax</b>	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
<b>Overpayment</b>	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
<b>Make check payable to</b>	Not Applicable
<b>Mail tax return and check (if applicable) to</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the Florida DOR, please contact our office and we will then submit the electronic return to the Florida DOR. Do not mail the paper copy of the return to the Florida DOR.
<b>Return must be mailed on or before</b>	Not Applicable
<b>Special Instructions</b>	



Florida Corporate Income/Franchise Tax Return

F-1120, R. 01/22 1019

FEIN 59-2380770

For calendar year 2021 or tax year beginning OCT 1, 2021 ending SEP 30, 2022

Rule 12C-1.051 Florida Administrative Code Effective 01/22 Page 1 of 6

813302022093000020050376359238077000008

Name SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC Address 384 15TH STREET NORTH City/State/ZIP ST. PETERSBURG, FL 33705

Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

- 1. Federal taxable income (see instructions) - Attach pages 1-5 of federal return Check here if negative 0.00
2. State income taxes deducted in computing federal taxable income (attach schedule) Check here if negative
3. Additions to federal taxable income (from Schedule I) Check here if negative
4. Total of Lines 1, 2 and 3 Check here if negative 0.00
5. Subtractions from federal taxable income (from Schedule II) Check here if negative
6. Adjusted federal income (Line 4 minus Line 5) Check here if negative
7. Florida portion of adjusted federal income (see instructions) Check here if negative 0.00
8. Nonbusiness income allocated to Florida (from Schedule R) Check here if negative
9. Florida exemption 0.00
10. Florida net income (Line 7 plus Line 8 minus Line 9) 0.00
11. Tax due: 3.535% of Line 10 0.00
12. Credits against the tax (from Schedule V)
13. Total corporate income/franchise tax due (Line 11 minus Line 12) 0.00
14. a) Penalty: F-2220 b) Other c) Interest: F-2220 d) Other Line 14 Total
15. Total of Lines 13 and 14
16. Payment credits: Estimated tax payments 16a \$ Tentative tax payment 16b \$
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19
18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon
19. Refund: Enter amount of overpayment to be refunded here and on payment coupon

144081 10-21-21

Payment Coupon for Florida Corporate Income Tax Return

1019 F-1120 R. 01/22

Do Not Detach

YEAR ENDING 09/30/22

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC Address 384 15TH STREET NORTH City/State/ZIP ST. PETERSBURG, FL 33705

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

Table with 4 columns: Identification numbers (592380770, 20211001, 20220930, 00000000, 012, 202, 0, 0) and zeros.

0 8133 0 20220930 0002005037 6 3592380770 0000 8



SOCIETY OF ST VINCENT DE PAUL SOUTH

FEIN 59-2380770

1019 F-1120 R. 01/22 Page 2 of 6 09/30/22

This return is considered incomplete unless a copy of the federal return is attached. If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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 taxpayer) is based on all information of which preparer has any knowledge. Sign here: Signature of officer (must be an original signature) Date Title CEO Preparer's signature Date Preparer's PTIN P00176817 Preparer check if self-employed Firm's name (or yours if self-employed) and address RIVERO, GORDIMER & COMPANY, P.A. P. O. BOX 172359 TAMPA, FL FEIN 59-3040705 ZIP 33672

All Taxpayers Must Answer Questions A through M Below - See Instructions

A. State of incorporation: FLORIDA G-2. Part of a federal consolidated return? YES NO X If yes, provide: FEIN from federal consolidated return: Name of corporation: B. Florida Secretary of State document number: N09363 C. Florida consolidated return? YES NO X D. Initial return Final return (final federal return filed) E. Principal Business Activity Code (as pertains to Florida) 531390 H. Location of corporate books: 384 15TH STREET NORTH ST. PETERSBURG, FL 33705 I. Taxpayer is a member of a Florida partnership or joint venture? YES NO X J. Enter date of latest IRS audit: a) List years examined: K. Contact person concerning this return: MICHAEL RAPOSA a) Contact person telephone number: 727-823-2516 b) Contact person e-mail address: MICHAEL@SVD PSP.ORG L. Type of federal return filed 1120 1120S or 990-T

L

COOPY

Where to Send Payments and Returns

Make check payable to and mail with return to: Florida Department of Revenue 5050 W Tennessee Street Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to: Florida Department of Revenue PO Box 6440 Tallahassee FL 32314-6440

Remember:

- Make your check payable to the Florida Department of Revenue. Write your FEIN on your check. Sign your check and return. Attach a copy of your federal return. Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME SOCIETY OF ST VINCENT DE PAUL FEIN 59-2380770 TAXABLE YEAR ENDING 09/30/22

Schedule I - Additions and/or Adjustments to Federal Taxable Income	
1. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3.
4. Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida Tax Credit Scholarship Program Credits (AKA credit for contributions for nonprofit scholarship-funding organizations)	12.
13. Florida Renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. s. 168(k) IRC special bonus depreciation	18.
19. Qualified Improvement Property Decoupling.	19.
20. Business Meal Expenses at a Restaurant.	20.
21. Film, Television, and Live theatrical production expenses.	21.
22. Other additions (attach schedule)	22.
23. Total Lines 1 through 22. Enter total on Line 23 and on Page 1, Line 3.	23.

Schedule II - Subtractions from Federal Taxable Income	
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	
3. Florida net operating loss carryover deduction (see instructions)	3.
4. Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 179, IRC expense (see instructions)	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.
11. Depreciation of qualified improvement property	11.
12. Film, Television, and Live Theatrical Expenses.	12.
13. Other subtractions (attach statement)	13.
14. Total Lines 1 through 13. Enter total on Line 14 and on Page 1, Line 5.	14.



NAME SOCIETY OF ST VINCENT DE PAUL FEIN 59-2380770 TAXABLE YEAR ENDING 09/30/22

<b>Schedule III - Apportionment of Adjusted Federal Income</b>					
<b>III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.</b>					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight <small>If any factor in Column (b) is zero, see note on Pg 9 of the instructions.</small>	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2.					<b>1.000000</b>
<b>III-B For use in computing average value of property (use original cost).</b>	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year	
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) ..... 6a.	_____				
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) .....	6b. _____				
7. Rented property (8 times net annual rent)					
a. Rented property in Florida .....	7a. _____				
b. Rented property Everywhere .....	7b. _____				
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida .....	8a. _____				
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere .....	8b. _____				
<b>III-C Sales Factor</b>	(a) TOTAL WITHIN FLORIDA (Numerator)		(b) TOTAL EVERYWHERE (Denominator)		
1. Sales (gross receipts)	<b>N/A</b>				
2. Sales delivered or shipped to Florida purchasers			<b>N/A</b>		
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns (a) and (b))					
<b>III-D Special Apportionment Fractions (see instructions)</b>	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ((a) ÷ (b)) Rounded to Six Decimal Places		
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

<b>Schedule IV - Computation of Florida Portion of Adjusted Federal Income</b>	
1. Apportionable adjusted federal income from Page 1, Line 6	1.
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.





NAME SOCIETY OF ST VINCENT DE PAUL

FEIN 59-2380770

TAXABLE YEAR ENDING 09/30/22

<b>Schedule V - Credits Against the Corporate Income/Franchise Tax</b>	
1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (AKA voluntary cleanup tax credit) (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida Tax Credit: Scholarship Program Credits. (AKA credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.
13. Florida renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. Other credits (attach schedule)	18.
19. Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	19.

**Schedule R - Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
Total allocated to Florida .....	1. _____
(Enter here and on Page 1, Line 8)	

**Line 2. Nonbusiness income (loss) allocated elsewhere**

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
Total allocated elsewhere .....		2. _____

**Line 3. Total nonbusiness income**

Grand total. Total of Lines 1 and 2 .....	3. _____
(Enter here and on Schedule II, Line 7)	



NAME SOCIETY OF ST VINCENT DE PAUL FEIN 59-2380770 TAXABLE YEAR ENDING 09/30/22

**Estimated Tax Worksheet  
For Taxable Years Beginning On or After January 1,**

1. Florida income expected in taxable year .....	1.	\$	_____
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) .....	2.	\$	_____
3. Estimated Florida net income (Line 1 less Line 2) .....	3.	\$	_____
4. Total Estimated Florida tax (5.5% of Line 3) .....		\$	_____
Less: Credits against the tax .....	4.	\$	_____
5. Computation of installments:			
Payment due dates and payment amounts:			
If 6/30 year end, last day of 4th month,			
otherwise last day of 5th month - Enter 0.25 of Line 4 .....	5a.		_____
Last day of 6th month - Enter 0.25 of Line 4 .....	5b.		_____
Last day of 9th month - Enter 0.25 of Line 4 .....	5c.		_____
Last day of fiscal year - Enter 0.25 of Line 4 .....	5d.		_____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax .....	1.	\$	_____
2. Less:			
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date .....	2a.	\$	_____
(b) Payments made on estimated tax declaration (Florida Form F-1120ES) .....	2b.	\$	_____
(c) Total of Lines 2(a) and 2(b) .....	2c.	\$	_____
3. Unpaid balance (Line 1 less Line 2(c)) .....	3.	\$	_____
4. Amount to be paid (Line 3 divided by number of remaining installments) .....	4.	\$	_____

**References**

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at [floridarevenue.com/forms](http://floridarevenue.com/forms).

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.



SOCIETY OF ST VINCENT DE PAUL SOUTH PINE

1019  
F-1120  
R. 01/22

FEIN 59-2380770  
DATA Page 1 of 2

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0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
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0	0	0	0
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0	0	0	0
0	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
00000000	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
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0	0	0	0
0	0	0	100

COPY



SOCIETY OF ST VINCENT DE PAUL SOUTH PINE

1019  
F-1120  
R. 01/22

FEIN 59-2380770

DATA Page 2 of 2

592380770	0	0	0
0	0	0	0
0	0	0	0
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0	0	0	0
0	0	0	0
0	0	0	0
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COPY

**Florida Tentative Income / Franchise Tax Return  
and Application for Extension of Time to File Return**

**1019**  
F-7004  
R. 01/17  
Rule 12C-1.051  
Florida Administrative Code  
Effective 01/17

**Information for Filing Florida Form F-7004**

F-7004  
R. 01/17

**When to file** - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to [www.floridarevenue.com](http://www.floridarevenue.com)

**Penalties** - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest. There is also a penalty for late-file return when no tax is due.

**Signature** - A person authorized by the taxpayer must sign Florida Form F-7004. They must be an officer or partner of the taxpayer; a person currently enrolled to practice before the Internal Revenue Service (IRS); or attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

**The Florida Form F-7004 must be filed** - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

A. If applicable, state the reason you need the extension:

\_\_\_\_\_

B. Type of federal return filed: 990-T  
 Contact person for questions: MICHAEL RAPOSA  
 Telephone number: 727-823-2516  
 Contact Person email address: MICHAEL@SVDPSP.ORG

Extension of Time Request	Florida Income/Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 0.00
2. LESS: Estimated tax payments for the taxable year	2. 0.00
3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request.	3. 0.00

Transfer the amount on Line 3 to **Tentative tax due**.

**Make checks payable and mail to:**

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

144961  
09-27-21

**Florida Department of Revenue - Corporate Income Tax  
Florida Tentative Income / Franchise Tax Return  
and Application for Extension of Time to File Return**

**1019**  
F-7004  
R. 01/17

Name **SOCIETY OF ST VINCENT DE PAUL**  
 Address **SOUTH PINELLAS, INC**  
**384 15TH STREET NORTH**  
 City/State/ZIP **ST. PETERSBURG, FL 33705**

FEIN 59-2380770  
 Taxable Year End 09/30/22  
 FILING STATUS Partnership  S-corporation   
 All other federal returns to be filed   
 Tentative Tax Due \$ 0.00

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

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INDEPENDENT AUDITORS' COMMUNICATION WITH  
THOSE CHARGED WITH GOVERNANCE

SOCIETY OF ST. VINCENT DE PAUL SOUTH PINELLAS, INC. AND AFFILIATES

September 30, 2022



To the Board of Directors  
Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates

We have audited the financial statements of Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates (collectively the "Organization") for the year ended September 30, 2022, and we will issue our report thereon dated February 24, 2023. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, *Government Auditing Standards* and the Uniform Guidance, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated August 1, 2022. Professional standards also require that we communicate to you the following information related to our audit.

Our Responsibilities under U.S. Generally Accepted Auditing Standards, *Government Auditing Standards*, and the Uniform Guidance

As stated in our engagement letter dated August 1, 2022 our responsibility, as described by professional standards, is to express an opinion about whether the consolidated financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the consolidated financial statements does not relieve you or management of your responsibilities.

In planning and performing our audit, we considered the Organization's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the consolidated financial statements and not to provide assurance on the internal control over financial reporting. We also considered internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with the Uniform Guidance.

As part of obtaining reasonable assurance about whether the Organization's consolidated financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grants, noncompliance with which could have a direct and material effect on the determination of consolidated financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit. Also, in accordance with the Uniform Guidance, we examined, on a test basis, evidence about the Organization's compliance with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Compliance Supplement, applicable to each of its major programs for the purpose of expressing an opinion on the Organization's compliance with those requirements. While our audit provides a reasonable basis for our opinion, it does not provide a legal determination on the Organization's compliance with those requirements.



## Significant Audit Matters

### *Qualitative Aspects of Accounting Practices*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Organization are described in Note A to the financial statements. No significant new accounting policies were adopted and the application of existing policies was not changed during 2022. We noted no transactions entered into by the Organization during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were:

- Management's estimate of the collectability of accounts and grants receivables is based on prior experience, historical collection trends and current and anticipated economic conditions.
- Management's estimate of the discount rate utilized to calculate imputed interest costs on interest free debt and the related amortization of the discounts is based upon current borrowing rates at the time the contract was signed.
- Management's estimate of the useful life of capital assets is based on historical experience, physical condition and external factors affecting future utility.
- Management's valuation of the in-kind gifts of goods received and provided to clients is based upon similar sales within the Organization's thrift store.
- Management's allocation of expenses between program and supporting costs.

We evaluated the key factors and assumptions used to develop the estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the financial statements were:

- The disclosure of long-term debt in Note F to the financial statements, which details the repayment, discounts and forgiveness terms of long-term debt.
- The disclosure of Concentration in Note L to the financial statements describes significant funding sources which can materially impact the Organization should they be significantly reduce or eliminated. Note L also describes the concentration of the Organization's investments in a single company.
- The disclosure of Commitments and Contingencies in Note M to the financial statements, which details future construction related commitments.



The financial statement disclosures are neutral, consistent, and clear.

#### *Difficulties Encountered in Performing the Audit*

We encountered no significant difficulties in dealing with management in performing and completing our audit.

#### *Corrected and Uncorrected Misstatements*

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

#### *Disagreements with Management*

For purposes of this letter, a disagreement with management is a disagreement on a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

#### *Management Representations*

We have requested certain representations from management that are included in the management representation letter dated February 24, 2023.

#### *Management Consultations with Other Independent Auditors*

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Organization's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

#### *Other Audit Findings or Issues*

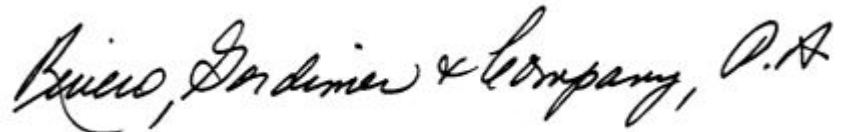
We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Organization's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matters

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with U.S. generally accepted accounting principles. The method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the use of the governing committees and management of the Organization and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,

A handwritten signature in cursive script that reads "Bueco, Jordanier & Company, P.A." The signature is written in black ink and is positioned to the right of the "Very truly yours," text.

Tampa, Florida  
February 24, 2023

CONSOLIDATED FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORTS  
SOCIETY OF ST. VINCENT DE PAUL SOUTH PINELLAS, INC. AND AFFILIATES

September 30, 2022

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## INDEPENDENT AUDITORS' REPORT

Board of Directors  
Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates

### **Report on the Audit of the Consolidated Financial Statements**

#### ***Opinion***

We have audited the accompanying consolidated financial statements of Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates (a nonprofit organization), which comprise the consolidated statement of financial position as of September 30, 2022, and the related consolidated statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates as of September 30, 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

#### ***Responsibilities of Management for the Consolidated Financial Statements***

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

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates' ability to continue as a going concern within one year after the date that the consolidated financial statements are available to be issued.

### ***Auditor's Responsibilities for the Audit of the Consolidated Financial Statements***

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates' ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Report on Summarized Comparative Information**

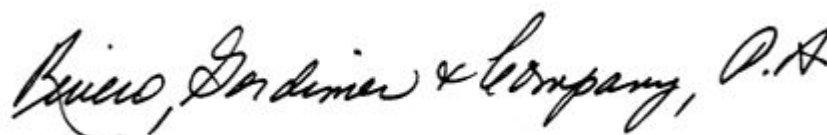
We have previously audited Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates' 2021 consolidated financial statements, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our report dated February 11, 2022. In our opinion, the summarized comparative information presented herein as of and for the year ended September 30, 2021, is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

### **Supplementary Information**

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

### **Other Reporting Required by Government Auditing Standards**

In accordance with *Government Auditing Standards*, we have also issued our report dated February 17, 2023, on our consideration of Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates' internal control over financial reporting and compliance.



Tampa, Florida  
February 24, 2023

Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

September 30, 2022

(With comparative totals for September 30, 2021)

	<u>2022</u>	<u>2021</u>
ASSETS		
Cash and cash equivalents	\$ 2,348,201	\$ 205,278
Investments	3,623,882	5,255,933
Grants receivable, net	5,343,605	4,303,396
Bequest receivable	-	1,885,032
Other receivables	205,054	305,815
Thrift store inventory	60,030	69,342
Prepaid expenses	318,949	189,314
	<u>11,899,721</u>	<u>12,214,110</u>
Total current assets		
Property and equipment, net	<u>22,460,778</u>	<u>22,000,277</u>
Other assets	<u>14,036</u>	<u>12,122</u>
TOTAL ASSETS	<u>\$ 34,374,535</u>	<u>\$ 34,226,509</u>
LIABILITIES AND NET ASSETS		
Accounts payable	\$ 710,942	\$ 887,794
Accrued liabilities and other liabilities	1,244,225	677,940
Unearned revenue	37,695	29,587
Accrued construction costs	457,237	395,644
Accrued compensated absences	454,722	435,714
Current portion of long-term debt	5,423	516,940
	<u>2,910,244</u>	<u>2,943,619</u>
Total current liabilities		
Long-term debt, net of current maturities and loan costs	<u>11,202,286</u>	<u>9,185,183</u>
Total liabilities	<u>14,112,530</u>	<u>12,128,802</u>
NET ASSETS		
Without donor restrictions	10,703,504	12,033,140
With donor restrictions	9,558,501	10,064,567
	<u>20,262,005</u>	<u>22,097,707</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 34,374,535</u>	<u>\$ 34,226,509</u>

The accompanying notes are an integral part of these consolidated statements.



Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates

CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

For the year ended September 30, 2022  
(With comparative totals for September 30, 2021)

	Without donor restrictions	With donor restrictions	Total 2022	Total 2021
<b>REVENUES AND SUPPORT</b>				
Thrift shop revenue	\$ 722,238	\$ -	\$ 722,238	\$ 832,103
Bequests	327,219	-	327,219	3,989,574
Grants from governmental agencies	38,843,507	-	38,843,507	31,945,663
Grants from private agencies	250,942	-	250,942	5,308,886
Rental income - transitional housing	807,024	-	807,024	473,083
Donated food given to clients	298,818	-	298,818	249,176
Contributions	746,377	706,628	1,453,005	1,001,688
Contributions - interest free debt	-	254,936	254,936	1,724,535
Other income	474,889	-	474,889	209,446
Long-term debt forgiveness	-	-	-	1,565,530
Investment (loss) income, net	(1,604,273)	-	(1,604,273)	353,123
Total revenues and support	40,866,741	961,564	41,828,305	47,652,807
Net assets released from restrictions	1,467,630	(1,467,630)	-	-
Total revenues, support and net assets released from restrictions	42,334,371	(506,066)	41,828,305	47,652,807
<b>EXPENSES</b>				
Program services	40,453,431	-	40,453,431	33,004,742
Support services				
Management and general	2,972,710	-	2,972,710	2,322,738
Fundraising	237,866	-	237,866	172,134
Total support services	3,210,576	-	3,210,576	2,494,872
Total expenses	43,664,007	-	43,664,007	35,499,614
CHANGES IN NET ASSETS	(1,329,636)	(506,066)	(1,835,702)	12,153,193
Net assets at beginning of year	12,033,140	10,064,567	22,097,707	9,944,514
Net assets at end of year	\$ 10,703,504	\$ 9,558,501	\$ 20,262,005	\$ 22,097,707

The accompanying notes are an integral part of these consolidated statements.

Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates

CONSOLIDATED STATEMENTS OF CASH FLOWS

For the year ended September 30, 2022  
(With comparative totals for September 30, 2021)

	<u>2022</u>	<u>2021</u>
Cash flows from operating activities		
Change in net assets	\$ (1,835,702)	\$ 12,153,193
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	907,766	606,254
Bad debt expense	76,537	32,894
Net realized and unrealized gains on investments	1,606,566	(342,882)
Accretion of mortgage loan discount	384,428	284,961
Discount on mortgage loan	(254,936)	(1,724,535)
Long-term debt forgiveness	-	(1,565,530)
Donation of land	(139,000)	-
Donation of securities	-	(5,029,765)
(Increase) decrease in operating assets:		
Grants receivable	(1,116,746)	(2,974,748)
Bequest receivable	1,885,032	(1,885,032)
Other receivables	100,761	(287,282)
Thrift store inventory	9,312	(16,742)
Prepaid expenses	(129,635)	(57,475)
Other assets	(1,914)	(6,320)
Increase (decrease) in operating liabilities:		
Accounts payable	(176,852)	405,852
Accrued liabilities and other liabilities	627,878	262,254
Accrued compensated absences	19,008	187,352
Unearned revenue	8,108	(163,781)
Total adjustments	<u>3,806,313</u>	<u>(12,274,525)</u>
Net cash (used) provided by operating activities	<u>1,970,611</u>	<u>(121,332)</u>
Cash flows from investing activities		
Purchase of investments	(53,995)	(337,776)
Proceeds from investment sales	79,480	616,964
Purchase of property and equipment	<u>(814,809)</u>	<u>(3,238,754)</u>
Net cash used by investing activities	<u>(789,324)</u>	<u>(2,959,566)</u>
Cash flows from financing activities		
Proceeds from long-term debt	-	794,509
Net proceeds on line of credit	990,000	500,000
Payment of loan costs	(11,450)	-
Payments on long-term debt	<u>(16,914)</u>	<u>(39,454)</u>
Net cash provided by financing activities	<u>961,636</u>	<u>1,255,055</u>
Net change in cash, cash equivalents and restricted cash	2,142,923	(1,825,843)
Cash, cash equivalents and restricted cash at beginning of year	<u>205,278</u>	<u>2,031,121</u>
Cash, cash equivalents and restricted cash at end of year	<u>\$ 2,348,201</u>	<u>\$ 205,278</u>

The accompanying notes are an integral part of these consolidated statements.

Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates  
CONSOLIDATED STATEMENTS OF CASH FLOWS - CONTINUED

For the year ended September 30, 2022  
(With comparative totals for September 30, 2021)

	2022	2021
Supplemental disclosures of cash flow information		
Cash paid during the year		
Interest	\$ 39,242	\$ 3,570
Taxes	\$ -	\$ -

Supplemental disclosures of non-cash flow investing and financing activities

In 2022 and 2021, the Organization invested \$399,001 and \$3,949,821, respectively, in construction in progress which was financed by issuance of long-term debt.

In 2022, the Organization received donated land valued at \$139,000.

In 2021, the Organization received donated common stock valued at \$5,029,765.

The accompanying notes are an integral part of these consolidated statements.

Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates

CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES

For the year ended September 30, 2022  
(With comparative totals for September 30, 2021)

	Program Services								Support Services					
	Center of Hope	Care Center Shelter	Family Shelter	Food Center	Thrift Store	Supportive Services for Veterans Families	Rapid Re-housing Program	Permanent Housing	Total Program Services	Management and General	Fundraising	Total Support Services	Total 2022	Total 2021
Salaries	\$ 520,091	\$ 381,059	\$ 67,659	\$ 52,775	\$ 312,452	\$ 5,649,234	\$ 3,461,987	\$ 245,564	\$ 10,690,821	\$ 1,996,780	\$ 100,997	\$ 2,097,777	\$ 12,788,598	\$ 10,187,946
Payroll taxes	39,663	29,249	5,321	4,211	24,895	433,441	260,742	15,387	812,909	149,471	7,425	156,896	969,805	780,156
Employee benefits	57,775	71,953	8,220	9,974	48,677	894,681	609,996	41,085	1,742,361	186,173	10,923	197,096	1,939,457	1,350,716
Total salaries and related expenses	617,529	482,261	81,200	66,960	386,024	6,977,356	4,332,725	302,036	13,246,091	2,332,424	119,345	2,451,769	15,697,860	12,318,818
Donated food	-	-	-	298,818	-	-	-	-	298,818	-	-	-	298,818	249,177
Program supplies	40,078	15,469	5,622	17,893	150,755	39,404	12,229	15	281,465	1,245	147	1,392	282,857	247,657
Direct assistance to individuals	3,969	3,155	792	-	1,095	10,780,099	8,913,824	9,704	19,712,638	-	-	-	19,712,638	17,065,733
Other expenses	4,247	3,128	593	539	14,623	47,786	29,061	85,828	185,805	57,638	9,708	67,346	253,151	337,838
Insurance	28,224	6,631	5,451	9,145	17,345	152,588	107,959	114,236	441,579	60,596	3,126	63,722	505,301	270,239
Utilities	109,733	17,581	20,918	63,072	34,529	298,301	71,642	105,173	720,949	29,265	5,881	35,146	756,095	563,915
Maintenance and repairs	105,068	14,857	9,133	22,687	7,705	64,534	16,931	130,218	371,133	3,767	2,432	6,199	377,332	343,526
Rent	382	5,104	81	-	7,279	341,264	148,635	781	503,526	364	262	626	504,152	403,026
Security	7,090	1,706	1,239	1,568	829	91,913	27,247	-	131,592	2,324	99	2,423	134,015	45,953
Food costs	154,703	5,031	29,865	3,209	-	-	15,939	-	208,747	996	-	996	209,743	131,772
Interest	646	73	131	128	-	-	-	392,280	393,258	45,037	-	45,037	438,295	305,683
Professional fees	2,005	1,341	361	1,808	2,860	67,204	17,979	26,287	119,845	63,762	36,423	100,185	220,030	135,087
Contract labor	13,821	-	1,389	5,234	-	1,703,043	1,194	-	1,724,681	25,589	-	25,589	1,750,270	1,015,215
Other supplies and furniture	6,228	4,746	1,118	1,847	1,442	191,790	22,847	15,982	246,000	11,790	725	12,515	258,515	130,408
Computer expense	1,110	90	151	192	1,886	378,499	37,560	478	419,966	48,116	7,452	55,568	475,534	480,225
Printing and postage	3,787	1,839	741	157	469	63,245	20,869	6	91,113	25,830	51,421	77,251	168,364	166,443
Seminars and training	160	1,935	6	15	76	131,228	30,032	1,615	165,067	10,022	808	10,830	175,897	204,715
Vehicles and travel	443	35	58	6,118	10,050	432,706	92,331	1,268	543,009	9,785	37	9,822	552,831	495,082
Subtotal	1,099,223	564,982	158,849	499,390	636,967	21,760,960	13,899,004	1,185,907	39,805,282	2,728,550	237,866	2,966,416	42,771,698	34,910,512
Depreciation	173,687	27,292	7,987	34,732	19,321	-	-	385,130	648,149	244,160	-	244,160	892,309	589,102
Total functional expenses	\$ 1,272,910	\$ 592,274	\$ 166,836	\$ 534,122	\$ 656,288	\$ 21,760,960	\$ 13,899,004	\$ 1,571,037	\$ 40,453,431	\$ 2,972,710	\$ 237,866	\$ 3,210,576	\$ 43,664,007	\$ 35,499,614

The accompanying notes are an integral part of these consolidated statements.

Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A brief description of the organization and a summary of its significant accounting policies consistently applied in the preparation of the accompanying consolidated financial statements follow:

1. Description of the Organization

The accompanying consolidated financial statements include the activities of Society of St. Vincent de Paul South Pinellas, Inc. and its two wholly owned affiliates. All significant inter-organization accounts and transactions are eliminated in consolidation.

The Society of St. Vincent de Paul South Pinellas, Inc. (together with its wholly owned affiliates, the "Organization") are Florida not-for-profit corporations whose mission is to alleviate pain and suffering, in a spirit of charity, justice and mercy through person-to-person involvement. The Organizations' target population is the poor, homeless, unemployed and mentally and physically disabled throughout Florida's west coast and surrounding counties.

The Organization maintains an independent board of directors, the Special Works Board. The Special Works Board works closely with the South Pinellas District Council of the National Society of the United States Society of St. Vincent de Paul (the "District Council"). The District Council oversees the overall parish conferences within its geographical jurisdictions; undertakes charitable works and special projects which are beyond the capacity of an individual parish or conference or which have community-wide implication; and initiates and strives to bring about the establishment of new conferences and the revival of inactive conferences.

The Society of St. Vincent de Paul South Pinellas, Inc. formed two wholly owned affiliates, Vincentian Housing Corporation, Inc. (VH) and Vincentian Properties, Inc. (VP), for the purpose of owning and operating real estate used within the programs of the Organization.

The Organization accomplishes its mission through the following operations which are funded through government grants and private contributions where revenue is recognized as services are provided:

**Homeless Outreach:**

Outreach is provided to ensure the identification of persons experiencing homelessness and living on the street or other places not meant for human habitation. Outreach includes making contact in an effort to engage individuals in services, address basic needs, link to services, and provide follow-up and advocacy with the end in mind of increasing the percentage of persons who move into permanent housing.

*Veteran Outreach* is conducted in our full-service Area.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2022

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

*Non-Veteran Street Outreach* is conducted in Hillsborough, Pasco, Polk, and Sarasota Counties.

**Homeless Shelter:**

*CARE Center* is open 365 nights a year. The Care Center, a housing-focused, low-barrier homeless shelter located in St. Petersburg provides mats indoors for 70 men and women nightly and a courtyard which provides a safe place for an additional 50 persons to sleep. Clients admitted to the Care Center are assessed to identify and address barriers to moving into housing.

*Center of Hope (located with the CARE Center)*

- Bridging Families consists of 21 rooms where families who are experiencing homelessness can access a safe environment while they work to secure stable housing. The Organization works in partnership with many local agencies, who refer families to the shelter and provide rapid rehousing services.
- VA Emergency Contract Shelter provides short-term emergency housing and support for 20 Veterans, who are homeless and recovering from economic, substance use, mental and physical issues while gaining permanency in housing.

*Safer Emergency Housing Alternative (SEHA)* is a non-congregate, off-site emergency housing initiative for people who are homeless operating in Hillsborough and Pasco Counties and St. Petersburg. The project utilizes hotel/motel vouchers to increase shelter capacity to provide sleeping accommodations along with case management to help people develop a plan to move into permanent housing.

*Emergency Housing Assistance (EHA)* is a service offered through the Supportive Services for Veterans Families Program ("SSVF") throughout the entire service area that utilizes available hotel/motel rooms to provide a safe place for Veterans while waiting to move into permanent housing.

*Bridging Families HLA Collaborative* utilizes hotels and apartments under a master lease to provide shelter for homeless families. Families receive case management and referral for housing assistance.

**Homeless Transitional:**

*Center of Hope* provides 55 transitional VA Grant Per Diem single-rooms offering three different service delivery models (Bridge, Low Demand, and Hospital to Housing). Each model offers an extensive array of services and focuses on exiting the Veteran to permanent housing.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2022

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

**Homeless Care:**

*Food Center* - The Food Center provides nourishing meals to those who would not otherwise have enough food for the day. These include: "street people", elderly, disabled, and families who are looking for work and whose funds have run out. The Food Center averages 250 meals daily.

*Community Food Pantry* provides food items and baskets to community members in need of food assistance.

*Homeless Persons Storage Units* provides a safe and secure place for the homeless population to check-in their personal belongings throughout the day (morning and night), enabling them to access needed services.

*Voucher Program* is conducted by the Society of St. Vincent de Paul Conferences in South Pinellas County. These vouchers enable clients to obtain furniture and clothing free of charge from SVdP CARES' Community Thrift Store to meet their household needs.

**Rapid Re-Housing Services:**

Services are provided across 16 counties - Charlotte, Citrus, Collier, Desoto, Hardee, Hernando, Highlands, Hillsborough, Lake, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota, and Sumter.

*Supportive Services for Veteran Families* ("SSVF") provides case management, employment, housing counseling, and temporary financial assistance to help household remain in or gain access to permanent housing throughout our service area.

*Returning Home for non-Veteran Families* provides case management, employment, housing counseling, and temporary financial assistance to help household remain in or gain access to permanent housing throughout our service area.

**Social Enterprise:**

*SVdP CARES Community Thrift Store* provides donated clothing, furniture, and household goods to people with extremely low-income living in St. Petersburg. The remaining merchandise is sold at a low cost to the community. The store oversees truck drivers, truck assistants, cashiers, intake processors, and volunteers. All staff work in conjunction with SSVF to assist throughout the entire South Pinellas area and surrounding areas.

Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2022

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

**Affordable Housing:**

*Permanent Supportive Housing*

- Ozanam Village I, II, III consists of 90 permanent supportive housing units composed of one and two bedrooms. Residents are persons receiving benefits under the Social Security Disability insurance (SSI) program or Veterans' disability benefits. Individuals and families have incomes that range from 40% to 60% of the area's median income.
- Rosalie Rendu Residences consists of eight (8) permanent supportive housing composed of two (2) studio and six (6) two-bedroom units. Household income cannot be greater than 50% of the Area median Income (AMI).

*Vincentian Housing* - Tonetta Way consists of five (5) three-bedroom, 2.5 bath townhomes located in Pasco County at affordable rents.

2. Basis of Presentation

The accompanying consolidated financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, which recognizes revenues when earned and expenses when incurred. Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions.

Net assets of the Organization and changes therein are classified and reported as follows:

- With Donor Restrictions - Net assets with donor restrictions are net assets subject to donor-imposed stipulations that may be fulfilled by actions of the Organization to meet the stipulations, that may become undesignated by the passage of time, or that require net assets to be permanently maintained, thereby restricting the use of principal.
- Without Donor Restrictions - Net assets without donor restrictions are net assets not subject to donor-imposed restrictions or the donor-imposed restrictions have expired. These net assets are available for use at the discretion of the Board of Directors and/or management for general operating purposes.

3. Principles of Consolidation

The accompanying consolidated financial statements include the activities of Society of St. Vincent de Paul South Pinellas, Inc. and its two wholly owned affiliates. All significant inter-organization accounts and transactions are eliminated in consolidation.



NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2022

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

4. Liquidity

Assets and liabilities are presented in the accompanying statement of financial position according to their nearness of conversion to cash and, their maturity and resulting use of cash, respectively. See note B for more information on liquidity and availability of assets.

5. Cash and Cash Equivalents

The Organization considers all short-term investments with an original maturity of three months or less to be cash equivalents, except those managed as part of investment strategies for investments held for long term purposes.

The Organization maintains its cash in demand deposit accounts at several financial institutions, which, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts. Management believes the Organization is not exposed to any significant credit risk in regard to cash and cash equivalents.

6. Investments

Investment purchases are recorded at cost, or if donated, at fair value on the date of donation. Thereafter, investments are reported at their estimated fair values in the consolidated statements of financial position. Cash designated for long-term purposes are classified as investments. Investment income is reported in the consolidated statement of activities and consists of interest and dividend income and realized and unrealized gains and losses, net of external investment expenses.

7. Accounts Receivable

Receivables are stated at the amount management expects to collect from outstanding balances. At least annually, management reviews its receivables balances and estimates the portion, if any, that may not be collectible.

Management provides for probable uncollectible amounts through a charge to earnings and a credit to the allowance for doubtful accounts based on its assessment of the current status of individual accounts. Management has determined that the receivables are fully collectible; therefore, no allowance for uncollectible accounts is considered necessary at September 30, 2022.

Grants receivable are based on contracted per diem rates with certain funders; due from federal, state and local grantors; as well as from various other foundations and funding sources. An allowance for all grants receivable at the consolidated statements of financial position date has been established at 1.5% of outstanding balances. The allowance at September 30, 2022 was approximately \$77,000. All grants receivable are due within one year as of September 30, 2022.

Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2022

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Other receivables represent accrued amounts that have not been billed as of the end of the year but have been earned by the Organization.

8. Property and Equipment

Property and equipment are stated at cost if purchased or estimated fair market value at date of receipt if contributed, less accumulated depreciation. The Organization's capitalization threshold is \$5,000. Depreciation is computed using the straight-line method over the estimated useful lives of the assets ranging from 3 to 40 years. Construction in progress is not depreciated until put into service.

Expenditures for renewals and improvements that significantly add to the productive capacity or extend the useful life of the asset are capitalized. Expenditures for normal repairs and maintenance are expensed as incurred. Upon retirement, sale or other disposition of property and equipment, the costs and accumulated depreciation are eliminated from the accounts and any resulting gain or loss is included within the statement of activities.

Property acquired with grant funds is considered owned by the Organization while used in the program for which it was purchased or in future authorized programs; however, its disposition and the ownership of any proceeds are subject to applicable regulations.

9. Loan Costs

Loan costs are presented as a reduction of long-term debt on the accompanying consolidated statements of financial position. Loan costs are amortized over the life of the related loan and recorded as interest expense in the accompanying consolidated statement of activities.

10. Unearned Revenue

Unearned revenue relates to grant funding for which the terms of revenue recognition have not yet been met.

11. Donated Goods and Services

Donated food is recorded at estimated fair value at the date of donation based on current market value of comparable food items. Contributed services are recorded as public support at their estimated fair value if the services received create or enhance nonfinancial assets or require specialized skills, are provided by individuals possessing those skills, and would need to be purchased if not provided by donation. Donated services are valued based on the market rate of the services donated. Volunteers contribute a significant amount of time to the programs provided by the Organization. The value of this time is not reflected in the accompanying consolidated financial statements, as it does not meet the criteria for recognition.

Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2022

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

12. Contributions

Contributions are initially recognized at fair value in the period the promises are received. Conditional contributions or intentions to give are not recognized until they become unconditional, that is, at the time when the conditions on which they depend on are substantially met.

In the absence of donor stipulations, unconditional contributions are reported as revenue without donor restrictions. Amounts received that are restricted by the donor for future periods or for specific purposes are reported as revenue with donor restrictions. Unconditional contributions received with donor-imposed restrictions that are met in the same year as received are reported as revenues without donor restrictions.

Additionally, absent explicit donor stipulations about how long fixed assets must be maintained, the Organization reports expirations of donor restrictions on cash or other assets that must be used to acquire fixed assets when the fixed assets begin construction and/or are acquired.

13. Functional Allocation of Expenses

The costs of providing the various programs and other activities of the Organization have been detailed in the consolidated statements of functional expenses and summarized in the consolidated statements of activities. Expenses that can be identified with a specific program and support service are allocated directly according to their natural expenditure classification. Salaries and other expenses that are not directly allocable are allocated to the various functions based on time and effort. Occupancy costs such as depreciation, utilities, rent, maintenance and repairs, insurance are allocated based on square footage.

14. Income Taxes

Income taxes are not provided for in the consolidated financial statements since the Organizations are exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code and similar state provisions. The Organizations have been determined by the Internal Revenue Service not to be a private foundation within the meaning of Section 509(a) of the Internal Revenue Code. Management is not aware of any activities that would jeopardize the Organizations' tax exempt status.

The Organizations are not aware of any tax positions they have taken that are subject to a significant degree of uncertainty. Tax years after 2018 remain subject to examination by federal and state taxing authorities.

Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2022

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

15. Use of Estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

16. Summarized Comparative Information

The consolidated financial statements include certain prior-year summarized comparative information in total, but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. GAAP. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended September 30, 2021, from which the summarized information was derived.

NOTE B - LIQUIDITY AND AVAILABILITY OF RESOURCES

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statements of financial position sheet date, comprise the following at September 30, 2022:

Cash and cash equivalents	\$ 2,348,201
Investments	3,623,882
Grants receivable	5,343,605
Other receivables	<u>205,054</u>
Total financial assets available within one year	11,520,742
Less:	
Amounts unavailable for general expenditures within one year, due to:	
Restricted by donors with purpose restrictions	3,973,802
Minimum loan collateral balance requirements	<u>2,000,000</u>
	<u>5,973,802</u>
Total financial assets available to management for expenditure within one year	<u>\$ 5,546,940</u>

Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2022

NOTE B - LIQUIDITY AND AVAILABILITY OF RESOURCES - Continued

There are donor restrictions on financial assets that are subject to donor or other contractual restrictions. Accordingly, such funds are not available to meet the cash needs in the next 12 months.

The Organization's liquidity management strategy is to structure its financial assets to be available as general expenditures, liabilities and other obligations become due. The Organization also has a line of credit that can be drawn upon to help manage expenditure needs.

NOTE C - INVESTMENTS

Investments are reported at fair value and are summarized as follows at September 30, 2022:

	<u>Market</u>	<u>Cost</u>
Cash	\$ 424	\$ 424
Equities - common stock	3,617,274	5,222,793
Fixed income funds	<u>6,184</u>	<u>7,231</u>
	<u>\$ 3,623,882</u>	<u>\$ 5,230,448</u>

Investment income consist of the following at September 30, 2022:

Interest and dividend income, net	\$ 2,284
Realized and unrealized gains	<u>(1,606,566)</u>
	<u>\$ (1,604,282)</u>

NOTE D - FAIR VALUE MEASUREMENT

The Organization defines fair value in accordance with U.S. GAAP, which specifies a hierarchy of valuation techniques. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to measurements involving significant unobservable inputs (Level 3). The Organization measures investments at fair value on a recurring basis.

The three levels of the fair value hierarchy are as follows:

Level 1: Inputs that utilized quoted prices (unadjusted) in active markets for identical assets or liabilities that the Organization has the ability to access.

Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2022

NOTE D - FAIR VALUE MEASUREMENT - Continued

Level 2: Observable prices in active markets for similar assets or liabilities. Prices for identical or similar assets or liabilities in markets that are not active. Market inputs that are not directly observable but are derived from or corroborated by observable market data.

Level 3: Unobservable inputs based on the Organization's own judgment as to assumptions a market participant would use, including inputs derived from extrapolation and interpolation that are not corroborated by observable market data.

The Organization evaluates the various types of financial assets to determine the appropriate classification within the fair value hierarchy based upon trading activity and the observability of market inputs. The Organization employs control processes to validate the reasonableness of the fair value estimates of its assets and liabilities, including those estimates based on prices and quotes obtained from independent third-party sources.

While the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the report date.

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodology used at September 30, 2022:

*Equities - common stock:* Composed of common stock securities valued at the closing price reported in the active marketplace in which the individual securities are traded.

*Fixed income funds:* Valued at the net asset value (NAV) of shares held at year end.

The following table sets forth by level, the fair value hierarchy, of investments at fair value at September 30, 2022:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments				
Cash and cash equivalents	\$ 424	\$ -	\$ -	\$ 424
Equities	3,617,274	-	-	3,617,274
Fixed income funds	6,184	-	-	6,184
	<u>\$ 3,623,882</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,623,882</u>

Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2022

NOTE E - PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at September 30, 2022:

Land	\$ 2,406,686
Software	163,310
Buildings	22,618,869
Equipment, furniture and fixtures	1,455,745
Vehicles	160,316
Construction in progress	376,963
	<u>27,181,889</u>
Less accumulated depreciation	<u>(4,721,111)</u>
	<u><u>\$ 22,460,778</u></u>

Depreciation expense was \$892,309 for the year ended September 30, 2022.

NOTE F - LONG-TERM DEBT

Long-term debt consisted of the following at September 30, 2022:

Type	Debt Holder	Maximum obligation	Due	Interest rate per annum	Forgiveness Provisions	2022		Book Value
						Face Value	Accumulated Discount	
Revolving line of credit	Truist	\$ 1,500,000	October 2024	5.75%	No	\$ 1,490,000	\$ -	\$ 1,490,000
Mortgage note payable	City of St. Petersburg	\$ 30,000	January 2032	0.00%	Yes	30,000	(13,850)	16,150
Mortgage note payable	Florida Housing Finance Corporation	\$ 4,683,000	June 2032	0.00%	No	4,512,403	(1,411,633)	3,100,770
Mortgage note payable	Florida Housing Finance Corporation	\$ 309,360	June 2032	0.00%	Yes	298,219	(93,292)	204,927
Mortgage note payable	Florida Housing Finance Corporation	\$ 5,000,000	August 2035	0.00%	No	4,902,015	(1,587,312)	3,314,703
Mortgage note payable	Florida Housing Finance Corporation	\$ 5,000,000	February 2035	0.00%	No	4,387,713	(1,456,165)	2,931,548
Mortgage note payable	Florida Housing Finance Corporation	\$ 100,000	June 2037	0.00%	No	100,000	(33,857)	66,143
Mortgage note payable	Pasco County, Florida	\$ 500,000	June 2051	0.00%	Yes	460,704	(300,571)	160,133
Mortgage note payable	Pasco County, Florida	\$ 400,000	June 2051	0.00%	Yes	400,000	(212,182)	187,818
Vehicle loans	GM Financial	N/A	December 2023	5.49%	No	6,335	-	6,335
						<u>\$16,587,389</u>	<u>\$ (5,108,862)</u>	11,478,527
Less loan costs, net of accumulated amortization								(270,818)
Less current maturities								(5,423)
Long-term debt, net of current maturities and loan costs								<u><u>\$ 11,202,286</u></u>

All mortgage notes payable are collateralized by real property. Most are collateralized by assignment of rents. The revolving line of credit is collateralized by certain investments. Vehicle loans are collateralized by related vehicles.

Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates  
 NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2022

NOTE F - LONG-TERM DEBT - Continued

Aggregate maturities of debt obligations are as follows at September 30, 2022:

<u>Year ending September 30,</u>	<u>Principal</u>	<u>Forgiveness</u>	<u>Total</u>
2023	\$ 5,423	\$ -	\$ 5,423
2024	1,490,912	-	1,490,912
2025	-	-	-
2026	-	-	-
2027	-	-	-
Thereafter	<u>13,902,131</u>	<u>1,188,923</u>	<u>15,091,054</u>
	<u>\$ 15,398,466</u>	<u>\$ 1,188,923</u>	16,587,389
Unamortized discounts			(5,108,862)
Unamortized loan costs			<u>(270,818)</u>
			<u>\$ 11,207,709</u>

Loan costs consist of the following as of September 30, 2022:

Loan costs	\$ 336,914
Less accumulated amortization	<u>(66,096)</u>
	<u>\$ 270,818</u>

The Organization incurred \$11,450 in loan costs during the year ended September 30, 2022. Interest expense related to amortization of loan costs was \$17,152 for the year ended September 30, 2022.

Estimated future annual amortization expense associated with loan costs are as follows:

<u>Year ending September 30,</u>	
2023	\$ 13,687
2024	13,176
2025	13,176
2026	13,176
2027	13,176
Thereafter	<u>204,427</u>
	<u>\$ 270,818</u>



Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2022

NOTE F - LONG-TERM DEBT - Continued

The recorded amounts of certain interest-free mortgages are calculated based on fair value using the prevailing market interest rates for similar transactions at the time the mortgages were executed, ranging from 2.84% to 5.73%.

In the years the mortgages and notes were recorded, contribution revenue with donor restrictions was recorded for the difference between the fair value of the loan based on market interest rates (discounted value) and the face value of the loans. Net assets with donor restrictions for 2022 include \$5,854,703 of unamortized discounts for these mortgages.

The amount of net assets with donor restrictions released each year is equal to the change in the difference between the fair value of the mortgages and the face value of the mortgages. Each year, a corresponding amount of interest expense is recognized, and the mortgage note liability is increased (accreted).

Certain mortgages and notes will be forgiven at the due date if the property continues to be used for its intended purpose. The City of St. Petersburg mortgage note payable will be forgiven at maturity if the property continues to be used as a Food Center providing means and other assistance to low-income or homeless individuals. The Florida Housing Finance Corporation mortgage note payable will be forgiven at maturity if the property constructed is used to operate housing for persons with extremely low-income.

NOTE G - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions are comprised of the following at September 30, 2022:

Discounts on below market-rate mortgages	\$ 5,108,862
Net assets with purpose restrictions	<u>4,449,639</u>
	<u>\$ 9,558,501</u>

Net assets were released from donor restrictions by incurring expenses satisfying the purpose restrictions specified by donors or through the passage of time for non-interest-bearing mortgages as follows:

Accretion of contributed interest	\$ 878,299
Satisfaction of purpose restrictions	<u>589,331</u>
	<u>\$ 1,467,630</u>

Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2022

NOTE H - IN-KIND CONTRIBUTIONS

The value of in-kind contributions included in the consolidated financial statements and the corresponding expenditures relate to donated food given to clients. In-kind contributions for the year ended September 30, 2022 totaled \$298,818.

NOTE I - OPERATING LEASES

The Organization leases office space to house the remote office locations operating the SSVF programs. The leases are for varying time periods through 2026 with individual terms for each location. For the year ended September 30, 2022, rent expense was approximately \$478,000, and is included in the consolidated statement of functional expenses.

Additionally, the Organization leases several vehicles through the SSVF program. All of the vehicle leases are for 36 months, with varying maturity dates through November 2025. Vehicle lease expense was approximately \$327,000 for the year ended September 30, 2022, and is included in vehicle and travel expense in the consolidated statement of functional expenses. Future minimum lease payments are as follows:

<u>Year ending December 31,</u>	
2023	\$ 796,307
2024	454,213
2025	308,473
2026	168,660
2027	<u>50,334</u>
	<u>\$ 1,777,987</u>

NOTE J - DEFERRED COMPENSATION PLAN

The Organization has a deferred compensation agreement with the CEO under Section 457(b) of the Internal Revenue Code. The Organization holds investments with a value of \$121,122 at September 30, 2022, which are designated as held to fund its obligation under the agreement. A related accrued liability is included in the consolidated statement of financial position. The Organization's contributions under the deferred compensation plan totaled \$22,116 for the year ended September 30, 2022.

NOTE K - RETIREMENT PLAN

The Organization has a Section 403(b) plan for its eligible employees. All employees over the age of 21 are eligible to participate in the plan immediately following date of hire, however employees must complete at least six months of service to receive employer match. Employees are fully vested upon six years of service. The plan provides a discretionary employer match. Plan contributions by the Organization were approximately \$69,000 for the year ended September 30, 2022.

Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2022

NOTE L - CONCENTRATIONS

The Organization receives support from grantor agencies for its programs. Grant expenditures are subject to audit and adjustment. If any expenditure were to be disallowed by the grantor agency as a result of such an audit, any claim for reimbursement to the grantor agency could become a liability of the Organization.

The Organization receives a substantial portion of its support directly from local government agencies. Continuation of the Organization's program services is dependent upon the continued support of these agencies.

The Organization has approximately 96% of its investments in common stock of a single company at September 30, 2022.

NOTE M - COMMITMENTS AND CONTINGENCIES

At September 30, 2022, the Organization has approximately \$988,000 remaining on construction contracts related to construction for the remodel of the kitchen, bathrooms and flooring in the Care Center to be completed in the Spring of 2023.

Grant expenditures incurred by the Organization are subject to audit and possible disallowance by the federal grantor agencies. Management believes that, if audited, any adjustment for disallowed expenses would be immaterial.

NOTE N - SUBSEQUENT EVENTS

The Organization has evaluated events and transactions occurring subsequent to September 30, 2022 as of February 24, 2023 which is the date the consolidated financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

Society of St. Vincent de Paul South Pinellas, Inc.  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
For the year ended September 30, 2022

Federal Grantor / Program Title	Assistance Listing Number	Pass-Through Entity Identifying Number	Loan Balance / Expenditures	Pass-Through Subrecipients
<b>U.S. Department of Housing and Urban Development</b>				
<i>Passed through the City of St. Petersburg, Florida:</i>				
CDBG – Entitlement Grants Cluster				
Community Development Block Grants/Entitlement Grants	14.218	N/A	\$ 30,000	\$ -
Community Development Block Grants/Entitlement Grants	14.218	B-20-MC-12-0017	63,426	-
COVID-19 - Community Development Block Grants/Entitlement Grants	14.218	B-20-MW-12-0017	15,976	-
<i>Passed through the Tampa Homeless Leadership Alliance:</i>				
Community Development Block Grant	14.218	N/A	30,109	-
<i>Passed through Pasco County, Florida:</i>				
COVID-19- CDBG	14.218	N/A	344,017	-
			<u>483,528</u>	<u>-</u>
<i>Passed through Homeless Coalition of Polk County, Inc.:</i>				
COVID-19 - Emergency Solutions Grant Program	14.231	FL-503-REN (Contract # TPZ17)	89,262	-
COVID-19 - Emergency Solutions Grant Program	14.231	FL-503-REN (Contract # TPZ17)	61,118	-
<i>Passed through Pinellas County, Florida:</i>				
COVID-19- Emergency Solutions Grant Program	14.231	E-20-UW-12-0005	54,885	-
<i>Passed through Mid Florida Homeless Coalition, Inc.:</i>				
Emergency Solutions Grant Program	14.231	FL-503-REN (Contract # PPZ60)	178,283	-
Emergency Solutions Grant Program	14.231	FL-503-REN (Contract # PPZ60)	37,061	-
COVID-19 - Emergency Solutions Grant Program	14.231	FL-503-REN (Contract # PPZ60)	294,221	-
COVID-19 - Emergency Solutions Grant Program	14.231	FL-503-REN (Contract # PPZ60)	272,852	-
COVID-19 - Emergency Solutions Grant Program	14.231	FL-503-REN (Contract # PPZ60)	137,091	-
<i>Passed through the City of St. Petersburg, Florida:</i>				
Emergency Solutions Grant Program	14.231	E-19-MC-12-0017	5,492	-
Emergency Solutions Grant Program	14.231	E-20-MC-12-0017	145,869	-
COVID-19 - Emergency Solutions Grant Program	14.231	E-20-MC-12-0017	165,090	-
COVID-19 - Emergency Solutions Grant Program	14.231	E-20-MC-12-0017	364,607	-
<i>Passed through Suncoast Partnership:</i>				
Emergency Solutions Grant Program	14.231	Contract # QPZ04	36,125	-
COVID-19 - Emergency Solutions Grant Program	14.231	E-18-UC-12-0014	93,384	-
COVID-19 - Emergency Solutions Grant Program	14.231	E-20-UW-12-0014	159,258	-
<i>Passed through Manatee County, Florida:</i>				
COVID-19 - Emergency Solutions Grant Program	14.231	E-20-UW-12-0018	1,032,834	-
<i>Passed through Lee County, Florida:</i>				
COVID-19 - Emergency Solutions Grant Program	14.231	FL0815L4032001	792,800	-
<i>Passed through Pasco County, Florida:</i>				
COVID-19 - Emergency Solutions Grant Program	14.231	N/A	1,441	-
COVID-19 - Emergency Solutions Grant Program	14.231	N/A	1,332,423	-
COVID-19 - Emergency Solutions Grant Program	14.231	N/A	226,754	-
<i>Passed through Tampa Homeless Leadership Alliance:</i>				
COVID-19 - Emergency Solutions Grant Program	14.231	N/A	2,011,197	-
<i>Passed through Gulfcoast Partnership:</i>				
COVID-19 - Emergency Solutions Grant Program	14.231	Contract # QPZ03	462,836	-
<i>Passed through City of Largo, Florida:</i>				
Community Development Block Grant	14.231	N/A	96,361	-
			<u>8,051,244</u>	<u>-</u>

Society of St. Vincent de Paul South Pinellas, Inc.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS - CONTINUED

For the year ended September 30, 2022

Federal Grantor / Program Title	Assistance Listing Number	Pass-Through Entity Identifying Number	Loan Balance / Expenditures	Pass-Through Subrecipients
<i>Passed through Pasco County, Florida:</i>				
TBRA for Home Investment Partnership program	14.239	N/A	7,789	-
<i>Direct funding:</i>				
Continuum of Care Program	14.267	FL0602L4H021904	64,747	-
Continuum of Care Program	14.267	FL0608L4H021904	22,047	-
Continuum of Care Program	14.267	FL0804L4H192001	56,662	-
Continuum of Care Program	14.267	FL0769L4H031900	166,037	-
Continuum of Care Program	14.267	FL0831L4H001900	114,300	-
Continuum of Care Program	14.267	FL0660L4D021903	27,559	-
Continuum of Care Program	14.267	FL0813LD022001	14,387	-
Continuum of Care Program	14.267	FL0809L4H201900	32,945	-
Continuum of Care Program	14.267	FL0815L4D032001	432,071	-
Continuum of Care Program	14.267	FL0602L4H022005	237,884	-
Continuum of Care Program	14.267	FL0608L4H192005	151,861	-
Continuum of Care Program	14.267	FL0804L4H192001	128,853	-
Continuum of Care Program	14.267	FL0660L4D022004	97,214	-
Continuum of Care Program	14.267	FL0660L4D021903	18,919	-
Continuum of Care Program	14.267	FL0809L4H192001	181,721	-
Continuum of Care Program	14.267	FL0769L4032001	531,417	-
Continuum of Care Program	14.267	FL0831L4H002001	232,161	-
			<u>2,510,785</u>	<u>-</u>
Total U.S. Department of Housing and Urban Development			11,053,346	-
<b>U.S. Department of Treasury</b>				
<i>Passed through City of St. Petersburg, Florida:</i>				
COVID-19 - Coronavirus State and Local Fiscal Recovery Funds	21.027	N/A	365,083	-
<b>U.S. Department of Veteran Affairs:</b>				
<i>Direct funding:</i>				
VA Homeless Providers Grant and Per Diem Program	64.024	SSVA770-0699-516-HH-18-0	1,128,154	-
VA Homeless Providers Grant and Per Diem Program	64.024	VA248-16D-0194	282,475	-
VA Homeless Providers Grant and Per Diem Program	64.024	SSVA770-1109-516-CM-20	237,320	-
			<u>1,647,949</u>	<u>-</u>
<i>Direct funding:</i>				
VA Supportive Services for Veteran Families Program	64.033	2021-FL-099-21	18,076,224	-
VA Supportive Services for Veteran Families Program	64.033	20-FL-099-C2	33,385	-
VA Supportive Services for Veteran Families Program	64.033	19-FL-099-C3	4,485,045	-
VA Supportive Services for Veteran Families Program	64.033	2020-FL099SS	628,996	-
			<u>23,223,650</u>	<u>-</u>
Total U.S. Department of Veteran Affairs			24,871,599	-
Total expenditures of federal awards			<u>\$ 36,290,028</u>	<u>\$ -</u>

The accompanying notes are an integral part of this schedule.

Society of St. Vincent de Paul South Pinellas, Inc.

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

September 30, 2022

NOTE 1 - BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accompanying schedule of expenditures of federal awards includes the federal grant activities of Society of St. Vincent de Paul South Pinellas, Inc. (the "Organization"). The information in the schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the statements of financial position, activities, functional expenses or cash flows of the Organization.

Some amounts presented in the schedule may differ from amounts presented or used in the preparation of the consolidated financial statements.

Expenditures reported on the schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

NOTE 2 - INDIRECT COSTS

The Organization did elect to use the 10-percent de minimis indirect cost rate as allowed under the Uniform Guidance on certain grants.

NOTE 3 - LOANS

The following loan and loan guarantee programs have outstanding balances as of September 30, 2022:

Assistance Listing Number	Description	Original Loan Amount	Balance at October 1, 2021	Additional Loan Funding	Balance at September 30, 2022
14.218	Community Development Block Grants/Entitlement Grants	\$ 30,000	\$ 30,000	\$ -	\$ 30,000

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

SOCIETY OF ST. VINCENT DE PAUL SOUTH PINELLAS, INC.

September 30, 2022





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

Board of Directors  
Society of St. Vincent de Paul South Pinellas, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Society of St. Vincent de Paul South Pinellas, Inc. (a nonprofit organization) and Affiliates (the "Organization"), which comprise the consolidated statement of financial position as of September 30, 2022, and the related consolidated statements of activities and changes in net assets, cash flows, and functional expenses for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated February 24, 2023.

**Report on Internal Control Over Financial Reporting**

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

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



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

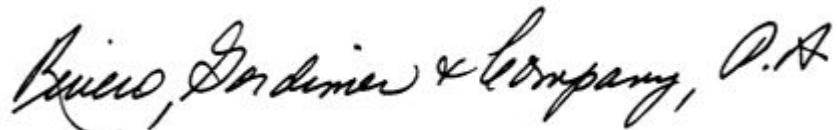
### **Report on Compliance and Other Matters**

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

### **Purpose of This Report**

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

Tampa, Florida  
February 24, 2023

A handwritten signature in cursive script that reads "Buicio, Gardiner & Company, P.A." The signature is written in black ink and is positioned to the right of the date and location text.

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR  
PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE  
REQUIRED BY THE UNIFORM GUIDANCE

SOCIETY OF ST. VINCENT DE PAUL SOUTH PINELLAS, INC.

September 30, 2022



INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Directors  
Society of St. Vincent de Paul South Pinellas, Inc.

**Report on Compliance for Each Major Federal Program**

***Opinion on Each Major Federal Program***

We have audited Society of St. Vincent de Paul South Pinellas, Inc. compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of Society of St. Vincent de Paul South Pinellas, Inc.'s major federal programs for the year ended September 30, 2022. Society of St. Vincent de Paul South Pinellas, Inc. major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, Society of St. Vincent de Paul South Pinellas, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2022.

***Basis for Opinion on Each Major Federal Program***

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Society of St. Vincent de Paul South Pinellas, Inc. and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Society of St. Vincent de Paul South Pinellas, Inc.'s compliance with the compliance requirements referred to above.



### ***Responsibilities of Management for Compliance***

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Society of St. Vincent de Paul South Pinellas, Inc.'s federal programs.

### ***Auditor's Responsibilities for the Audit of Compliance***

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Society of St. Vincent de Paul South Pinellas, Inc.'s compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Society of St. Vincent de Paul South Pinellas, Inc.'s compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Society of St. Vincent de Paul South Pinellas, Inc.'s compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Society of St. Vincent de Paul South Pinellas, Inc.'s internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Society of St. Vincent de Paul South Pinellas, Inc.'s internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

## Report on Internal Control over Compliance

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

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

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

Tampa, Florida  
February 24, 2023

Handwritten signature in cursive script that reads "Bruce, Gardner & Company, P.A."

SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
SOCIETY OF ST. VINCENT DE PAUL SOUTH PINELLAS, INC.

September 30, 2022

Society of St. Vincent de Paul South Pinellas, Inc.  
 SCHEDULE OF FINDINGS AND QUESTIONED COSTS

September 30, 2022

**Section I - Summary of Auditors' Results**

**Financial Statements**

Type of auditors' report issued on whether the financial statements were prepared in accordance with GAAP: Unmodified

Internal control over financial reporting  
 Material weakness(es) identified?      yes   X   no

Significant deficiency(ies) identified?      yes   X   none reported

Noncompliance material to financial statements noted?      yes   X   no

**Federal Awards**

Internal control over major federal programs:  
 Material weakness(es) identified?      yes   X   no

Significant deficiency(ies) identified?      yes   X   none reported

Type of auditors' report issued on compliance for major federal programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with section 2 CFR 200.516(a)?      yes   X   no

Identification of major federal programs:

<u>CFDA Number</u>	<u>Name of Federal Program</u>
21.027	Coronavirus State and Local Fiscal Recovery Funds
64.033	VA Supportive Services for Veteran Families Program

Dollar threshold used to distinguish between type A and type B federal programs \$ 1,088,701

Auditee qualified as low-risk auditee?   X   yes      no

**Section II - Financial Statement Findings**

No matters were reported for the year ended September 30, 2022 and there were no prior year audit findings to be reported.

**Section III - Federal Award Findings and Questioned Costs**

No matters were reported for the year ended September 30, 2022 and there were no prior year audit findings to be reported.







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/31/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh & McLennan Agency Bouchard Region 101 N. Starcrest Drive Clearwater, FL 33765	<b>CONTACT NAME:</b> Josh Reyes <b>PHONE (A/C, No, Ext):</b> 727 447-6481 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> clicerts@marshmma.com <hr/> <b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> INSURER A : First Nonprofit Insurance Company <b>10859</b> INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
<b>INSURED</b> Society of St. Vincent de Paul South Pinellas DBA St. Vincent de Paul Cares 384 15th Street N Saint Petersburg, FL 33705-2016	

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	<b>FITWC500652023</b>	<b>06/01/2023</b>	<b>06/01/2024</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>2,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>2,000,000</b> E.L. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b> Pinellas County Human Services 440 Court Street, 2nd Floor Clearwater, FL 33756	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <hr/> AUTHORIZED REPRESENTATIVE 
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