

A. Executive Summary

Completed by allison.laroy@westcare.com on 2/12/2024 9:26 AM

Case Id: 25266

Name: WestCare Gulfcoast-Florida, Inc. - 2024/25

Address: PO Box 12019 , FL 33733-2019, St. Petersburg,

A. Executive Summary

PLEASE READ: Before proceeding with the application, please [CLICK HERE](#) to review the Notice of Funding Availability and additional application information.

Once you have reviewed this document, please continue with the application below.

AGENCY INFORMATION

A.1. Agency Name

WestCare GulfCoast-Florida, Inc.

A.2. Type of Organization

501(c)3 Nonprofit Corporation

If Other:

A.3. Mailing Address

PO Box 12019 , FL 33733-2019 St. Petersburg, FL 33733-2019

A.4. Contact Person

Ronda Lieberman

A.5. Title

Senior Accountant

A.6. Telephone

(727) 490-6767

Phone Ext.

30104

A.7. Email

ronda.lieberman@westcare.com

A.8. Unique Entity ID

HNG6XDT1MNL5

BILLING/INVOICE CONTACT

A.9. Name

Ronda Lieberman

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PROJECT INFORMATION

A.15. Project Title

A Turning Point

A.16. City of Largo Funds Requested

\$30,000.00

Public Services (Supportive Services) * must have a minimum of \$10,000 in funding request.
Public Facility Capital Projects-* must have a minimum of \$40,000 in funding request.

A.17. Type of Project:

- Homeless Shelter Services
- Non-Homeless Special Needs Services
- Rental Eviction Prevention Services
- Public Facility Capital Project-Improvements
- Public Facility Capital Project-Facility Expansion
- Public Facility Capital Project-Add New Facility
- Other

If Other

A.10. Email

ronda.lieberman@westcare.com

A.11. Phone

(727) 490-6767

A.12. DATA/REPORTING CONTACT

A.12. Name

Valentina Nishku

A.13. Email

valentina.nishku@westcare.com

A.14. Phone

(727) 914-9030

B. Project Information

Completed by ronda.lieberman@westcare.com on 2/12/2024
10:29 AM

Case Id: 25266

Name: WestCare Gulfcoast-Florida, Inc. - 2024/25

Address: PO Box 12019 , FL 33733-2019, St. Petersburg,

B. Project Information

Please provide the following information.

B.1. Project Purpose and Description- Describe the project and explain why the project is needed. This description should include the entire project, in addition to portions of the project not requested for funding from the City.

Provide data in support of the request. Examples: Energy improvements will reduce utility costs by X% annually, which allows an estimated \$_____ in operating funds for direct client services; or data shows a waiting list of # of people/deficiency in available space of # capacity to serve Largo residents

A Turning Point (ATP) is an emergency intervention shelter and inebriate receiving facility that provides emergency shelter services for homeless adults with substance use issues. The 65-bed shelter is the only facility in the local area that accepts inebriated adults directly from the street and provides an alternative to incarceration. The facility provides temporary emergency shelter and cold night shelter services for individuals just beginning their journey into recovery from alcohol and substance use. ATP provides individuals with a safe place to begin recovery and addresses the issues underlying homelessness. The County Street Outreach Team (Largo Police Officer and Case Worker) engages with people experiencing homelessness who may be disconnected and alienated from mainstream services and supports.

ATP programming is conducted in three phases to help clients begin rehabilitation through the recovery and transitional stages needed to achieve self-sufficiency. Phase 1 is an observation area where individuals spend 72 hours while they sober up and accept clients 24 hours a day from law enforcement, who can bring street inebriates for quick assessment and short-term respite in lieu of jail. Walk-ins and referrals from local hospitals and other social service agencies are also accepted. Once clients are sober, they are offered counseling, support, and referrals to needed services. In Phase II, a higher level of intervention is offered to homeless substance users who indicate a desire for help. Intensive case management services are offered, and clients are assisted in finding a suitable placement to begin their rehabilitation. Phase III provides structured opportunities to clients who have obtained a community placement for substance use and/or co-occurring mental health disorders treatment. Clients receive the opportunity to work through an employment program including transportation, a savings program to assist in housing, coordinated "Appointment Days" where outside services meet on-site with clients, specialized life skills training, and support groups.

Many ATP clients shift into transitional housing within WestCare at the Mustard Seed Inn located within minutes of the shelter. Special populations served by ATP include veterans and individuals with co-occurring substance use and mental health disorders. In FY2022-23, 40 Largo residents benefited from the services offered by ATP, all clients are low/no income and are considered special needs population: one hundred percent (100%) report a substance use disorder, 42% reported living with mental illness, 2.0% HIV, 12% HEP C and 10% experienced Domestic Violence.

B.2. Describe the use that will be made of requested funds from the City of Largo. If the funding is being requested for specific staffing positions or specific components of a larger project, please provide these details and explain how this funding request ties in with the entire project.

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3 of 23

Funding in the amount of \$30,000 is being requested for partial salary support of a case manager position at A Turning Point. Case management is an essential component for providing housing stability as well as recovery support.

B.3. Describe how the project meets one or more of the City of Largo's 2024-2025 priorities:

1) To provide housing, homeless, and special needs services

2) To add, expand or improve public facilities that will provide supportive services to low-and moderate households

The ATP program meets the City of Largo CDBG Consolidated Plan Homeless/Non-Homeless Special Needs priority by providing public services to the homeless. A Turning Point meets this objective by directly providing emergency shelter, case management, and sobriety services to men and women who are homeless. ATP offers a unique service in helping to prevent the institutionalization of the homeless by providing an alternative to incarceration at the time of pick up by law enforcement. This alternative option greatly alleviates stress on the local justice system. Individuals who are arrested under the influence are often required to be isolated from other jail populations which can contribute to jail overcrowding and drain local resources. The majority of these non-violent offenders will be released after "sleeping it off" and may not be effectively linked to community treatment resources. Without treatment and linkage to resources, many of these individuals will re-offend and cause a further demand for local resources. The ATP program assesses needs and links individuals to appropriate community resources to help prevent individuals from needing to access additional resources.

Although A Turning Point is approximately 12 miles outside of the City of Largo, it provides a vital service to Largo residents not available within the city limits of Largo. Through coordinated outreach with the Largo Police Department, A Turning Point addresses mental health services for special needs populations specifically targeting income-eligible high-crime neighborhoods of Largo with the objective of stabilizing households and neighborhoods. Targeted special needs populations include victims of domestic violence, persons with alcohol/other drug addictions, and people with severe mental illness. A Turning Point is often the beginning of recovery for many women and men experiencing homelessness. The dignified indoor shelter services for inebriated homeless men and women help many clients comply with the program and eventually transfer to other WestCare services for more intense residential treatment.

B.4.

Provide information to substantiate the project as an "Eligible Activity" (described in the application instructions). Describe how the project, or the portion of the project funded by CDBG and/or SHIP, principally benefits low- and moderate-income Largo residents or low- and moderate-income areas in Largo (For CDBG clients/households whose annual income is less than or equal to 80% of area median income and for SHIP clients/households whose annual income is less than or equal to 140% of area median income).

One hundred percent (100%) of all individuals served by A Turning Point are low- to no-income; six and a half percent (6.5%) of all clients served are low-income Largo residents.

B.5. Describe the project area and client base that will benefit from this project (e.g. Citywide, countywide, Community Redevelopment District, homeless population, persons with HIV/AIDS, etc.)

A Turning Point is located in St. Petersburg but serves clients from all over Pinellas County. The clients served through this proposal are considered homeless but report their last permanent residence as the City of Largo. All individuals residing in the program have a low to moderate income and have serious issues with alcohol and/or drug use. Additionally, many have experienced mental health issues that have contributed to their homelessness.

B.6. Project Area/Clients Served

Submitted projects must provide services and/or benefit City of Largo residents

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a) Provide data on the clients/households served by your agency for the same or similar service as the current project will provide.

Clients/Households Served Prior Year	Number of Clients	% Low/Mod Clients
Total Clients Served with the same or similar service from October - September of the prior year:	587	99.00%
Of the Total Clients Served - the number of clients that were from Largo:	14	100.00%

b) Provide data on clients/households to be served by your agency for the proposed project.

Planned Program Year (Oct 2024-Sept 2025)	Number of Clients	% Low/Mode Clients
Total Estimated Clients/Households to be Served:	630	98.00%
Of the Total Estimated Served - number of Clients/Households from Largo	45	99.00%

B.7. Client Eligibility:

a) Does this project ONLY serve any of the following groups (check off which group it will serve):

- Abused Children
- Battered Spouses
- Elderly Persons (62+)
- Homeless Persons
- Illiterate Adults
- Persons Living with AIDS
- Migrant Farm Workers
- Severely Disabled Adults
- This project is not limited to any of these groups.

b) If the project is NOT limited to serving one of the above groups, describe your agency’s method for collecting demographic and income data from the clients served by this project. For new projects, explain what process will be used to ensure at least 51% of the clients served are below 80% of area median income.

Clients who enter ATP receive an assessment and complete intake documentation. Homeless verification forms are used to document income and information is documented in the local HMIS system as well as personal records. Phase I clients are only accepted under the influence of drugs or alcohol. Phase II and III clients who have a self-expressed desire to begin rehabilitation must verify homelessness and complete additional screenings and assessments to determine additional eligibility for services and resources.

c) If the project is limited to serving one of the above groups, describe how the demographic data (race/ethnicity) is collected (also required for reporting for CDBG-funded projects).

N/A

B.8. Project/Program Outcomes

Describe the expected performance outcomes from the proposed project and any relevant performance measures or outcome data related to prior experience by the agency for the same or similar project/program (e.g. 50% of clients moved from shelter to permanent housing and it is anticipated that the proposed project will enable the agency to increase this outcome to 60% moved into permanent housing). For homeless programs, the City will also pull data from PHMIS to review past outcomes.

- 1) 54% of the clients that enter Phase I will transition to Phase II
- 2) 79% of clients admitted to A Turning Point will receive mutual aid (e.g. 12-step) and/or recovery support/services
- 3) 87% of clients who stay at least one day at A Turning Point will receive case management services from the health advocate or a case manager

B.9. Relocation

a) Will any residents be permanently displaced as part of this project?

No

If yes, explain

N/A

b) Residential Projects (*Applicants for residential projects only complete this section*)

i. Do/ will residents pay rent?

No

ii. If yes, how much and how are rents determined?

N/A

iii. Will residents receive rental subsidy/housing assistance?

No

iv. If residents will not pay rent, state the reason:

No fees for services are charged as this would create a barrier to services. Rather, A Turning Point is funded through grants and contracts from the following: Pinellas County Justice Coordination, Pinellas County Shelter Beds, Pinellas County Homeless Initiative, City of St. Petersburg ESG, City of Largo CDBG, City of Clearwater CDBG, City of St. Petersburg Police Dept., Central Florida Behavioral Health Network, and other donations.

v. List the residential facilities and addresses of facilities presently operated by your agency

A Turning Point
1801 5th Avenue North
St. Petersburg, FL 33713
Services: Emergency Shelter Inebriate Homeless

Davis Bradley Community Involvement Center
1735 Dr. Martin Luther King Jr. Street, South
St. Petersburg, FL 33705
Services/Programs: Short-term residential treatment; and long-term residential treatment

Mustard Seed Inn

2510 Central Ave
St. Petersburg, FL 33712
Service: Transitional housing/recovery housing, FARR accredited

B.10. Specific Site Location

a) Has the project site(s) been selected

Yes

b) If yes, provide the address. For educational classes/seminars, please list the location(s) where the classes will be held:

Facility Name	Street Address	City	State	Zip
A Turning Point	1801 5th Avenue North	St. Petersburg	FL	33713

B.11. Project Administration

a) Project Manager Name

Katrina Tucker

Title

Program Manager

B.12. Project-Specific Sections: Please complete the sections below that are applicable to your project.

DOWNPAYMENT ASSISTANCE ADMINISTRATION PROJECTS ONLY:

a) Describe your agency's experience with administering a downpayment assistance program. Include information regarding the agency's experience with completing Residential Income Certifications and underwriting.

b) Is your agency a HUD-Certified Housing Counseling agency? *Please attach HUD-certification in the Documents section of the application.*

c) Is your agency able to offer bi-lingual services for processing downpayment assistance?

d) Does your agency also provide HUD-certified homebuyer education and counseling services?

e) Is your agency located in the City of Largo, within close proximity to Largo, or has the ability to meet clients at a local location for accessibility to services?

f) The City utilizes an online software for its housing programs:

Would your agency be willing to utilize the web-based housing software if provided access?

g) Does the agency have the capability to securely upload documents into the software (scanner, etc.)?

HOUSING COUNSELING/EDUCATION SERVICES ONLY:

a) Is your agency a HUD-Certified Housing Counseling Agency? *Upload a copy of the HUD certification in the Documents section of the application*

b) Are the staff that will be providing the housing counseling and/or education HUD-certified? *Upload a copy of the HUD Certification in the Documents section of the application.*

c) Select which types of classes/counseling services for which your agency is requesting funding (select all that apply):

- Financial Fitness/Budgeting *(required for the City's downpayment programs)*
- Homebuyer Education Class *(required for the City's downpayment programs)*
- Homebuyer Housing Counseling (one-on-one) *(required for the City's downpayment programs)*
- Rental Counseling: Provide housing counseling for delinquent renters and/or tenants facing eviction.
- Foreclosure Prevention Counseling

d) Does your agency have all HUD requirements for the provision of homeownership counseling incorporated into its homebuyer education/housing counseling curriculum? (Deadline for compliance was January 14, 2017)

e) Describe the key components, format, and client follow-up used by your agency for the homebuyer education and/or housing counseling services requested in this application (describe each service separately if applying for more than one service):

HOMELESS SHELTER SERVICES ONLY

All homeless services applications should be focused on rapidly moving people into permanent housing (Housing First) and then wrapping supportive services around clients to help them successfully remain in permanent housing. Applications should also demonstrate how your agency has reduced barriers to access its services/programs.

a) Complete the Pinellas Homeless Leadership Board's [Housing First Survey](#) and upload it to the **F. Required Documents** section of this application.

b) Does your agency currently participate in the countywide Coordinated Entry System and enter client data into Pinellas Homeless Management Information System (PHMIS)?

Printed By: Sheera Greene on 2/15/2024

8 of 23

Yes

c) Describe what steps, programs and/or methods will be used to prevent homelessness from recurring.

WestCare GulfCoast-Florida uses a housing-first approach and coordinates with local service providers to ensure homeless clients are connected to appropriate resources. In addition to emergency shelter and intervention services offered through ATP, WestCare offers individuals access to transitional housing, and critical support for individuals in recovery. When clients begin services a case manager will work with the client to develop an individual wellness and recovery plan with mutually agreed upon goals. This plan helps to ensure that progress is monitored and any barriers to success are reviewed and addressed promptly. Plans are based on the individual needs of the client. Case managers work with each client to help ensure access to eligible resources and will assist with addressing any barriers to access. Additionally, clients may have access to life skills training and job placement assistance as necessary for ensuring housing stability. WestCare participates in the local Coordinated Entry System and works with other area homeless providers to help prevent the recurrence of homelessness.

d) Using program data from PHMIS, provide data below on your agency's outcomes from the past PHMIS reporting year for the following:

- Total number of unduplicated clients served and time period of data
- Average VI-SPDAT score of clients served
- % of clients that exited to permanent housing/supportive housing
- % of clients housed that returned to homelessness in 6 months (recidivism rate)
- Average length in program
- % of clients who gained income (earned or unearned) during the time they were enrolled in this program

607 CLIENTS SERVED -PERIOD 10/1/2022-9/30/2023; 8.89-Average VI-SPDAT; 5.1% PERMANENT SOLUTION
25% TEMPORARY SOLUTIONS; 0% returned to homelessness in 6 months; 16 days average length in program; 1% of clients gained income during the time enrolled.

e) How will the funding requested to Largo be used to support maintaining/improving these outcomes?

Total number of unduplicated clients served and time period of data

WestCare ATP meets a critical community need by providing and sustaining services for homeless adults living with chronic alcoholism, substance use disorders and co-occurring mental disorders. WestCare will utilize the funding request to support clients in housing and rehabilitation, maintaining client individualized plans and improving client outcomes short and long-term. Staff use The Pinellas County Continuum of Care Coordinated Entry Process uses a "client centered" approach, while doing so through a standardized process from initial engagement to successful housing placement. In a data-driven and evidence-informed manner, providers across Pinellas County are establishing strategic partnerships to better serve our fellow community members experiencing homelessness.

% of clients that exited to permanent housing/supportive housing

WestCare provides outreach, coordinated entry and community basic needs to increase the number of clients that exit to permanent and supportive housing. By providing a menu of supportive services staff can support clients in ending homelessness. This does not mean that no one will ever experience a housing crisis again. Changing economic realities, the unpredictability of life and unsafe or unwelcoming family environments may create situations where individuals, families, or youth could experience or be at-risk of homelessness. WestCare intake, assessment, programming, treatment, outcomes and evaluation quickly identify and engage people at-risk of and experiencing homelessness. Staff will intervene to prevent the loss of housing and divert people from entering the homelessness services system. Clients have immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured. When homelessness does occur, WestCare quickly connects people to housing assistance and services individualized to their unique needs and strengths to help them achieve and maintain stable housing.

% of clients housed that returned to homelessness in 6 months (recidivism rate)

The goal of this request is to assist clients with sustaining housing and not returning to homelessness. Follow-up and continued case management allows for improving outcomes. ATP provides homeless individuals with SUD or cooccurring substance use/mental health disorders with the support needed to begin their recovery and create a plan for maintaining housing stability.

Average length in program

Trauma exposure increases the risk of a range of negative outcomes: mental and emotional health disorders, substance use disorders and related consequences; physical health problems, including struggles in interpersonal relating; and self-harmful urges and behaviors. Trauma therefore touches many areas of life not always obviously or readily connected with the traumatic experience itself. Trauma-informed treatment will be used to support and assist with securing conditions for healthy, safe and just communities. An end to homelessness means that WestCare has a systematic response in place that ensures homelessness is prevented whenever possible or is otherwise a rare, brief and non-recurring experience. In addition, ATP provides meaningful support to the City's Police and Outreach Teams by presenting the ability to place inebriated individuals in ATP, allowing for a more immediate entry into treatment services for those in need. As program funding is allocated for staffing it is likely that the request would need to be reallocated from direct services in order to maintain appropriate staffing levels.

% of clients who gained income (earned or unearned) during the time they were enrolled in this program

Through a myriad of partner organizations, collaborations and experience in the community, WestCare readily assist clients with gaining and/or maintaining income (earned or unearned) to improve economic development. WestCare will support a robust evaluation of program outcomes. The evaluation team ensures independence and integrity of the CBDG plan and uses performance measures and outcomes to inform the program, community supporters and clients. The purpose of evaluation at WestCare is for quality program improvement, community-based empowerment and the maintenance of evaluation plan fidelity in performance of the project. WestCare will be flexible and adapt or refine the program approach to meet the changing needs of the population, as well as meet outcome targets. While maintaining flexibility, staff members will maintain fidelity to the evidence-based practice. WestCare ensures effective coordination of services and fidelity of evidence-based practices. WestCare utilizes a performance management systematic process to ensure each project is achieving its mission and strategic goals efficiently and effectively. This allows streamlined, systematic decision-making grounded in data driven principles. Performance Management consists of two distinct processes: (1) Quality Assurance and (2) Continuous Quality Improvement (CQI). QA is the systematic monitoring and evaluation of various aspects of the agency to ensure achievement and maintenance of a desired or required level of quality. Contractual obligations, accreditation standards, State/County Plans or Goals, and/or criteria identified by WestCare leadership may determine these standards. CQI is the systematic identification of processes, procedures, and/or outcomes not reaching desired or required contract/agency targets; modifying the process or procedure to increase efficiency, effectiveness, or outputs; and monitoring the impact of the change for effectiveness.

f) Do your agency have priorities established to serve Pinellas County homeless residents or limitations on serving newer arrivals from outside the County?

Yes

CAPITAL IMPROVEMENTS PROJECTS ONLY

a) Provide a summary of the services provided/to be provided at this facility. Explain if the proposed improvements are limited to a certain service or all services provided at the facility.

b) Explain how the facility and programs based at the facility are geographically accessible to Largo residents. Include any accommodations made to improve accessibility, such as virtual options or in-home services as well.

c) Describe how the project meets the City's CDBG Goal: SUPPORTIVE SERVICES – Capital Improvements: Add, expand or improve public facilities that (will) provide supportive services predominantly to low- and moderate-income clientele/households/areas that will help Largo residents physically, mentally and economically thrive in Largo. Projects that improve energy efficiency to enable service providers to more effectively use their operating funds toward client services, and/or projects that harden such facilities to improve disaster resiliency would also be supported. Projects that add/expand of emergency shelter services for families with minor children experiencing literal homelessness would also be supported.

d) Disaster Hardening/Energy Efficiency

Does the project include any disaster hardening components or energy efficiency improvements? Please click all that apply below and explain.

- Disaster Hardening
- Energy Efficiency Improvements
- N/A- No Hardening or Energy Components Included in Project Scope

e) Is the facility to be improved, expanded, or added located in Largo City Limits? Check the Property Appraiser website for the Tax Code. Tax Code is "LA" for Largo).

Please Explain

f) Capital projects located in a Special Flood Hazard Area will not be funded under this funding cycle. Is the property located in a Special Flood Hazard Area? (Without Base Flood Elevation: Flood Zone A, V or A99; with Base Flood Elevation: Zone AE, AO, AH, VE, AR or in a Regulatory Floodway)?

g) Are there any known environmental hazards on the project area (ex. located in a Brownfield, located near to a landfill)?

h) The agency must confirm with the jurisdiction that the property is located in that the proposed facility use is allowable. **Written confirmation (email or letter/zoning letter) must be uploaded in the Required Document section of the application.**

C. Timeline

Case Id: 25266

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C. Timeline

Please provide the following information.

C.1 Project Timeline

Provide an implementation schedule. Include all project phases. (In order to ensure that project costs are reimbursable, or are eligible for direct payment, no costs that the agency plans to bill to Largo CDBG should be incurred until the formal agreement has been made based on the City's grant award).

Please review the Application Instructions regarding timeline for more guidance.

Phase	Beginning Date	Ending Date
Program/Services	10/01/2024	09/30/2025
Obtain Full Project Funding	M/d/yyyy	M/d/yyyy
Design/Scope of Work	M/d/yyyy	M/d/yyyy
Project Bid	M/d/yyyy	M/d/yyyy
Permitting	M/d/yyyy	M/d/yyyy
Construction	M/d/yyyy	M/d/yyyy

D. Budget & Funding

Case Id: 25266

Name: WestCare Gulfcoast-Florida, Inc. - 2024/25

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D. Budget & Funding

Please provide the following information.

Public Services (Supportive Services) * must have a minimum of \$10,000 in funding request.

Public Facility Capital Projects-* must have a minimum of \$40,000 in funding request.

D.1. Project Budget

a) Include costs associated with this project (City Funds and Other Funding Sources)

Project Budget Line Item	Largo CDBG Funding	Other Funding Sources	Total Budget
A Turning Point	\$30,000.00	\$1,121,067.00	\$1,151,067.00
Grand Total	\$30,000.00	\$1,121,067.00	\$1,151,067.00

b) Will this project generate program income?

No

c) Select what basis for payment is being requested:

Direct Costs (reimbursement)

Please List Each Activity and Associated Fee for Service (or hourly fee per client)

Fee-for-Service	Service Name
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D.2. Funding Sources

a) List all funding sources to be used for the project. If other grant funds have/will be applied for, but the final allocation has not been determined, put these amounts in the "Funds Requested" column.

Funding Source(s)	Funds Requested	Funds Allocated
Largo CDBG	\$30,000.00	\$0.00
CFBHN	\$0.00	\$242,366.00
Pinellas County Justice Coordination	\$0.00	\$162,431.00
Pinellas County Shelter Beds	\$0.00	\$134,835.00
Pinellas County SAF	\$0.00	\$150,000.00
City of St Petersburg ESG/CDBG	\$0.00	\$25,235.00
City of St Petersburg General Revenue	\$0.00	\$125,000.00
City of Clearwater	\$0.00	\$20,000.00
BayCare	\$0.00	\$200,000.00

Donations - Cash and Inkind	\$0.00	\$61,200.00
	\$30,000.00	\$1,121,067.00

b) If the grant request is not fully funded, will the project still be viable, even if on a smaller scale? (Please explain)

Yes

Explain:

Yes, the project would be viable as the requested funding represents approximately 2.6% of the total budget (Largo residents comprise 5.8% of the clients served). Services could see a reduction. As the funding is allocated for staffing it is likely that funds would need to be reallocated from direct services to maintain appropriate staffing levels.

c) Project costs are reimbursed by the City on a monthly/quarterly basis. For public services, project costs are reimbursed by the City on a monthly or quarterly basis. For public facilities projects, project costs are typically reimbursed at the end of the project or up to 3 reimbursements for larger projects. Does the agency have the financial capacity to pay for the portion of the cost funded by City grant during the project and be reimbursed on a monthly/quarterly basis for public services?

Yes

d) Please indicate the frequency your agency will be remitting invoices. If awarded funding, public services reporting will be set up on the same schedule (e.g. monthly invoices will have monthly reporting). Reporting for public facilities will be quarterly.

Public Services-Monthly Invoicing

D.3. Audit Requirements

a) Does your agency's current year budget, or next year's anticipated budget, include \$750,000 or more in federal funding revenue? *If yes, a single or program-specific audit must be conducted at the end of your agency's fiscal year.*

Yes

b) Does your agency's current year budget, or next year's anticipated budget, include \$500,000 or more in state funding revenue? *If your agency is awarded SHIP funding and the answer to this question is "Yes", a single or program-specific audit must be conducted at the end of your agency's fiscal year.*

E. Agency Information

Completed by allison.laroy@westcare.com on 2/12/2024 9:53 AM

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E. Agency Information

Please provide a brief summary (no more than 1-2 paragraphs on each of the following topics regarding the agency).

E.1. Background/Program Experience (1-2 paragraphs only)

Include the length of time the agency has been in operation, the date of incorporation, the purpose of the agency, and the type of corporation. Describe the type of services provided, the agency's capabilities, the number of clients served, and license to operate (if appropriate).

WestCare GulfCoast-Florida, Inc. is part of the national WestCare, Inc. network of community-based, nonprofit organizations that provide a wide array of health and human services in both residential and outpatient environments in 16 states, 4 U.S. territories, and 2 republics. In 2001, WestCare GulfCoast-Florida, Inc. was established in Pinellas County as a provider of comprehensive behavioral health services for specialized populations including homeless Veterans, homeless men and women, individuals transitioning into the community from jail/prison, individuals with co-occurring mental health and substance abuse disorders and individuals living with HIV/AIDS. WestCare GulfCoast-Florida, Inc. is a 501(c)3 subsidiary of WestCare Foundation. WestCare GulfCoast is CARF accredited and is licensed by the State of Florida and the Florida Department of Children and Families to provide Outpatient Treatment, General Intervention, Residential II, Prevention, Case Management, and Aftercare services.

E.2. Personnel/Staff Capacity(1-2 paragraphs only)

a) Briefly describe the agency's existing staff positions and qualifications, its capacity to carry out this project.

WestCare GulfCoast- Florida, Inc. is staffed by qualified professional people with the appropriate education needed to meet funders' requirements and the capacity to perform all assigned duties, including the services presented in this application. The programs are complimented by a well-educated and experienced administrative and program staff including Accounting, Human Resources and Executive Leadership. WestCare GulfCoast has a personnel policy manual with an affirmative action plan and grievance procedure.

b) Does the agency have a personal policy manual?

Yes

c) Does the agency have an Affirmative Action Plan?

Yes

d) Does the agency have a Grievance procedure?

Yes

E.3. Financial Capacity (1-2 paragraphs only)

Attach a copy of the agency's current operating budget, including revenues and expenditures. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures and audit requirements.

WestCare has an established, internal, administrative fiscal system for the ongoing management of its grants and contracts. WestCare operates in compliance with standard procedures on cost reimbursements and indirect cost

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15 of 23

accounting. All costs associated with the management of federal and state awards contracts, including the proposed program, are budgeted and processed in accordance with the Accounting Manual. WestCare has an annual audit performed that ensures compliance with the standards outlined in the OMB Uniform Guidance and all contract requirements.

The accounting department uses Blackbaud Financial Edge, which is specifically designed for fund accounting in nonprofit organizations, and for management of grant funds. Within the accounting software, modules are used for managing and reporting accounts receivables and accounts payable. This software keeps an audit track of all related transactions. For example, the same reference transaction number is assigned from purchase order, to invoice, to mark for payment, to payment. Every payable and receivable is coded and distributed by direct allocations to their supporting grant(s). WestCare Bookkeeping is in compliance with OMB Uniform Guidance and an independent accounting firm audits the accounting system annually.

E.4. Monitoring (1-2 paragraphs only)

Briefly describe how you will monitor progress in implementing the program. Describe how funding and related project costs will be tracked separately in the agency and how the agency will ensure that expenses are not paid from duplicate sources. Describe who will be responsible for monitoring progress.

WestCare GulfCoast Programs are monitored by DCF and all federally and locally funded agencies. The progress of the implementation of funds will be monitored through receipts of purchases, contracts for services, and the final proof of installation. The Program Manager is responsible for monitoring Turning Point programming utilizing the required reporting tools. Turning Point's progress will be monitored by the number of clients served.

E.5. Insurance/Bonding/Worker's Compensation (1-2 paragraphs only)

State whether or not the agency has liability insurance coverage, in what amount, and with what insuring agency. State whether the agency pays all payroll taxes and worker's compensation as required by Federal and state laws. State whether or not the agency has fidelity bind coverage for principle staff who handle the agency's accounts, in what amount and with what insuring agency.

WestCare GulfCoast-Florida, Inc. has the following liability insurance with Acord Insurance Company; COMMERCIAL GENERAL LIABILITY of \$1,000,000/\$3,000,000; AUTOMOBILE LIABILITY of \$1,000,000/\$2,000,000; and WORKERS COMPENSATION AND EMPLOYERS' LIABILITY of \$1,000,000/\$3,000,000. WestCare GulfCoast FL pays all payroll taxes and worker's compensation as required by Federal and state laws. WestCare has fidelity bind coverage (professional liability) for principal staff who handles the agency's accounts in the amount of \$100,000,000/\$3,000,000 also with Acord Insurance Company.

F. Required Documents

Completed by allison.laroy@westcare.com on 2/12/2024 9:54 AM

Case Id: 25266

Name: WestCare Gulfcoast-Florida, Inc. - 2024/25

Address: PO Box 12019 , FL 33733-2019, St. Petersburg,

F. Required Documents

Please provide the following information.

Documentation

Organizational Chart *Required

WCGC - FL Org Chart - Rev1.29.2024.pdf

Board Resolution Authorizing Submittal of Funding Request *Required

Resolution WCGC 2023-02.pdf

Current Year Operating Budget *Required

TP program budget summary.pdf

Agency Budget.pdf

Most Recent Annual Independent Auditor's Report *Required

2023 westcare gulfcoast florida.pdf

List of Board of Directors *Required

WestCare GulfCoast Florida 2-4-2023 (3).pdf

HUD Certificate - HUD-Approved Housing Counselors (if applicable)

**No files uploaded

Housing First Checklist (if applicable)

Housing First Questionnaire 11.13.19-DH 02072024-Signed.pdf

HUD Certificate - HUD-Approved Housing Counseling Agency (if applicable),

***No files uploaded*

Informational pamphlets about the agency (Optional)

***No files uploaded*

501(c)3 Letter/Non-Profit Letter (if applicable)

FL 501(c)3 Letter 01-2017.pdf

Other Documents

***No files uploaded*

Submit

Completed by ronda.lieberman@westcare.com on 2/12/2024
10:31 AM

Case Id: 25266

Name: WestCare Gulfcoast-Florida, Inc. - 2024/25

Address: PO Box 12019 , FL 33733-2019, St. Petersburg,

Submit

I certify that I have been authorized by the applicant's governing body to submit this application and that the information contained herein is true and correct to the best of my knowledge.

Authorized Name and Title

Ronda Lieberman, Senior Accountant

Telephone

(727) 490-6767

Authorized Signature

Ronda Lieberman

Electronically signed by ronda.lieberman@westcare.com on 2/12/2024 10:30 AM

IDIS Set Up

No data saved

Case Id: 25266

Name: WestCare Gulfcoast-Florida, Inc. - 2024/25

Address: PO Box 12019 , FL 33733-2019, St. Petersburg,

IDIS Set Up

Please provide the following information.

Activity Name

National Objective

Activity Number

National Objective Citation

Activity Description

HUD Matrix Code

Activity Type

HUD Matrix Citation

Service Area

Method Used for Determining LMI

Action Plan Project

Accomplishment Type

Completion Deadline

Eligibility Determination

Funds Requested

\$0.00

Eligibility Comments/Conditions

Funds Prop./Awarded

\$0.00

Housing Manager Signature

***Not signed*

Funding Source(s)

Approval Date

Is this project subject to Davis Bacon Act?

Is this project subject to Section 3?

Is this project subject to BABA Act?

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20 of 23

Explanation of BABA Act Determination Documentation:

BABA Act Documentation

Subrecipient Award

No data saved

Case Id: 25266

Name: WestCare Gulfcoast-Florida, Inc. - 2024/25

Address: PO Box 12019 , FL 33733-2019, St. Petersburg,

Subrecipient Award

Please provide the following information.

Award Letter

Award Letter

***No files uploaded*

Subrecipient Agreement

Subrecipient Agreement

***No files uploaded*

Purchase Order

Purchase Order

***No files uploaded*

Purchase Order Number

Changer Order PO (if applicable)

LURA/Equity Sharing

No data saved

Case Id: 25266

Name: WestCare Gulfcoast-Florida, Inc. - 2024/25

Address: PO Box 12019 , FL 33733-2019, St. Petersburg,

LURA/Equity Sharing

Please provide the following information.

L.1 LURA/Equity Sharing Start Date

L.2 LURA/Equity Sharing End Date

L.3 LURA Comments/Notes

Documentation

Land Use Restriction Agreement

***No files uploaded*