

Application Form

Organization Information

An informational webinar about this application is available to watch.

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

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

Brief Project Descriptor

Please briefly describe this organization's request.

Organization Name*

WestCare GulfCoast-Florida

Project Name*

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

Safe and Secure Renovations. WestCare - A Turning Point

EIN*

59-3714627

Incorporation Year*

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

2001

Mission Statement*

What is your organization's mission statement?

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

Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. HOWEVER, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

HNG6XDT1MNL5

Annual Operating Budget*

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

\$13,496,026.00

Amount Requested*

The maximum grant amount is \$500,000.

\$87,607.00

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

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

Examples

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

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

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

No

Rent vs. Own*

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

Own

Parent Non-Profit/Subsidiaries:*

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

Example

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

No

Request Specifics

Pinellas County Priority Areas*

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

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

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

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

Yes

Programming Background*

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

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

WestCare GulfCoast-Florida, Inc. (WCGC), a community-based nonprofit organization, is part of the WestCare Foundation network operating in 17 States and 3 Territories. WCGC consistently demonstrates its capacity to achieve programmatic goals, manage public funds, and exceed reporting requirements of funders. WCGC

operates in compliance with OMB Uniform Guidance, is independently audited, is accredited by The Commission on Accreditation of Rehabilitation Facilities, and is licensed by the Florida Department of Children and Families. WCGC has provided homeless services since 2001, including an emergency intervention shelter, transitional housing, supportive housing, wraparound services, rapid rehousing, case management, skills education, and treatment of substance use and co-occurring disorders.

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

Community Need*

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

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

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

Negative Economic Impact*

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

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

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

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

Negative Economic Impact - Uploads

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

Pandemic Relief Funding*

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

WCGC has received the following pandemic relief funding:

Paycheck Protection Program (PPP):

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

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

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

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

Proposal Description*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of 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?

The project undertaken with these funds is the repair and renovation of the WCGC's inebriate homeless emergency shelter facility, A Turning Point. It is an older building in need of much repair and has been in service for this programming for over 30 years. With sufficient funding, repairs and renovation will enable A Turning Point to safely and securely continue serving the most vulnerable in our communities for well over another three decades. In addition, renovations to the facility will enable WCGC to ensure we are "building-ready" for the State's initiative to expand available SUD/MH medically managed withdrawal services (from ASAM 3.2 presently to potentially include ASAM 3.7) to homeless individuals in crisis, diverting them from hospital emergency rooms and jails and thus saving a significant amount of Florida taxpayer money and strengthening our Continuum of Care's network of streamlined wraparound services provided by WCGC's shelter, residential, and transitional housing services.

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

Number Served*

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

800

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

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

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

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.

N/A

Organizational Sustainability*

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

Examples include increased service capacity, reduced cost of delivering services over time, higher-quality or more

equitable service delivery, and increased lifespan/quality of property.

Quantifiable numbers will strengthen your answer.

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

Project Specifics

Permits*

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

We are in the process of obtaining permits. Upon funding of the project, an official bid process will proceed and any required permits will be identified and obtained.

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.

No

Plan Set Upload

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

PDF files are permitted.

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.

WestCare Florida, Gulf Coast is proposing to repair and restore safety to the damaged and leaking roof of the ATP facility as well as purchase and install a new storage shed to secure equipment and materials vital to the service operations of ATP. This project requires a construction schedule/time that will combine both project components of roof repair and storage shed installation. The following timeline/schedule was developed by Darrin Holman is the Senior Vice President of FitzHouse Enterprises, Inc., which currently maintains 96 WestCare sites across the country that are ADA-compliant, licensed by the respective states, and adhere to all required health and safety codes of each state. As Senior VP, he helps to oversee new facility acquisition, facility licensing, facility rehabilitation and renovation, and facility and property maintenance, which includes the continual remodeling and upgrading of licensed commercial kitchens, fire detection and suppression systems, commercial electric systems, commercial HVAC systems, and replacement and upgrade to green technology for windows, structures, and roofing. With Fitzhouse, Mr. Holman also establishes the priorities for the effective and efficient delivery of multiple projects simultaneously. Additionally, he has worked on projects that have been awarded grants for construction and project renovations through the U.S. Department of Housing and Urban Development (HUD), Community Development Block Grants (CDBG), and Congressional Economic Development Initiatives (EDI – Special Projects). He is a Licensed General Engineer State of California and a Licensed General Building Contractor State of California. Darrin Holman is the Senior Vice President of Fitzhouse Enterprises, Inc., which currently maintains 96 WestCare sites across the country that are ADA compliant, licensed by the respective states, and adhere to all required health and safety codes of each state. As Senior VP, he helps to oversee new facility acquisition, facility licensing, facility rehabilitation and renovation, and facility and property maintenance, which includes the continual remodeling and upgrading of licensed commercial kitchens, fire detection and suppression systems, commercial electric systems, commercial HVAC systems, and replacement and upgrade to green technology for windows, structures, and roofing. With Fitzhouse, Mr. Holman also establishes the priorities for the effective and efficient delivery of multiple projects simultaneously. Additionally, he has worked on projects that have been awarded grants for construction and project renovations through the U.S. Department of Housing and Urban Development (HUD), Community Development Block Grants (CDBG), and Congressional Economic Development Initiatives (EDI – Special Projects). He is a Licensed General Engineer State of California and a Licensed General Building Contractor State of California.

Grant Agreement - 1 day	Start 2/1/24	Finish 2/1/24
Bid Publication - 30 days	Start 2/2/24	Finish 3/2/24
Bid Reviews - 7 days	Start 3/3/24	Finish 3/10/24
Award - 1 day	Start 3/11/24	Finish 3/11/24
Submittals/Shop Drawings - 14 days	Start 3/12/24	Finish 3/26/24
Permitting - 30 days	Start 3/27/24	Finish 4/27/24
Materials Order/Delivery - 45 days	Start 4/28/24	Finish 6/12/24
Mobilization - 7 days	Start 6/13/24	Finish 6/20/24

Onsite Installation - 30 days	Start 6/21/24	Finish 7/21/24
Inspections - 7 days	Start 7/22/24	Finish 7/29/24
Demobilization - 7 days	Start 7/30/24	Finish 8/6/24
Accounting - 14 days	Start 8/7/24	Finish 8/14/24
Project Closeout - 7 days	Start 8/15/24	Finish 8/22/24

Team Leadership*

Please describe the following:

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

1. Darrin Holman is the Senior Vice President of Fitzhouse Enterprises, Inc., which currently maintains 96 WestCare sites across the country that are ADA compliant, licensed by the respective states, and adhere to all required health and safety codes of each state. As Senior VP, he helps to oversee new facility acquisition, facility licensing, facility rehabilitation and renovation, and facility and property maintenance, which includes the continual remodeling and upgrading of licensed commercial kitchens, fire detection and suppression systems, commercial electric systems, commercial HVAC systems, and replacement and upgrade to green technology for windows, structures, and roofing. With Fitzhouse, Mr. Holman also establishes the priorities for the effective and efficient delivery of multiple projects simultaneously. Additionally, he has worked on projects that have been awarded grants for construction and project renovations through the U.S. Department of Housing and Urban Development (HUD), Community Development Block Grants (CDBG), and Congressional Economic Development Initiatives (EDI – Special Projects). He is a Licensed General Engineer State of California and a Licensed General Building Contractor State of California.

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

Geographic Impact and Priority Populations

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

Examples of disproportionately impacted communities include those who meet at least one of the following descriptions:

- Low- and moderate-income household and communities
- Households that qualify for federal assistance programs, such as SNAP and TANF
- Historically marginalized communities (BIPOC communities, persons with disabilities, 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.

WestCare GulfCoast-Florida (WCGC)'s ATP serves disproportionately impacted communities within a Qualified Census Tract (QCT) as defined by the U.S. Department of Housing and Urban Development (HUD). The ATP facility is physically located along St. Petersburg's QCT northern border. The main proportion of WCGC clients for this program resides within the St. Petersburg QCT.

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

Also, a third of ATP clients are Black who are persistently overrepresented in the criminal justice system. The parents of many program youth participants are recruited into WCGC's substance use disorder and mental health issues treatment from Florida's Sixth Judicial Circuit Drug Courts (Pinellas and Pasco Counties), including Veterans Treatment Court. WCGC specializes in serving populations with high vulnerability including individuals experiencing or at risk of homelessness and individuals with substance misuse and co-occurring disorders, Veterans, and adults involved in the criminal justice system who are disproportionately represented from underserved Black communities. Based on tracked program data, at least 90% of clients are in the 30% Area Median Income (AMI) bracket, and the other 10% of clients are in the 50% and 80% AMI bracket.

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.

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

Project Location*

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

1801 5th Avenue North St. Petersburg, FL 33713

Community Connection

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

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

Community Representation and Connection*

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

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

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

WCGC Active and Ongoing Community Partnerships and Linkages:

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

Board Membership*

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

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

BIPOC
LGBTQ+
Neurodiverse/physically disabled

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+
Neurodiverse/physically disabled

CEO/Executive Director*

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

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

BIPOC

Financial Overview

BIDS MUST BE DATED JULY 5, 2023 OR LATER.

- The file attached below should contain current, verifiable bids, estimates, or price lists [from your potential vendor(s)]. *Please ensure there is a date noted on the bid or some annotation as to when when you obtained these estimates/bids.*
- If your project costs LESS than \$75,000, you must upload TWO verifiable bids or estimates for the proposed project.
- If your project is EQUAL TO or MORE THAN \$75,000, you must upload THREE verifiable bids or estimates for your proposed project.

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

Bid/Estimate #1*

PDF files are accepted.

Roof and Shed Estimate 1.pdf

Bid/Estimate #2

PDF files are accepted.

Roof and Shed Estimate 2.pdf

Bid/Estimate #3

PDF files are accepted.

Roof and Shed Estimate 3.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.

Turning Point large project round 2 9.26.23.xlsx

Other Funding Sources*

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

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

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

In general, WestCare uses a project approach rather than a campaign approach to address capital needs. This helps to ensure that any funds received can be fully expended and that projects do not remain incomplete for

extended periods of time. The project identified in this application only reflects a part of the capital needs at A Turning Point (ATP), albeit the largest and most extensive part. For example, CDBG funds are currently being used to renovate existing bathroom and shower areas in ATP. That project is not included as a part of the project proposed in this application, although it will enhance the proposed project.

Changes in Operating Costs*

Please answer this question based on the descriptions below:

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

This project does not affect operating costs.

Fund Management Capacity*

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

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

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

WestCare has an established, internal, administrative fiscal system for the ongoing management of its grants and contracts and manages more than 200 federal, state, local government, and private foundation grants annually. WestCare operates in compliance with standard procedures on cost reimbursements and indirect cost accounting. All costs associated with the management of award contracts – including costs associated with the proposed program – are budgeted and processed in accordance with WestCare's Accounting Manual. WestCare has an annual audit performed that ensures compliance with the standards outlined in The Office of Management and Budget's (OMB) 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, commonly referred to as The Uniform Guidance. The accounting department uses Blackbaud Financial Edge, which is specifically designed for fund accounting in nonprofit organizations, and for management of grant funds.

Corrective and Investigative Action/Grant Recall*

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

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

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

N/A

Organization Documentation

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.

WCGC Organization Budget.pdf

Board of Directors List*

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

WestCare GulfCoast Florida 2-4-2023.pdf

IRS Form 990*

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

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

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

WC GULF COAST Complete Return for 9285RR.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.

2022 GCFL single audit_shortened.pdf

Some of the pages are removed in order to not exceed the maximum MiB allowed. WCFL Gulf Coast will gladly submit the entire document upon request.

Insurance

Evidence of Insurance Coverage*

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

Please upload evidence of insurance.

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

2023-2024 Gulfcoast Florida - FOR INFORMATION ONLY.pdf

Insurance Requirement*

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

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

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

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

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

Post-Grant Requirements

Reporting Requirements Acknowledgment*

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

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

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

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

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

Additional Information

Additional Upload

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

Anything else to share?

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

File Attachment Summary

Applicant File Uploads

- Roof and Shed Estimate 1.pdf
- Roof and Shed Estimate 2.pdf
- Roof and Shed Estimate 3.pdf
- Turning Point large project round 2 9.26.23.xlsx
- WCGC Organization Budget.pdf
- WestCare GulfCoast Florida 2-4-2023.pdf
- WC GULF COAST Complete Return for 9285RR.pdf
- 2022 GCFL single audit_shortened.pdf
- 2023-2024 Gulfcoast Florida - FOR INFORMATION ONLY.pdf

Name Stephen Grzeskowiak Date 9/6/2023
 Phone (727) 415-5021
 Email Stephen.grzeskowiak@westcare.com
 Address 1801 5th Ave N, St. Petersburg, FL



6030 Ulmerton Rd
 Clearwater, FL 34695
 727-469-3656
 Mon-Fri 10-5, Sat 10-4

Type	Size	Lumber/jack						
Frame	8 X 12	\$ 3,651.50	X		X	\$		
Exterior	Steel	\$ -				\$		
Side Walls	Aluminum	\$ -				\$		
Body Color	Standard 8'	\$ -				\$		
Trim Color		\$ -				\$		
Windows	sm	\$ -				\$		
Receptacle	1	\$ -				\$		
Door 1	46"X72" MHD	\$ -				\$		
Door Mod		\$ -				\$		
Door 2		\$ -				\$		
Vents	(2) 12"X12"	\$ -				\$		
Shelving		\$ -				\$		
Boxed Trim		\$ -				\$		
Insulation		\$ -				\$		
Crane In	Shed	\$ 3,651.50				\$		
sm	Basic Delivery	\$ 400.00				\$		
lg	Subtotal	\$ 4,051.50				\$		
Blueprints	Tax	\$ 283.60				\$		
321	Total	\$ 4,335.10				\$		
Asphalt /	Upgraded Del	\$ -				\$		
Concrete Anchors	Total + Upgrade	\$ 4,335.10				\$		
150	Half Down	\$ 2,167.55				\$		

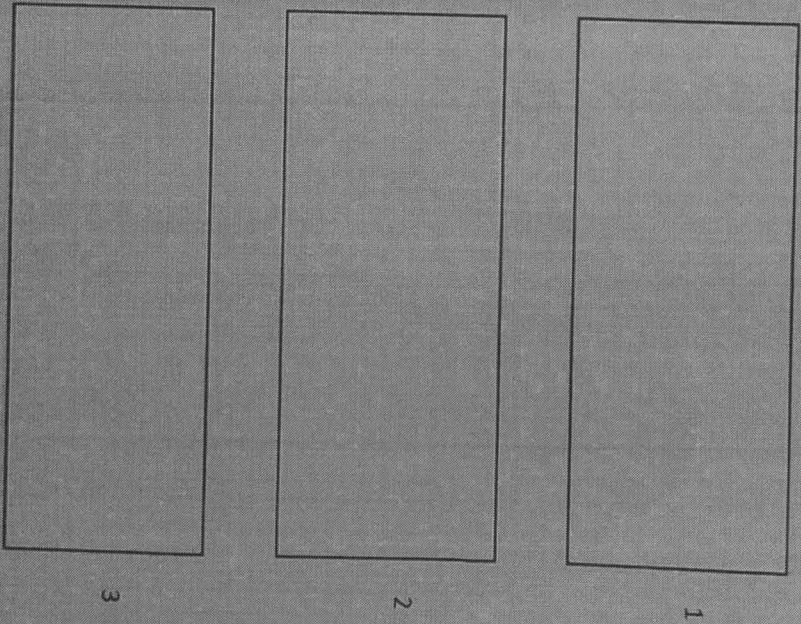
Quote is valid for 7 days, does not include what local municipality charges for a permit

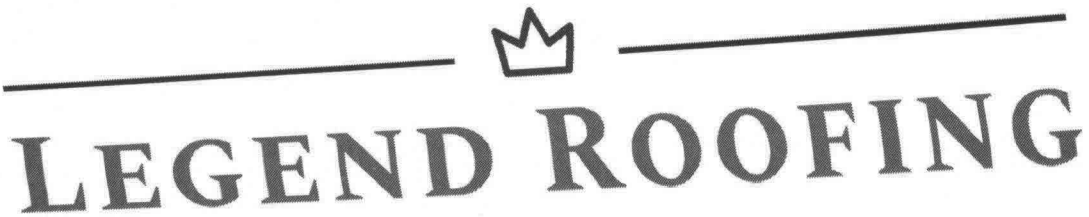
Standard delivery/delivery/blocking/leveling/anchoring on dirt/rocks/gravel/shells.

Clearance required: 2' wider than the shed, 1.4' tall.

Upgraded delivery is available upon request for crane-in, concrete anchoring, extra blocks, permit assistance, etc.

Flo helped you today
 Text is Best!
 (813) 955-2626
 DIAGRAMS NOT TO SCALE





LEGEND ROOFING

11515 Pyramid Dr Odessa FL ♦ Ph. 813.501.8001 ♦ Email: Adam@legendroof.com

PROPOSAL SUBMITTED TO:

Stephan Grzeskowiak

PHONE / EMAIL

DATE

08/04/23

JOB NAME:

Stephan Grzeskowiak
1801 5th Avenue North St.
Petersburg, FL 33713

We hereby submit specifications and estimates for: Metal Retrofit Roofing system

1. Single Ply Roofing System –.060 reinforced White TPO Membrane
2. Install a mechanically attached System-Membrane Roof over construction to manufacturer's specifications.
3. Flute Filler- Install Board in-between ribs of metal to create a level surface in install the new insulation board.
4. Insulation- Provide 1 layer of 1.5" insulation mechanically attached over flute filler.
5. Tapered- Full Tapered system to provide positive drainage.
6. Membrane System to include all flashing necessary to provide a water tight system.
7. Metal – Furnish and install 24 gauge 2 piece gravel stop, termination bar, and counterflashing standard colors.
8. Gutters- Install new scuppers and downspouts on each end of the building to divert the water off and away from the building.
9. This price includes a 20 year NDL membrane and labor warranty.

We Propose hereby the **Base Bid** to furnish material and labor- complete in accordance with above specification, for the sum of:

Ninety three thousand one hundred fifty dollars (\$93,150.00)

Acceptance Signature _____ Date _____

Submitted By: **Adam Stevens**

Title: **Estimator**

Prices and availability may be subject to change because prices from our suppliers are continuously changing. Legend Roofing is committed to supplying our customers through these market changes. We will attempt to give our customers, as much advance notice as possible but this market is unpredictable and changing on a daily basis. Thank you for your understanding. Above pricing valid for 30 days and is subject to adjustment based on changes in specifications or material costs. Payment will be 50% upon commencement and the rest of the balance due on completion. Wood Deck will be replaced at \$2.20 S/F

Wally Watt, Inc.

PROPOSAL

3569 Tyrone Boulevard
 St. Petersburg, FL 33710 C-9875
 (727) 381-3232
 wallywattinc@gmail.com
 www.wallywatt.com

Delivery Day _____
 Delivery Date _____
 Salesman Collin
 Order Date 9-7-23

First Last Name Stephen Grzeskowiak
 Address 1801 5th Ave North
 City, State, Zip St Pete FL
 Phone Numbers 727-415-5621
 Authorized By Stephen.grzeskowiak@westcare.com

Classic Wally Watt

- Roof Option**
 Peak
 Shed
Pitch Back/Forward
 Pitch Right/Left
- Door Options**
 Single Door
Double Doors
- Door Hinge Option**
 34" Hinged Left/Right

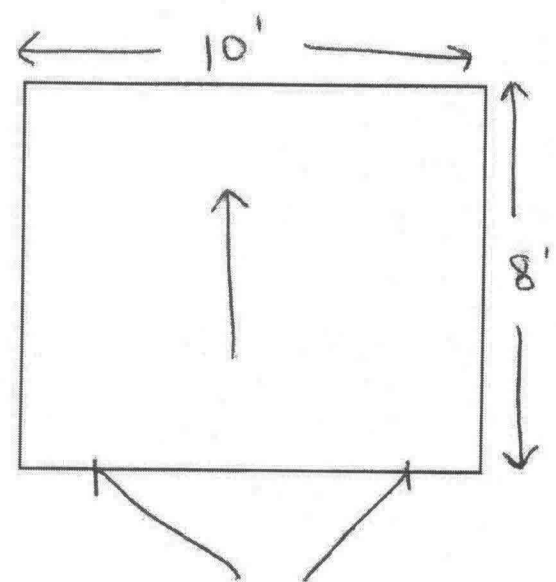
- Classic Color**
 White
 Cream
- Bungalow Color**
 Walls _____
 Trim _____
 Door _____
 Roof _____

Bungalow

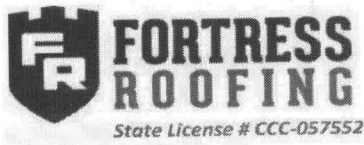
- Classic Trim Color**
 White
 Cream
 Black
 Brown
- Shelves (Extra fee)**
 Left/Right/Back
- Options**
 Window
 Vents/FEMA
 Extra Door

- Floor Options**
 24" On Center
16" On Center
 PT Plywood
- Build On Jobsite (Extra fee)**
Blocks/Anchors
 Concrete Pad
- Accessories**
Chains/Stop
Key Lock

Building Size	Amount
8' x 10'	\$ 3375.00
Build on Jobsite (fee)	\$ 975.00
Subtotal	\$ 4350.00
Tax	\$ 304.50
Total Amount Due	\$ 4654.50
Deposit	
Balance Due	



Visa/Master Card/Cash/Ck #



FORTRESS ROOFING INC.
 State Certified Roofing Contractor – CCC-057552
 9009 Seminole Blvd. Suite 2A
 Seminole, Fl. 33772
 Phone: 727-230-8848

Proposal

Proposal Submitted To Stephen Grzeskowiak / Westcare		Job Name recover roof w/taper	Job #
Address 1481 South Prescott Avenue		Job Address 1801 5th Avenue North	
City Clearwater		Job City St. Petersburg	
State Florida	Zip Code 33756	Job State Florida	Job Zip Code 33713
Phone # (727) 415-5621	Fax #	Date 08/17/2023	Date of Plans
Email:			

We hereby submit specifications and estimates for:

1. Install a Flute Fill insulation over the existing PBR panel system, and cover with a Mechanically attached 1" Polyisocyanurate foam base insulation, with 1/4" per foot taper to shape the roof planes to 3 drain locations at the Northwest, Southwest and Northeast . (eliminating built in gutters)
2. Fully Adhere a .060 GAF Everguard TPO membrane over the entire insulated surface and parapets.
3. Install a new metal edge detail along the parapet, rakes and eaves.
4. A Fifteen Year Manufacturer's Material Warranty And A Five Year Contractor's Workmanship Warranty Will Be Issued After All Work Is Paid In Full.
5. Contractor To Supply All Labor And Materials
6. Contractor To Clean Up And Haul Away All Roofing Related Debris And Magnetically Sweep Job Site.
7. Roofing Permit And Inspections For Roofing Work Are Included in This Quote.

We hereby propose to furnish materials and labor - complete in accordance with the above specification for the sum of: Seventy One Thousand Eight Hundred Ninety Four and 00/100.....(\$71,894.00) Dollars.
 with payments to be made as follows: 1/2 down and the balance upon completion

Any alteration or deviation from above specifications involving extra materials or labor to complete the job will become an extra charge over and above this proposal. Respectfully submitted Karl Emmelman
 Note - this Proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. The undersigned acknowledges and accepts the terms and conditions. Payments will be made as outlined above.

Signature
Signature Date

Signature
 Date 08/17/2023

Signature
Signature Date

Signature
 Date 08/17/2023

TERMS AND CONDITIONS

1. Contractor shall supervise and direct the work to be performed, and shall be solely responsible for all construction means, methods, techniques, sequences and procedures of the work.
2. Contractor shall provide and pay for all labor, materials, equipment and machinery, and any other facilities and services necessary for the proper execution and completion of the work.
3. Contractor reserves the right to cancel this contract prior to the start of the work to be performed in the event we find the cost to complete the work varies from the initial standard pricing due to human error on behalf of the representative of the contractor. In the event of this occurrence Contractor shall advise the property owner and adjust the price accordingly. In the event the property owner is not in agreement with the adjusted price, the Contractor shall notify the property owner of the cancellation of the contract.
4. Contractor warrants to the Owner that all materials and equipment furnished under this Contract will be new unless otherwise specified in the description of the work; and that all work will be of good quality, performed in a skillful and workmanlike manner, and in conformance with industry standards and practices. Any maintenance costs, specifically recoating of the roof after completion shall be the sole responsibility of the property owner.
5. Unless otherwise agreed with the Owner, Contractor shall secure and pay for the building permit and all other permits and governmental fees, licenses, and inspections necessary for the proper execution and completion of the work which are customarily secured after execution of the Contract and which are legally required at the time of this proposal is accepted by the Owner.
6. Contractor shall not be responsible for or liable for any damages to Owner if the Contractor is delayed at any time in the progress of the work by any act or neglect of Owner, or by any separate contractor employed by the Owner, or by changes ordered by Owner in the work, or by labor disputes, fire, unusual delay in transportation, adverse weather conditions, unavoidable casualties, or any causes beyond the Contractor's control, or by delay authorized by the Owner.
7. During the course of the roofing work the owner, its agents, tenants, employees and any sub-contractors agrees to hold Fortress Roofing Inc. its owners, employees and any sub-contractors under its direction not liable for leakage that might occur from date of commencement of roof repairs, remodeling, or other roofing services through the date of completion of such work. Customer agrees to hold Fortress Roofing Inc. not liable for any type of mold due to previous condition of roof.
8. Payments due and unpaid under the Contract shall bear interest from the date payment is due at the rate of eighteen percent (18%) per annum. If the Owner does not pay the Contractor the payments specified under this Contract, the Contractor may stop the work until payment of the amount owing has been received. In such event, the Contract price shall be increased by the amount of the Contractor's reasonable costs of shutdown, delay, and start-up.
9. Should concealed or unknown conditions in an existing structure be at variance with conditions indicated in the description of the work to be performed, or should concealed or unknown conditions in an existing structure of an unusual nature, differing materially from those ordinarily encountered and generally recognized as inherent in work of the character provided for in this Contract, be encountered, the Contract price shall be equitably adjusted upon notice thereof from the Contractor to the Owner.
10. THE WARRANTY EXPRESSED IN PARAGRAPH 4 HEREOF IS EXPRESSLY IN LIEU OF ALL OTHER WARRANTIES AND GUARANTEES, EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTIES OF MERCHANTABILITY AND/OR FITNESS FOR A PARTICULAR PURPOSE, CONTRACTORS LIABILITY FOR ITS WARRANTY HERE UNDER SHALL BE LIMITED TO REMEDYING, AT ITS OWN EXPENSE, ANY DEFECT IN THE WORKMANSHIP PROXIMATELY RESULTING FROM THE FAILURE OF THE CONTRACTOR TO PERFORM THE WORK IN A SKILLFUL AND WORKMANLIKE MANNER, PROVIDED, HOWEVER, THAT, (1) SUCH DEFECT MANIFEST ITSELF ON OR BEFORE ONE YEAR FROM THE DATE OF SUBSTANTIAL COMPLETION AND THAT: (2) OWNER SHALL GIVE NOTICE IN WRITING TO CONTRACTOR OF SUCH DEFECT ON OR BEFORE THE EXPIRATION OF ONE YEAR OF SUBSTANTIAL COMPLETION. IN LIEU OF REMEDYING SUCH DEFECT IN THE WORK, CONTRACTOR MAY PAY OWNER THE REASONABLE COST OF REPAIR THEREOF.
11. CONTRACTOR DOES NOT GUARANTEE NOR WARRANTY, EITHER EXPRESSLY OR IMPLIEDLY, THE MATERIALS IN, OR WORKMANSHIP OF, SUPPLIES, MATERIALS, EQUIPMENT, OR MACHINERY MANUFACTURED BY THIRD PARTIES, AND FURNISHED AND INSTALLED IN THE PERFORMANCE OF THE WORK, BUT CONTRACTOR SHALL ENDEAVOR TO OBTAIN FROM ALL VENDORS AND SUPPLIERS AND ASSIGN TO OWNER THE CUSTOMARY WARRANTIES AND GUARANTEES OF SUCH VENDORS AND SUPPLIERS WITH RESPECT THERETO.
12. This contract shall be construed and relationship of the parties determined in accordance with the laws of the State of Florida including specifically Chapter 713, Florida Statutes, Mechanics Lien Law, and in particular, Chapter 713.05, Florida Statutes which provides that Contractor shall have a lien on the real property improved by the work for any money that is owed Contractor for labor, services, materials, or other items required by, or furnished in accordance with this contract.
13. If the property owner fails to make timely payments according to the contract payment schedule, Fortress Roofing Inc. will initiate a lien against the property in question and the home owner will be responsible for an additional cost of \$400.00 for administration and recording fees or the lien.
14. Exposed rafters or decks may cause dust or debris to fall into the home. It is the customer's responsibility to

- protect the contents and home from falling dust and debris.
15. In the event that state county or municipal code or regulation require work not expressly set forth in this contract and such code or regulation differs from the manufactures recommendations and the or the standard building code edition enforced by the governing municipality, discovered within one year of completion of the job, Contractor reserves the right to re-enter the property and remedy any Noncompliance with such code or regulation, if owner refuses to allow contractor to enter premises to remedy any noncompliance with such code, owner will be in breach of contract and still liable to contractor for labor and services and materials rendered.
 16. In the event of any litigation resulting from this contract venue shall be Pinellas County, Florida.
 17. This Contract represents the entire and integrated agreement between Owner and Contractor and supersedes all prior negotiations, representations or agreements, either written or oral, excluding any additional contract for repair or replacement work not included in this agreement. This Contract may be amended only by written instrument signed by Owner and Contractor. Any warranties expressed in this contract are not transferable to the new owner.
 18. Contractor may terminate this Contract upon the occurrence of any one or more of the following events: If Owner is adjudged a bankrupt of insolvent; if the Owner makes a general assignment for the benefit of creditors; if trustee or receiver is appointed for Owner or for any of Owner's property; if Owner files a petition to take advantage of any debtor's act, or to reorganize under the bankruptcy or similar laws; if Owner fails to make prompt payments hereunder, or, if Owner defaults under any mortgage on the property and foreclosure proceedings are initiated.
 19. IN NO EVENT, WEATHER OCCASIONED BY A BREACH OF WARRANTY CONTAINED IN THIS AGREEMENT, OR BY ANY OTHER CAUSE, WEATHER BASED UPON, OR SOUNDING IN, CONTRACT, TORT, NEGLIGENCE, STRICT LIABILITY, WILLFUL AND WANTON CONDUCT, WARRANTY (EXPRESSED OR IMPLIED), OR OTHERWISE ARISING OUT OF, OR RELATING TO, THE WORK AND SERVICES PERFORMED UNDER THIS AGREEMENT, OR OTHERWISE, SHALL CONTRACTOR BE LIABLE FOR OR OBLIGATED IN ANY MANNER FOR SPECIAL CONSEQUENTIAL, DIRECT OR INDIRECT DAMAGES, INCLUDING BY WAY OF EXAMPLE BUT NOT BY WAY OF LIMITATION, SUCH DAMAGES AS LOSS OF USE, LOSS OF PROFITS , OR SUITS BY THIRD PARTIES.
 20. Service warranty and/ or punch list work will cease and not be performed by Contractor if Owner's payment schedule as set forth in this contract is not timely met.
 21. In the event that state, county or municipal codes or regulations require work not expressly set forth in this contract, and or differing materially from that generally recognized as inherent in work of the character provided for in this contract, as a condition for approval by such authority, any extra costs for contractors labor and materials shall be the sole obligation of the Owner. In the event the substrate roof condition results in ponding pursuant to the Standard Building Code and modifications are required to correct the current substrate roof so ponding will not occur, Contractor will notify Owner immediately upon learning of such requirements.
 22. By signing this contract, Owner agrees that if Owner cancels this contract for any reason after work has begun, then owner will be liable for any and all damages incurred by the contractor as a result of the cancellation. If the owner cancels the contract prior to start of any work, the owner will still be liable for any costs incurred by the contractor, such as but not limited to permits or special order materials.
 23. Contractor shall not be responsible for damage to any electrical or mechanical system, weather caused by demolition of old roof or installation of new roofing system. Due to the nature of the construction to be done at the property owners request, the Owner takes sole responsibility of any damage done to the driveway at the job location. Due to the nature of construction, contractor is not responsible for any cracks in the ceiling or walls due to the removal and installing of roof.
 24. It shall be the sole obligation and responsibility of the Owner to determine the existence of any restrictions contained in the deeds, subdivision or neighborhood rules and regulations which might relate to or restrict the improvements contemplated by this contract, Contractor shall have no liability or responsibility for any such non-conformity to or with such restrictions or requirements. Contractor shall be entitled to payment from Owner of all sums due hereunder not withstanding any injunction or prohibition against the work as a result of any violation of such restriction or requirements.

The undersigned acknowledges and agrees to the terms and conditions:

Signature
Signature Date

Signature
Date 08/17/2023

Signature
Signature Date

Signature
Date 08/17/2023



Quality Sheds, Garages & Carports Built on Your Lot

FL LIC# CBC1252671

4751 Park St

L - 1067

Corporate Office
6425 Ulmerton Rd, Unit A-1
Largo, FL 33771
Phone: (727) 524-9191
Fax: (727) 524-9199

St Petersburg Office
3865 Tyrone Blvd N
St Petersburg, FL 33709
Phone: (727) 347-1616
Fax: (727) 347-1620

Name: Stephens Brzeskowiak Ship To: SAM
Address: 1481 S PRESCOTT AVE
Home Phone: 727-415-5621 Alt Phone: _____
Order Date: 9/19/23 Delivery Date: within 2 weeks Email: _____
Salesman: S

Qty:	Description:	Price:
1	8' x 10' x 8' (Bucc) (Gator) (Elite) (Sem) (Hur)	3600
✓	Sidewall Height: 7'	Incl
	2nd Floor: S.O. Ft=	
	Kneewall Height: () Added to Overall Height	
	Stair: (with landing) (w/o landing) (pull down)	
1	Door Size: 4'	Incl
?	Shingle Color:	Incl
	Windows Style: Size: 24x27 950 each	Incl
	Shutters & Window Box Set: (trim)	
	Kickplate: 4' 5' 6' 8' 10'	
	Loft Section: X	
	Shelving: 12" x Length:	
	Workbench: 19 3/4" x Length:	
2	Pair of 8" x 16" Wall Vents	Incl
✓	Leveling Blocks: AS NEEDED 200 each	Incl
4	Hurricane Tie Downs: 2750 each	Incl
	Caulking Only	
	Paint & Caulking	
	Concrete Slab Footers T-spray Fill Excavation	

Notes & Directions:

*All Building Sizes are OUTSIDE measurements.

(Survey is required for all permits)

Prices on Estimates are subject to change.

If Building is installed on a Slab (Circle One)
(Customer's Slab Our Wood Floor) Selfbacks:
(Customer's Slab No Wood Floor) Left: _____
Right: _____
Rear: _____

HURRICANE PACKAGE
Shed Removal: Customer responsible for cleaning out, and spraying for any bugs

*NOTE: Cash no sales TAX

SUBTOTAL:	3600.00
SALES TAX:	252.00
Customer FSC Minimum Fee. Possible upcharge	PERMIT FEE: _____
TOTAL	3852.00
Dep Type: Cash Check CCard Finance	Deposit: 0
TOTAL DUE ON COMPLETION	3852.00
Method of Final Pmt: Cash <u>Check</u> Credit Card Finance (Circle One)	

Payment schedule for large buildings:

Down	\$
Permit In	\$
Concrete- Start	\$
Material Delivery	\$
Completion	\$

Initial one (1) of the following:
 1) YES, I want FSC to obtain permit: _____ Customer Signature: _____ Date: _____
 2) I will obtain my own permit: _____
 3) No permit is required:
 4) I understand that a building permit is required, but I do hereby instruct FSC that I DO NOT want a permit obtained, and will be solely responsible for any costs and/or problems arising from this decision

Customer hereby agrees to all of the terms and conditions on the front and back of this contract form X

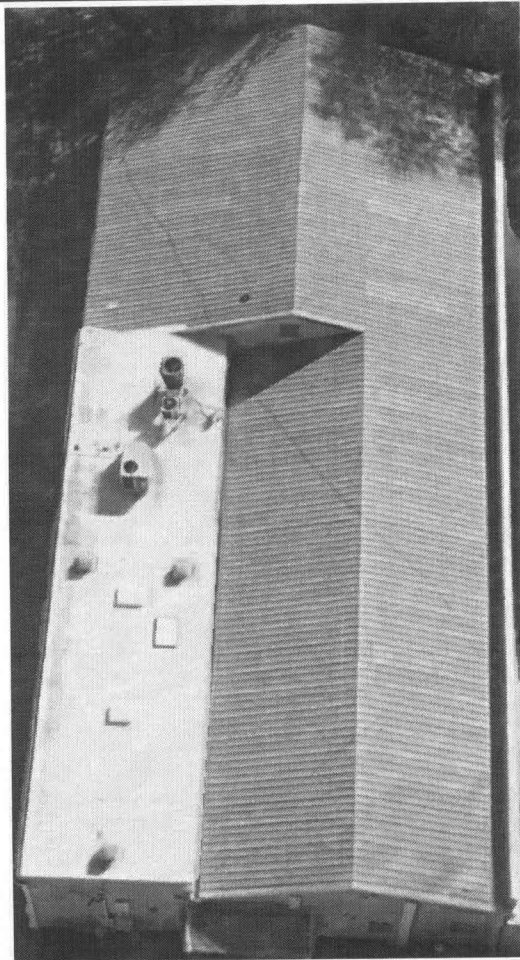
Payment Method: By signing above the customer understands and agrees the payment in full is due upon completion of building construction. Inspections will be scheduled after payment is made.



Miami Area Office (HQ)
13375 SW 128th ST #103
Miami, FL 33186
786-379-5843

Tampa Bay Area Office
6565 44th St N #1008
Pinellas Park, FL 33781
727-351-2697

Westcare - Turning Point - Re-Roof
Location: 1801 5th Avenue North St. Petersburg, FL 33713



Prepared By: Chris Goodwin

www.rd-cr.net



Roof Proposal /Agreement

Date: 08/14/2023	Prepared By: Chris Goodwin
Name: Stephen Grzeskowiak	Client Phone: 727-415-5621
Address: 1801 5th Avenue North St Petersburg, FL 33713	Client Email: stephen.grzeskowiak@westcare.com

SCOPE OF WORK

Phase 1:

- Obtain all necessary roofing permits required by local municipality.
- Submit for all necessary engineering needed for permitting.

Phase 2:

- Provide and install EPS Flute Fill with 0.5" Fan Fold Cover
- Provide and install DuroLast 50 Mil PVC Membrane, fully adhered.
- Cut back existing metal roof to be flush with gutter edge, then run roofing membrane down into gutter and up the parapet walls to provide a water tight seal that is ALL covered under the roof warranty.
- Provide and install Coping Caps.
- Provide and install all of the appropriate flashings for the roof penetrations and properly seal.

Phase 3:

Clean Premises- all debris and leftover material to be removed and disposed of upon completion.

WARRANTY: DuroLast 15 Year NDL Warranty Material & Labor with Consequential Damage Warranty up to \$2,000,000 in damage. Also, an additional 1 Year Labor Warranty from RDCR, LLC will be provided.

CONDITIONS and EXCLUSIONS:

- If there is an increase in the actual cost of the materials charged to the Contractor in excess of 2% of the total contract amount subsequent to making this Agreement, the price set forth in this Agreement shall be increased without the need for a written change order or amendment to the contract to reflect the price increase and additional direct cost to the Contractor. Contractor will submit written documentation of the increased charges to the Prime Contractor/Owner upon request. As an additional remedy, if the actual cost of any line item increases more than 10% subsequent to the making of this Agreement, Contractor, at its sole discretion, may terminate the contract for convenience.
- RDCR, LLC is not responsible for any material delays. Due to industry wide price increases, this proposal is only valid for 30 days.



Total Proposed Amount for Coating:.....\$76,929.00

PAYMENT SCHEDULE

- (1) 50% UPON SIGNING CONTRACT
- (2) PROGRESS PAYMENTS FOR REMAINING BALANCE

ACCEPTANCE OF PROPOSAL:

SIGNATURE: _____

PRINT NAME: _____

DATE: _____



RDCR, LLC
dba R&D Construction & Roofing





1. **SCHEDULE:** All agreements on project timeline are contingent upon accidents or delays beyond our control (ie: material manufacturing or distribution delays, rain days, named storms, etc.). In addition, upon acceptance of the contract, RDCR, LLC mobilization may not be delayed by the building owner(s) or scheduled more than 60 days in advance to protect the project cost from material price adjustments or increases. Any increase in material pricing due to delays beyond the control of RDCR, LLC will be covered by the owner(s).
2. **LIABILITY:** It is agreed that RDCR, LLC is insured as per Florida Law, but will not be held responsible for construction effects such as but not limited to dust, dirt, noise, asphalt, landscape, walks, drives, sudden rain storms or any accident beyond our control.
3. **WARRANTY:** Any warranty shall apply to specifications only and does not cover additional damage to property. Damage incurred by a named storm is not covered under warranties.
4. **DAMAGE:** Damage to roof caused by obvious circumstances such as but not limited to trees, footwear, termites, mold, additional work done by others, etc. is also not warranted.
5. **ANNUAL MAINTENANCE INSPECTION:** In the case of long-term warranty (more than ONE year), annual roof maintenance inspections must be conducted by RDCR, LLC from the effective date of the warranty to keep valid the RDCR, LLC Limited Warranty throughout the maximum duration. Any necessary roof maintenance (as determined by annual maintenance inspections) must be conducted by RDCR, LLC to ensure the quality of the roof remains unperturbed by external forces as mentioned above.
6. **EXISTING STRUCTURE:** RDCR, LLC cannot be held liable for undetectable deficiencies within the existing structure / deck underneath the roofing system.
7. **DEMobilIZATION:** If asked to demobilize by the owner, property manager or GC for whatever reason, all RDCR, LLC expenses, including profit and overhead will be covered up to the point of demobilization.
8. **ADDITIONAL TERMS AGREEMENT:** In the event payment is not made as agreed in Terms, all fees incurred in collection are to be paid by owner or signer.
9. **LATE FEES:** If payment surpasses 30 days overdue, a late fee of 5% of the total amount due will be charged in addition to the remaining total amount due. The 5% late fee will be continuously applied every 30 days overdue unless otherwise specified within the contract.
10. **LIEN RIGHTS:** If payment has not been received once 45 days overdue, RDCR, LLC has the right to process a claim of lien unless otherwise specified within the contract. (Sections 713.001- 713.37 Florida Statutes)
11. **WRITTEN NOTICE:** Florida law states written notice must be delivered to RDCR, LLC regarding any potential defects and RDCR, LLC must be given the opportunity to correct such defects 60 days prior attempting any legal action.
12. **ATTORNEY FEES:** In the event of a legal dispute, the defeated party will pay reasonable attorney fees and travel expenses related to a legal dispute.
13. **ONLINE PAYMENTS:** Payments are now accepted through ACH Bank Transfer.
14. **EXECUTION OF CONTRACT:** This estimate becomes an executed contract upon signature by both a RDCR, LLC officer and of the property owner or an authorized signer (property manager or authorized board officer).
15. The above prices, specifications and conditions are satisfactory and hereby accepted.

**ATTACHMENT B-3 - CAPITAL BASED BUDGET
SUMMARY**

PROJECT NAME: WestCare Gulcoast Florida - A Turnint Point

CONTRACT PERIOD **FROM: 10/1/2023** **TO:**

CATERGORY OF EXPENSE	GRANT FUNDS	MATCH FUNDS	MATCH %
Fortress Roofing			
Eliminate built in gutters, reshape roof planes to 3 drain locations on NW, SW, and NE sides of building	\$ 71,894		
Contingency for roof repair 15%	\$ 10,784		
Project oversight - Fitzhouse personnel		\$ 5,000	6%
 Florida Shed Company			
8x10x8 shed built on premises, includes window, wall vents, and hurricane tie downs	\$ 3,852		
Contingency for shed assembly 15%	\$ 577		
Disassemble and haul away existing shed	\$ 500		
Project oversight - Fitzhouse personnel		\$ 1,250	25%
 Total	 \$ 87,607	 \$ 6,250	 7%

9/30/2024

OTHER FUNDS TOTAL

\$ 71,894
\$ 10,784
\$ 5,000

\$ 3,852
\$ 577
\$ 500
\$ 1,250

0 \$ 93,857

WestCare Gulfcoast Florida
 FY23 Budget

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

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

Net Fund Balance \$ -



WestCare GulfCoast Florida, Inc.
2023 Board of Directors and Officers

At-Large Directors

Rick Ramsay ~ Chair
Monroe County Sheriff's Office
5525 College Road
Key West, FL 33040
(305) 292-7001 Work (Direct)
(305) 292-7099 Fax
rramsay@keysso.net

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

Executive Committee Directors

James (Jim) L. Wadhams
Black & Wadhams Attorneys
10777 West Twain Ave.
Suite 300
Las Vegas, NV 89135
(702) 869-8801 Work
(702) 869-2669 Fax
jlwadhams@blackwadhams.law

William (Bill) Ekstrom, Jr.
1516 S. Paloma Blanca Pl.
Kingman, AZ 86401
(928) 308-7434 Cell
wjekstromjr@gmail.com

Thomas (Tom) J. Walsh, II
180 28th Ave. North
St. Petersburg, FL 33704
(727) 552-1947 Work
(727) 823-0749 Home
(727) 552-1440 Fax
tom.walsh@westcare.com

Doris Hope Michaux
3440 Stembler Ridge
Douglasville, GA 30135
(678) 715-5547 Home
(559) 287-8699 Cell
dorismichaux10@gmail.com

Mary A.Y. Okada
PO Box 3566
Hagatna, Guam 96932
(671) 735-5700 Work
(671) 734-1003 Fax
(671) 777-3216 Cell
mary.okada@guamcc.edu

Executive Committee Directors

Richard (Dick) E. Steinberg ~
President
PO Box 94738
Las Vegas, NV 89193
(702) 385-2090 Work
(702) 448-8100 Fax
rsteinberg@westcare.com

Non-Director Ex-Officio Officers

Ken Ortvals, CEO
of WestCare GulfCoast Florida, Inc.
PO Box 94738
Las Vegas, NV 89193
(702) 385-2090
ken.ortvals@westcare.com

Linda Erath, Treasurer and Secretary
of WestCare GulfCoast Florida, Inc.
PO Box 94738
Las Vegas, NV 89193
(702) 385-2090
linda.erath@westcare.com

2021 TAX RETURN

Client Copy

Client: 9285RR

Prepared for: WESTCARE GULFCOAST FLORIDA INC.
P.O. BOX 94738
LAS VEGAS, NV 89193-4738
7023852090

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

Date: January 27, 2023

Comments:

Route to: _____

2021 Exempt Org. Return
prepared for:

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

ROOS AND MCNABB CPAS A PROFESSIONAL CORPORATION
4384 E ASHLAN AVE, STE 107
FRESNO, CA 93726

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

January 27, 2023

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

Dear Client:

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

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

Sincerely,

ROLAND M. ROOS

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning 7/01, 2021, and ending 6/30, 20 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer WESTCARE GULFCOAST FLORIDA INC. EIN or SSN 59-3714627

Name and title of officer or person subject to tax

KEN ORTBALS CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>12,419,900.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ Ken Ortvals

Date ▶ 2/14/23

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77311093720
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ ROLAND M. ROOS

Date ▶ _____

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

Return of Organization Exempt From Income Tax

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

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 7/01, 2021, and ending 6/30, 20 **2022**

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

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

D Employer identification number
59-3714627

E Telephone number
7023852090

G Gross receipts \$ 12,419,900.

F Name and address of principal officer: RICHARD STEINBERG
Same As C Above

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? If "No," attach a list. See instructions. Yes No

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ www.westcare.com

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2001

M State of legal domicile: FL

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE TREATMENT & PREVENTION OF SUBSTANCE ABUSE.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>11</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	<u>4</u>	<u>8</u>
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a).....	<u>5</u>	<u>154</u>
	6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>25</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0.</u>
b Net unrelated business taxable income from Form 990-T, Part I, line 11.	<u>7b</u>	<u>0.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	<u>Prior Year</u> 9,093,984.	<u>Current Year</u> 11,353,631.
	9 Program service revenue (Part VIII, line 2g)	854,256.	1,066,269.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	5,650.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	9,953,890.	12,419,900.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	5,405,607.	5,759,311.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	5,131,970.	6,244,299.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	10,537,577.	12,003,610.	
19 Revenue less expenses. Subtract line 18 from line 12.....	-583,687.	416,290.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	<u>Beginning of Current Year</u> 2,977,893.	<u>End of Year</u> 3,082,983.
	21 Total liabilities (Part X, line 26).....	5,276,325.	4,965,139.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	-2,298,432.	-1,882,156.

Part II Signature Block

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

Sign Here

Signature of officer: Ken Ortvals Date: 12/14/23

Type or print name and title: KEN ORTBALS CFO

Paid Preparer Use Only

Print/Type preparer's name: ROLAND M. ROOS Preparer's signature: ROLAND M. ROOS Date: _____

Check if self-employed PTIN: P00024256

Firm's name: ROOS AND MCNABB CPAS A PROFESSIONAL CORPORATION Firm's EIN: 85-3902793

Firm's address: 4384 E ASHLAN AVE, STE 107 Phone no.: (559) 226-2209
FRESNO, CA 93726

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

**WESTCARE GULFCOAST-FLORIDA, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FEDERAL PROGRAMS AND STATE PROJECTS
FOR THE YEAR ENDED JUNE 30, 2022**

Section I – Summary of Auditor’s Results

Financial Statements

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

Federal Awards and State Projects

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

Identification of major programs:	
<u>Federal Program or Cluster</u>	<u>Federal CFDA No.</u>
Community Development Block Grant	14.218
Substance Abuse & Mental Health Services	93.243
 <u>State Project</u>	 <u>State CFDA/CFSA No.</u>
Department of Corrections – Focus	70.016

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

Section II – Financial Statement Findings

None reported

Section III – Federal/State Award Findings and Questioned Costs

None reported

Section IV – Other Issues/Prior Year Audit Findings

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



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

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of WestCare GulfCoast-Florida, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2022, and the related statement of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 21, 2022.

Report on Internal Control over Financial Reporting

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

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

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

Report on Compliance and Other Matters

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

Purpose of this Report

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

Roos & McNabb CPA's PC

Fresno, California
November 21, 2022



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

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

Report on Compliance for Each Major Federal Program and State Project

Opinion on Each Major Federal Program and State Project

We have audited WestCare GulfCoast-Florida, Inc.'s compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement*, and the requirements identified in the *Department of Financial Services' State Projects Compliance Supplement*, that could have a direct and material effect on each of WestCare GulfCoast-Florida, Inc.'s major federal programs and state projects for the year ended June 30, 2022. WestCare GulfCoast-Florida, Inc.'s major federal programs and state projects are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, WestCare GulfCoast-Florida, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2022.

Basis for Opinion on Each Major Federal Program and State Project

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); and Chapter 10.650, Rules of the Auditor General. Our responsibilities under those standards, the Uniform Guidance and Chapter 10.650, Rules of the Auditor General are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of WestCare GulfCoast-Florida, 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 and state project. Our audit does not provide a legal determination of WestCare GulfCoast-Florida, 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 federal and state statutes, regulations, and the terms and conditions of federal awards and state projects applicable to WestCare GulfCoast-Florida, Inc.'s federal programs and state projects.

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 WestCare GulfCoast-Florida, 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 WestCare GulfCoast-Florida, Inc.'s compliance with the requirements of each major federal program and state project 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 WestCare GulfCoast-Florida, 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 WestCare GulfCoast-Florida, 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 and Chapter 10.650, Rules of the Auditor General, but not for the purpose of expressing an opinion on the effectiveness of WestCare GulfCoast-Florida, 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 and state project on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program and state project will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with the type of compliance requirement of a federal program or state project that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the 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. 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 results of that testing based on the requirements of the Uniform Guidance, and Chapter 10.650, Rules of the Auditor General. Accordingly, this report is not suitable for any other purpose.

Roos & McNabb CPA's PC
Fresno, California
November 21, 2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/29/2023

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

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

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

INSURED
 WestCare Gulfcoast Florida, Inc.
 PO Box 94738
 Las Vegas, NV 89193-4738

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			5088087804	7/1/2023	7/1/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 20,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
							ABUSE AGGREGATE	\$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			5091019304	7/1/2023	7/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		5090022304	7/1/2023	7/1/2024	EACH OCCURRENCE	\$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 3,000,000
	DED <input checked="" type="checkbox"/>	RETENTION \$ 10,000						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WEWC418372	3/1/2023	3/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N / A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Professional Liabili			5088087804	7/1/2023	7/1/2024	Aggregate	3,000,000
A	Professional Liabili			5088087804	7/1/2023	7/1/2024	Occurrence	1,000,000

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

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

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



ADDITIONAL REMARKS SCHEDULE

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

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles:

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

Additional Coverages / Policies:

Coverage: Abuse & Molestation

INSURER AFFORDING COVERAGE: Allied World Surplus Lines Insurance Company

POLICY NUMBER: 5088-0878-04 EFF DATE: 07/01/2023 EXP DATE: 07/01/2024

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Abuse & Molestation	Per Occurrence	\$1,000,000
	Aggregate	\$3,000,000

Coverage: Cyber Liability

INSURER AFFORDING COVERAGE: Houston Casualty Company

POLICY NUMBER: H21NGP210771-02 EFF DATE: 09/21/2022 EXP DATE: 09/21/2023

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Network Security Liability	Per Claim:	\$5,000,000
	Aggregate:	\$5,000,000

Coverage: Executive Risk/Management Liability

INSURER AFFORDING COVERAGE: Federal Insurance Company

POLICY NUMBER: 8250-4431 EFF DATE: 09/21/2022 EXP DATE: 09/21/2023

TYPE OF INSURANCE:	LIMIT DESCRIPTION	LIMIT AMOUNT:	Retention:
Directors & Officers Liability	Each Incident	\$6,000,000	\$100,000
Employment Practices Liability	Each Incident	\$6,000,000	\$150,000
Fiduciary Liability	Each Incident	\$2,000,000	\$0
Maximum Aggregate:	Aggregate	\$6,000,000	

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Blanket Waiver

Person/Organization: Blanket Waiver - Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

Job Description	Waiver Premium
All FL Operations	3,544.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: 03/01/2023

Policy No.: WEWC418372

Endorsement No.:

Insured:

Premium \$

Insurance Company: Berkshire Hathaway Homestate Ins Co

WC 00 03 13

Countersigned by _____

(Ed. 4-84)