



ARPA
NONPROFIT CAPITAL
PROJECT FUND

WestCare GulfCoast - Florida, Inc.

Small Purchases Contract

SMALL CAPITAL PURCHASE GRANT AGREEMENT

BY AND BETWEEN

PINELLAS COMMUNITY FOUNDATION

AND

WESTCARE GULFCOAST - FLORIDA, INC.

THIS SMALL CAPITAL PURCHASE GRANT AGREEMENT (hereinafter “**Agreement**”), effective upon the last date executed below, by and between **PINELLAS COMMUNITY FOUNDATION**, a public charitable foundation established by Trust Agreement Dated January 1, 1969, as may have been amended from time to time, whose address is 17755 US Highway 19 North, Suite 150, Clearwater Florida 33764, (hereinafter, “**AGENCY**”) and **WESTCARE GULFCOAST - FLORIDA, INC.**, whose address is 8800 49th Street North, Suite 402, Pinellas Park, Florida 33782 (hereinafter “**GRANTEE BENEFICIARY**”).

WITNESSETH:

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

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

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

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

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

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

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

1. Specific Grant Information:

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

a) Grantee Beneficiary Name: **WestCare Gulfcoast – Florida, Inc.**

b) Grantee Beneficiary Contact and Notice Information:

Primary Contact Name: **Frank Rabbito**

Address: **8800 49th Street North, Suite 402, Pinellas Park, Florida 33782**

Phone Number: **727-291-3017**

Grantee’s Unique Entity Identifier (UEI) : **HNG6XDT1MNL5**

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

- d) Federal Award Date: 8/12/2021
- e) Period of Grant Performance, Start and End Date: **May 22, 2023 – September 30, 2024**
- g) Amount of Funds Awarded: **\$59,575.00** (hereinafter, “Awarded Funds”).
- h) Name of Federal Awarding Agency, Pass-Through Entity, and Contact Information for Awarding Official of the Pass-Through Entity:

Federal Awarding Agency:

United States Department of Treasury

Pass-Through Entity:

Pinellas County

Pass-Through Entity:

Pinellas Community Foundation

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

Duggan Cooley, CEO, Pinellas Community Foundation

17755 US Highway 19 N, Suite 150

Clearwater, FL 33764

- i) Assistance Listing Number and Name

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

Assistance Listing Name: Coronavirus State and Local Fiscal Recovery Funds

- j) Indirect Cost Rate for GRANTEE BENEFICIARY portion of the Federal Award:
none

2. Small Capital Purchase :

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

- a) **GRANTEE BENEFICIARY** shall be awarded \$59,575.00 for the small capital purchase set forth in their application (Appendix 5) and on the time schedule set forth on the estimated purchase schedule in Appendix 6 which is the Pre-Contract Information Form.
- b) **GRANTEE BENEFICIARY** agrees to deliver these funds pursuant to the following requirements:
 - i. Compliance with all rules and guidelines of the ARPA and SLFRF requirements including certifications and/or attestations of compliance as appropriate by ARPA and SLFRF and/or the County or AGENCY.
 - ii. Compliance with Appendix 1 – including, but not limited to, ARPA and SLFRF Guidance and Requirements.
 - iii. Compliance with Appendix 2 – Attestation.
 - iv. Compliance with Appendix 3 – Minimum Reporting Requirements
 - v. Compliance with Appendix 4 – Minimum Insurance Requirements.
 - vi. Compliance with Appendix 5 – Application for Funding.
 - vii. Compliance with Appendix 6 – Pre-Contract Information Form.
 - viii. Attestation to the accuracy of capital project costs and that the capital

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

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

3. Term of Agreement.

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

4. Compensation.

a) The **AGENCY** agrees to provide **GRANTEE BENEFICIARY** an amount not to exceed Fifty Nine Thousand Five Hundred Seventy Five Dollars and 00/100 cents (\$59,575.00) as an award of Small Capital Purchase Spending Plan of the County for the purchase as described in Section 2.

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

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

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

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

5. Performance Measures.

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

6. Data Sharing.

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

7. Insurance.

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

8. Monitoring.

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

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

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

9. Special Situations.

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

10. Amendment/Modification.

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

11. Closeout

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

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

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

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

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

12. Termination.

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

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

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

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

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

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

13. Assignment/Subcontracting.

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

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

14. Indemnification.

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

15. Business Practices.

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

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

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

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

16. Nondiscrimination.

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

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

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

17. Independent Contractor.

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

18. Additional Funding.

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

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

19. Governing Law.

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

20. Conformity to the Law.

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

21. Prior Agreement, Waiver, and Severability.

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

22. Agreement Management.

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

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

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

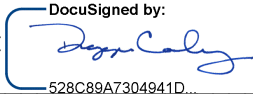
GRANTEE BENEFICIARY:

Frank Rabbito, Chief Operations Officer
WestCare Gulfcoast – Florida, Inc.
8800 49th Street North, Suite 402, Pinellas Park, Florida 33782
727-291-3017

SIGNATURE PAGE FOLLOWS

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

AGENCY: Pinellas Community Foundation

By: 
528C89A7304941D...
Duggan Cooley
CEO

Date: 2/27/2024 | 4:41 PM EST

GRANTEE BENEFICIARY: WestCare GulfCoast – Florida, Inc.,
a Florida 501(c)(3) not-for-profit corp

By: 
2E70BE1FE682477
Frank Rabbito, Chief Operations Officer
frabbito@westcare.com

Date: 2/27/2024 | 5:36 PM EST

WVC20231

Schedule of Appendices

Appendix 1 – ARPA and SLFRF Guidance and Requirements

Appendix 2 – Attestation

Appendix 3 – Minimum Monitoring Requirements

Appendix 4 – Minimum Insurance Requirements

Appendix 5 – Application for Funding (including budget plan)

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

APPENDIX 1 – Requirements

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

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

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

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

DS
FR

APPENDIX 2 – Attestation

I, Frank Rabbito, am the Chief Operations Officer of WestCare Gulfcoast – Florida, Inc., and I certify that:

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

By: Frank Rabbito

Signature:  _____
3E70BF1EF882477

Title: Chief Operations Officer

Date: 2/27/2024 | 5:36 PM EST

APPENDIX 3 – Minimum Reporting Requirements

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

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

DS
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APPENDIX 4 – Minimum Insurance Requirements

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

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

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

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

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Appendix 5 - Application for Funding (including budget plan)

GRANTEE BENEFICIARY has provided a budget file since the time of application and AGENCY has confirmed that it aligns with the quotes provided in the original application. AGENCY and GRANTEE BENEFICIARY agree that the budget plan contained on the following page shall govern this contract.

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DS
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Application Form

Organization Information

Brief Project Descriptor

Please briefly describe this organization's request.

Transport van to increase access to underserved youth to receive mental health and substance misuse services

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

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

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

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

Organization Name*

WestCare GulfCoast-Florida Inc.

Proposal Name*

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

WCGC Camp Mariposa St. Petersburg

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

Organizational Mission Statement*

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

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 Size*

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

\$13,379,960.00

Parent Non-Profit/Subsidiaries*

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

Example

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

No

Amount Requested

\$59,575.00

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

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

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

\$59,575.00

Request Specifics

Priority Areas*

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

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

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

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

Yes

Organization Programmatic Background*

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

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

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 Florida Department of Children and Families. WCGC has provided homeless services since 2001, including an emergency intervention shelter, transitional housing, supportive housing, wraparound services, case management, skills education, and treatment of substance use and co-occurring disorders. WCGC's proposed purchase of a passenger van and trailer supports our program Camp Mariposa and is strongly aligned with ARPA Round 2 Priority Funding for mental health and substance use disorders. Camp Mariposa is an award-winning national addiction

prevention and mentoring program serving youth ages 9-12 who are affected by the substance use disorder of a loved one. Eluna has partnered with WCGC for the past seven years to serve youth from Pinellas County. Eluna is a national non-profit organization with a mission to support children and families impacted by grief or addiction, and currently works with substance abuse disorder and mental health issues-focused organizations such as WCGC to offer Camp Mariposa in 19 communities across the United States. In 2022, over 90% of the youth served through Camp Mariposa had not used any substances to get high and had not been involved in the juvenile justice system. WCGC's goal with Eluna's support is to increase this program's capacity by 16% additional children and families served annually. Funding for a new van and trailer will both enable this vital program to reach this goal and meet ARPA's Round 2 Priority Funding.

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.

WCGC's Camp Mariposa St. Petersburg supports youth ages 9-12 who have been affected by the addiction of a family member. It does this in two ways: provides preventative coping and resiliency mechanisms and prosocial peer support/mentoring. The Florida State University College of Criminology & Criminal Justice's "Predicting Reoffending and Informing Treatment for Florida Residential Youth FINAL PROJECT REPORT" (June 30, 2020) identifies prosocial peers as a top key predictor of reoffending among youth in the Florida juvenile justice system. Camp Mariposa's model provides an opportunity for children to reduce risk factors and begin to break the intergenerational cycle of substance abuse and addiction. WCGC's Camp Mariposa St. Petersburg is the only program of its kind in Pinellas County offering free weekend camp experiences that enhances and celebrates resiliency: "I came to Camp Mariposa to learn how to deal with my dad's drug addiction. I've never had a friend before I could talk to but here everyone understands what I'm going through. I learned healthy ways to cope with addiction in my family and that I can make choices to be different", Jessica age 11. Camp Mariposa addresses Pinellas County gaps in services. The Florida Department of Juvenile Justice's "2020 Service Continuum Analysis" findings show the top resource gaps for these youth and their families are: 'structured activities/prevention programs and mentoring.' According to the data in this Service Continuum Analysis, Pinellas County youth like Jessica above, face the alarming rate of criminal violence among her peers in Pinellas County where nearly 20% of all felony and misdemeanor arrests occurred on school grounds, a school bus stop, or at a school activity. "In 2022, over 90% of the youth served through Camp Mariposa had not used any substances to get high and had not been involved in the juvenile justice system", Brian Maus - Director of Addiction Prevention and Mentoring Programs, Eluna.

Negative Economic Impact on Organization*

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

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

- Inflationary pressures
- A reduction in revenue since the onset of the pandemic
- An increase in pandemic-related revenue that is restricted, or otherwise does not permit the purchase of capital assets

- The use of reserves for pandemic-related unbudgeted expenses
- Allocation of resources to meet a pandemic-related increase in demand for services, which results in a lack of resources to purchase capital assets
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC

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

WCGC experienced 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), 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.

Proposal Description*

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

Please describe your purchase proposal and address the following:

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

The project undertaken with these funds is the purchase of a new passenger van and trailer for WCGC's Camp Mariposa St. Petersburg. The current van is over 15 years old and both this vehicle and current trailer were over-utilized during the COVID 19 pandemic. Not only were these vehicles used for transporting youth participants and their gear to camp and back, the van was used to take adult clients of WCGC's treatment and recovery services to work due to the passenger number restrictions on public buses. The existing trailer was additionally used to pick up donations. A new van and trailer will both help to expand existing numbers of youth in the program from 18 to 25 every other month and be a reliable client transport back up in case the older van and trailer breakdown and are no longer repairable from overuse during the pandemic. The estimated life span of a new vehicle and trailer is expected to be over ten years with upkeep and needed repairs.

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.

Guiding Principles - Client Impact*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. According to federal guidance, the term "equity" is defined as:

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

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

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

In line with the one of the guiding principles of this fund, WCGC Camp Mariposa St. Petersburg 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 youth and their families 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.

Additionally, WCGC specializes in serving populations with high vulnerability including individuals experiencing entrenched generational poverty, at risk of homelessness, individuals with substance misuse and co-occurring disorders, and Veterans. 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.

Number Served*

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

25

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

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

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

Unduplicated

Other (Explanation Required)

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

Geographic Impact & Priority Populations

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

Examples of disproportionately impacted communities include those who:

- Live in a Qualified Census Tract (QCTs)
 - Defined by U.S. Department of Housing and Urban Development (HUD)
 - U.S. Treasury guidance prioritizes use of ARPA funds within QCTs
 - To assess if your organization serves or is headquartered in a QCT, use the following link: https://www.huduser.gov/portal/sadda/sadda_qct.html
In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.
- Low- and moderate-income household and communities
- Households that qualify for federal assistance programs, such as SNAP and TANF
- Historically marginalized communities (BIPOC communities, persons with disabilities, LGBTQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)

Benefits and Geography of Purchase*

Please describe the following:

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

The communities from which clients will benefit from this capital purchase represent the most economic and socially challenged in the St. Petersburg and Pinellas County demographic areas. The intent and goal of Camp Mariposa is to provide resilience and support as key prevention activities and thereby reducing the disproportional negative impacts of the pandemic on these vulnerable communities struggling with both substance use disorders and mental health issues endemic in entrenched generational poverty and underserved communities. The capital purchase of a passenger van and trailer will be put into use every other month for WCGC Camp Mariposa St. Petersburg's weekend long camp activities which takes place at the DaySpring Episcopal Conference Center located at 8411 25th St E, Parrish, FL 34219 located near the Tampa metropolitan area. WCGC staff will use the passenger van and trailer to transport youth participants and camping gear from WCGC office location 1735 Dr Martin Luther King Jr St S, St Petersburg, FL 33705 to and from DaySpring. In 1979, the Episcopal Diocese of Southwest Florida recognized the need for a place where guests from all over the world could congregate in a tranquil, transformative environment. DaySpring found an idyllic home in what is now 97 acres of "Old Florida" property along the north bank of the Manatee River. Today, DaySpring welcomes hundreds of groups a year, as well as their adult and youth programs, camps and daytime events. all located near the Tampa metropolitan area.

Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>

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

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

Further determination required

Community Connection

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

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

Community Representation and Connection*

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

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

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, Veterans, and Coordinated Entry Subcommittees. 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. In our outreach for WCGC Camp Mariposa St. Petersburg, we connect with Pinellas County schools, community centers, and places of worship and congregations.

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.

Leadership Demographics - Board Membership*

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

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

BIPOC
LGBTQ+

Leadership Demographics - Executive Level Leadership Team*

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

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

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

BIPOC
LGBTQ+

Leadership Demographics - CEO/Executive Director*

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

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

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

BIPOC
LGBTQ+

Proposal Costs

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

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

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

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

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

Bid/Estimate #1*

PDF files are accepted.

Estimate 1.pdf

Bid/Estimate #2*

PDF files are accepted.

Estimate 2.pdf

Bid/Estimate #3

PDF files are accepted.

Estimate 3.pdf

Sole Source*

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

Otherwise, write "N/A" below.

N/A

Related Parties*

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

Examples of Related Parties

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

If yes, identify the vendor and describe the relationship.

If no, write "No related parties below."

No related parties.

Budget Summary*

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

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

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

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

The current passenger van we use to transport children to weekend camps is 15 years old with high milage and our trailer to transport all things needed for camp and for family fun days is 28 years old and has been repaired multiple times. We are requesting a passenger van and a trailer to replace the older van and trailer, so we have safer equipment to transport the children, their belongings, and all items needed for camp activities.

We have taken the average of the highest and lowest quotes for the passenger van to give a good estimate of cost for it. The trailer will be of good construction and able to carry all equipment needed for the children such as cots, bedding, towels, containers with crafts, outdoor activity equipment, hygiene needs, and any other items as needed for each camp.

Other Funding Sources*

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

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

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

There are no additional funding sources.

Changes in Operating Costs*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase **decreases** ongoing operating costs, how will it do so?

- If this purchase **does not affect** operating costs, please note so below.

This purchase does not affect operating costs.

Corrective and Investigative Action/Grant Recall

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

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

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. You may upload a PDF file to support your answer if necessary.

If no, write "N/A"

N/A

Insurance Requirements

Evidence of Insurance Coverage*

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

Please upload evidence of insurance.

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

GCFL Insurance.pdf

Insurance Requirement*

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

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

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

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

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

Organization Documentation

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

Organization Budget*

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

WCGC Organization Budget.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Board of Directors.pdf

IRS Form 990*

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

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

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

Only PDF files are permitted.

WCGC 990.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.

WCGC Financial Statement.pdf

Post-Grant Requirements

Reporting Requirements Acknowledgment*

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

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

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

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

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

Additional Information

Additional Upload

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

Supporting documents.pdf

Anything else to share?

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

Agreements

Affirmation of Application Materials*

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

Ronda Lieberman

WestCare GulfCoast-Florida Inc.

Yes

Public Application and Grant Process*

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

Yes, I understand.

Final Approval for Grant Award*

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

Yes, I understand.

File Attachment Summary

Applicant File Uploads

- Estimate 1.pdf
- Estimate 2.pdf
- Estimate 3.pdf
- GCFL Insurance.pdf
- WCGC Organization Budget.pdf
- Board of Directors.pdf
- WCGC 990.pdf
- WCGC Financial Statement.pdf
- Supporting documents.pdf

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

