

## A. Executive Summary

Completed by [steven.beal@aol.com](mailto:steven.beal@aol.com) on 2/6/2023 4:47 PM

Case Id: 25073

Name: Friends of Ridgecrest, Inc. - 2022/23

Address: \*No Address Assigned

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### A. Executive Summary

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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

Friends of Ridgecrest, Inc.

##### A.2 Type of Organization

501(c)3 Nonprofit Corporation

##### If Other:

##### A.3 Mailing Address

2253 119th Street Largo, FL 33778

##### A.4 Contact Person

Steven Beal

##### A.5 Title

Vice President

##### A.6 Telephone

(727) 692-0139

##### Phone Ext.

##### A.7 Email

[steven.beal@aol.com](mailto:steven.beal@aol.com)

##### A.8 Unique Entity ID #

072513315

#### A.8. BILLING/INVOICE CONTACT

##### A.9. Name

Steven Beal

#### PROJECT INFORMATION

##### A.15. Project Title

Renovation

##### A.16. City of Largo Funds Requested

\$150,000.00

##### A.17. Type of Project:

- Downpayment Program Administration
- HUD-Certified Housing Counseling/Education
- Homeless Shelter Services
- Legal Services
- Non-Homeless Special Needs 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**

steven.beal@aol.com

**A.11. Phone**

7276920139

**A.12. DATA/REPORTING CONTACT**

**A.12. Name**

Steven Beal

**A.13. Email**

steven.beal@aol.com

**A.14. Phone**

7276920139

## B. Project Information

Completed by [steven.beal@aol.com](mailto:steven.beal@aol.com) on 2/9/2023 4:02 PM

Case Id: 25073

Name: Friends of Ridgecrest, Inc. - 2022/23

Address: \*No Address Assigned

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## B. Project Information

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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

The project will be a complete interior and exterior renovation/upgrade of the building. The building is constructed of masonry and it is sturdy, however the wiring, technological features, windows, internal and external doors, wooden features and ceiling are all in need of repair and/or replacement.

**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.**

The funds will be used to renovate and upgrade the building to a modern state and address broken features as well as pest issues.

**B.3 Describe how the project meets one or more of the City of Largo's 2023-2024 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  
Improves and upgrades the quality and safety of a building that provides services to predominantly low-and-moderate income households.

**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).

The area median income for Pinellas County is \$82,100, however, in Ridgecrest the average household income is \$36,758, which is less than 50% of the area median income.

**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.)**

The project area is restricted to the Tasker Beal Jr Service Center - 2253 119th St, Largo, FL 33778 - and will primarily

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serve the citizens within the city of Largo and to a lesser extent, citizens outside of the city limits.

**B.6. Project Area/Clients Served**

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

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

<b>Clients/Households Served Prior Year</b>	<b>Number of Clients</b>	<b>% Low/Mod Clients</b>
Total Clients Served with the same or similar service from October - September of the prior year:	200	90.00 %
Of the Total Clients Served - the number of clients that were from Largo:	200	90.00 %

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

<b>Planned Program Year (Oct 2020-Sept 2021)</b>	<b>Number of Clients</b>	<b>% Low/Mode Clients</b>
Total Estimated Clients/Households to be Served:	250	90.00 %
Of the Total Estimated Served - number of Clients/Households from Largo	250	90.00 %

**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.**

The vast majority of the clients reside in the Ridgcrest community where the household income is less than 50% of the area median income.

**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.*

With renovations and upgrades will come greater interest in building utilization.

**B.9. Relocation**

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

No

**If yes, explain**

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

**i. Do/ will residents pay rent?**

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

**iii. Will residents receive rental subsidy/housing assistance?**

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

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

**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
Tasker Beal Jr Service Center	2253 119th Street	Largo	FL	33778

**B.12. Project Administration**

**a) Project Manager Name**

Steven Beal

**Title**

Vice President

B.13. **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)?

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

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

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

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

#### 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.

The building is rented/leased for purposes of educational seminars, financial and/or literacy workshops, family gatherings, baby showers, and faith-based events. Additionally, the Largo For Youth Youth Football and Cheer organization lease the building for regular meetings, study halls etc. The Friends of Ridgecrest, owner of the building, hosts its meetings and workshops at the building. The Pinellas County Sheriffs Office has permanent office space inside the building and has signage on the outside of the building.

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.

The facility is centrally located within the community and all meetings are currently held in person with a virtual option.

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.

This project meets the City's CDBG goal by improving and upgrading a public facility that offers services to predominately, City of Largo residents.

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.

Yes. Upgrading and/or replacement of windows and doors with weather and hurricane resistant commercial windows and doors. Electrical upgrades.

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).

No, but the Property is in the City's Planning Service Area (Tax Code "LTF")

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)?**

No, the project is not located in a Coast Flood Hazard Area

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

No Known Environmental Hazards on Project Site

**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:** 25073

**Name:** Friends of Ridgecrest, Inc. - 2022/23

**Address:** \*No Address Assigned

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### C. Timeline

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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	10/01/2023	09/30/2024
Obtain Full Project Funding	10/01/2023	09/30/2024
Design/Scope of Work	06/01/2023	07/31/2023
Project Bid	08/01/2023	08/30/2023
Permitting	09/01/2023	09/30/2023
Construction	10/01/2023	09/03/2024

## D. Budget & Funding

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Case Id: 25073

Name: Friends of Ridgecrest, Inc. - 2022/23

Address: \*No Address Assigned

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### D. Budget & Funding

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Please provide the following information.

#### 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
Renovation of Building	\$125,000.00	\$0.00	\$0.00
Grand Total	\$125,000.00	\$0.00	\$0.00

##### 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 Funding	\$125,000.00	\$0.00
	\$125,000.00	\$0.00

##### 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:

We will take on less renovations and/or upgrades

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?

No

**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 Facilities- Up to 3 Invoices throughout the project (eligible if project exceeds \$50,000)

### 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.***

No

**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 [steven.beal@aol.com](mailto:steven.beal@aol.com) on 2/10/2023 10:51 AM

Case Id: 25073

Name: Friends of Ridgecrest, Inc. - 2022/23

Address: \*No Address Assigned

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### E. Agency Information

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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).**

Friends of Ridgecrest was incorporated in the State of Florida in 1966. We are a 501c3 that predominantly serves low to moderate income families. We offer rental/lease space to the public and the Pinellas County Sheriffs Department occupies space within our facility with signage on the exterior of the building.

#### 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.**

We are an agency of volunteers consisting of a president, vice president, secretary, treasurer and coresponding secretary.

**b) Does the agency have a personal policy manual?**

No

**c) Does the agency have an Affirmative Action Plan?**

No

**d) Does the agency have a Grievance procedure?**

No

#### 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.**

On a monthly basis, our treasurer creates and presents an financial report for the past month and at the end of the year, the treasurer provides and summary report of the past year's financial activities.

#### 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.**

The treasurer will ensure that the funds are kept separate from other agency funds and utilized within the parameters of the program. The building manager will monitor the progress of the renovation. Together they will provide a detailed report, on a monthly basis explain the financial activities and construction activities that took place over the last month and the anticipated activities for the month coming.

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**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 bond coverage for principle staff who handle the agency's accounts, in what amount and with what insuring agency.**

Yes, the agency has liability insurance with Westchester Surplus Lines Insurance Company in a coverage amount of \$1,000,000. Our agency does not have employees.

## F. Required Documents

Completed by [steven.beal@aol.com](mailto:steven.beal@aol.com) on 2/10/2023 11:19 AM

Case Id: 25073

Name: Friends of Ridgecrest, Inc. - 2022/23

Address: \*No Address Assigned

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### F. Required Documents

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Please provide the following information.

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#### Documentation

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**Organizational Chart \*Required**

Annual Report - List of Board of Directors.pdf



**Board Resolution Authorizing Submittal of Funding Request \*Required**

Resolution.pdf



**Current Year Operating Budget \*Required**

FRIENDS OF RIDGECREST FINANCIAL -DECEMBER 2022.pdf



**Most Recent Annual Independent Auditor's Report \*Required**

FRIENDS OF RIDGECREST FINANCIAL -DECEMBER 2022.pdf



**List of Board of Directors \*Required**

Annual Report - List of Board of Directors.pdf



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

\*\*No files uploaded



**Housing First Checklist (if applicable)**

\*\*No files uploaded

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)

IRS Determination Letter.pdf

Other Documents

*\*\*No files uploaded*



## Submit

Completed by [steven.beal@aol.com](mailto:steven.beal@aol.com) on 2/10/2023 11:20 AM

**Case Id:** 25073

**Name:** Friends of Ridgecrest, Inc. - 2022/23

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## Submit

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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

Steven Beal

### Telephone

(727) 692-0139

### Authorized Signature

Steven T. Beal

*Electronically signed by [steven.beal@aol.com](mailto:steven.beal@aol.com) on 2/10/2023 11:20 AM*