

**SUMMARY OF APPLICATIONS RECEIVED**  
**Alcohol and Drug Abuse Trust Fund**  
**Federal Fiscal Year 2024 (to be spent October 1, 2024- September 30, 2025)**

**Amount Available: \$35,000.00**

APPLICANT	PROJECT TITLE	AMOUNT REQUEST	SUMMARY
<b>Gulf Coast Jewish Family and Community Services, Inc.</b>	Visitor Management System	\$ 8,000.00	Purchase of equipment, installation, and software for a visitor management system for our primary Pinellas direct service and administrative offices located on Icot Blvd. in Clearwater. The Splan visitor management system is a standalone, iPad kiosk with enclosed printer for badge printing. The kiosk will be wi-fi enabled and support an ID scanner. Software includes various features to enhance security and efficiency while creating a welcoming and professional environment for visitors.
<b>Operation PAR, Inc.</b>	PAR Village Residential Furniture	\$ 9,021.99	Funds to purchase twelve (12) new armchairs for client use during individual counseling sessions and other meetings with staff and fifteen (15) desks for residents.
<b>Personal Enrichment through Mental Health Services, Inc. (PEMHS)</b>	Digital Empowerment for Crisis Response: Funding for Desktop Computers	\$ 5,203.86	Purchase six new desktop computers, which includes the on-site service after remote diagnosis for three years, ensuring sustained support and minimal downtime. essential for enhancing our crisis hotline services and crisis stabilization efforts allowing staff to complete assessments and documentation more quickly and accurately in the Juvenile Addiction Receiving Facility (JARF) and Crisis Stabilization Services.
<b>Westcare GulfCoast-Florida, Inc</b>	Davis Bradley Community Involvement Center Oven	\$ 9,923.05	Grant funds purchase a double deck full-size natural gas convection oven and a 2-year protection plan to replace the outdated and malfunctioning double-door convection oven that has been a critical component of the facility's food preparation services for over 20 years.
<b>TOTAL REQUESTS</b>	<b>4 APPLICATIONS</b>	<b>\$ 32,148.90</b>	

## Program Description

Completed by tess.benham@gcjfcs.org on 8/12/2024 3:16 PM

**Case Id:** 16921

**Name:** Gulf Coast Jewish Family and Community

**Address:** \*No Address Assigned

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### Program Description

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Please provide the following information.



## Alcohol and Drug Abuse Trust Fund Grant FY 2024-2025

**Pinellas County Board  
of County  
Commissioners**  
Human Services  
440 Court St, 2nd Floor  
Clearwater, FL 33756

**Pinellas County and the Substance Abuse Advisory Board (SAAB) are pleased to announce the solicitation of applications for the Alcohol and Drug Abuse Trust Fund award. Funding for the upcoming 24-25 fiscal year is \$35,000.00. The Alcohol and Drug Abuse Trust Fund is generated from court fees in accordance with Sections 938.13 and 893.165 of the Florida Statutes.**

### Eligible Applicants

Applicants must be nonprofit organizations that provide alcohol and/or drug abuse treatment and/or prevention programs and have at least one client-accessible office or service location within Pinellas County. To be eligible for an award your organization must be licensed as a substance abuse treatment provider under Chapter 397 of the Florida Statutes and you must provide a copy of said license with your application.

### Use of Funds

Award funds must be used for one-time-only, non-recurring expenditures such as equipment, special projects, training, renovations, and formalized prevention activities. Awards cannot be used for food and beverage reimbursements.

Drug and Alcohol Abuse Trust Fund Grant awards will range from \$1,000.00 to \$10,000.00. The project period for these awards is October 1, 2024 – September 30, 2025.

### Application Review Process

The SAAB will review and score each application to make funding recommendations. Recommendations will then be presented to the Board of County Commissioners for final approval.

### Alcohol and Drug Abuse Trust Fund Online Application Instructions

Printed By: Maggie Miles on 8/21/2024

Please read the application instructions in their entirety before beginning or applying for funding. Organizations and agencies may only submit one project proposal. Submission of multiple project applications by a single organization will not be accepted.

- **Budget Narrative:** Be aware that the application field will not allow you to copy and paste a table or spreadsheet into the application. Include any additional Budget Narrative to explain the breakdown of how you arrived at that dollar amount.
  - To accommodate tables and spreadsheets you may submit a detailed budget as an attachment in the Budget section, it does allow you to attach multiple files. This is where you would attach bids and estimates.
  - The SAAB has stated they would prefer if multiple bids /estimates are submitted for purchases/ projects if possible. If needing to use a particular vendor, please explain.
- Organizations must attach information regarding their non-profit status and Chapter 397 of the Florida Statutes licenses.
- Be sure to complete all fields and be as thorough as possible.

### **All Grant Award Recipients Must:**

- Attend the SAAB meetings and present written and oral reports as required.
- Submit to a monitoring visit by the County.
- Agree to request in writing, any changes in scope and obtain approval from the SAAB.
- Agree to complete the funded project and expend all awarded funds during the grant funding period

### **Application Timeline**

- Application Opens Wednesday August 7th, 2024.
- Question and Answer Period Closes: Wednesday, August 14th at 4:00pm. Responses will be posted by Friday, August 16th at link: [Human Services Department – Pinellas County](#)
- Application Closes Wednesday, August 21st, 2024, at 4:00pm.
- SAAB Review and Recommendation Meeting Tuesday, August 28th, 2024.
- Board of County Commissioners Recommendation Approval on or about Tuesday, October 15th, 2024. The submission deadline for all applications is **August 21st at 4:00pm (no exceptions)**. Please allow time for submission and technological challenges, as late applications will not be accepted.

### **Scoring Criteria**

Please see attached Scoring Matrix [here](#) which will be used by reviewers to score application

## Eligibility

Completed by tess.benham@gcjfcs.org on 8/12/2024 3:17 PM

**Case Id:** 16921

**Name:** Gulf Coast Jewish Family and Community

**Address:** \*No Address Assigned

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## Eligibility

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Please provide the following information.

**1. Is the applicant a non-profit organization licensed as a substance abuse treatment provider under Chapter 397 of the Florida Statutes and have at least one client-accessible office or service location within Pinellas County?**

Yes

**2. Does the applicant agree to the terms and conditions of the [FY25 Funding Agreement?](#)**

Yes



## A. Agency Information

Completed by tess.benham@gcjfcs.org on 8/20/2024 11:00 AM

**Case Id:** 16921

**Name:** Gulf Coast Jewish Family and Community

**Address:** \*No Address Assigned

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### A. Agency Information

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Please provide the following information.

#### LEGAL AGENCY INFORMATION (FOR CONTRACT)

**A.1. Organization Name**

Gulf Coast Jewish Family & Community Services -  
Clearwater, FL

**A.2. DBA (if applicable)**

**A.3. Legal Address**

14041 ICOT Blvd. Clearwater, FL 33760-3702

#### PROJECT INFORMATION

**A.4. Project Title**

Visitor Management

**A.5. Physical Program Address**

14041 ICOT Blvd. Clearwater, FL 33760-3702

**A.6. Program Manager First Name**

Meghan

**A.7. Program Manager Last Name**

Harrigan

**A.8. Program Manager Title**

Senior Director of Behavioral Health

**A.9. Program Manager Email**

meghan.harrigan@gcjfcs.org

**A.10. Program Manager Phone Number**

(727) 422-8550

**A.11. Total Amount Requested**

\$8,000.00

**A.12. Taxpayer/Employer ID**

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#### APPLICATION CONTACT INFORMATION

**A.15. First Name**

Tess

**A.16. Last Name**

Benham

**A.17. Contact Person/Title**

Director of Grants

**A.18. Contact Email**

tess.benham@gcjfcs.org

**A.19. Telephone**

7274791863

**A.20. Executive Officer First Name**

Sandra E.

**A.21. Executive Officer Last Name**

Braham

**A.22. Executive Officer Title**

President and Chief Executive Officer

**A.23. Executive Officer Email**

sandra.braham@gcjfcs.org

**A.24. Executive Officer Phone Number**

(727) 479-1800

59-1229354

**A.13. Unique Entity Identifier (UEI- Federal SAM.GOV  
Number) Optional**

C8Q3FR2KA2K8

**A.14. Date of incorporation in Florida**

07/02/1974

## B. Organization Profile

Completed by tess.benham@gcjfcs.org on 8/20/2024 11:01 AM

**Case Id:** 16921

**Name:** Gulf Coast Jewish Family and Community

**Address:** \*No Address Assigned

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### B. Organization Profile

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Please provide the following information.

#### **B.1. Describe the mission and purpose of the organization.**

Since 1960, Gulf Coast JFCS has been uplifting lives for thousands of families in need. While inspired by Jewish values, we are a non-religious human services agency whose mission is to protect the vulnerable, empower individuals, and strengthen families. What distinguishes Gulf Coast JFCS from other human service agencies is the diversity of programming, emphasis on client-centered, trauma-informed care, and decades of positive community impact.

Today's complex lives bring equally complex challenges. Our compassionate professionals and extensive network of programs, resources, and partners work together to identify and innovate solutions to address unmet community needs. By convening people, ideas, and resources, Gulf Coast JFCS bridges critical gaps in services for people of all ages, faiths, cultures, and identities and proudly assists many high-need, at-risk, or under-resourced populations.

Gulf Coast JFCS provides a variety of Behavioral Health services. Agency programs offer a comprehensive approach to treating the whole person with the goal of integrating persons with severe and persistent mental illnesses (SPMI) and co-occurring substance use disorders (SUD) back into the community with improved independent living skills and reduced symptomology. Our programs, within the Tampa Bay region, include our Pasco County Adele Gilbert and Darlington Residential Treatment Facilities, the Alternative Family Program, the Pinellas County Quick Response Team, CALL: Community Assistance and Life Liaison program, Supported Housing, Substance Abuse Prevention, and Intervention Services.

Our Substance Use Intervention and Prevention programs are licensed under Chapter 397 of Florida statutes with the Florida Department of Children and Families and hold three licenses to provide substance abuse services for the following service categories General Intervention, Prevention Services Selective, and Prevention Services Universal Indirect.

## C. Community Needs

Completed by tess.benham@gcjfcs.org on 8/19/2024 3:34 PM

Case Id: 16921

Name: Gulf Coast Jewish Family and Community

Address: \*No Address Assigned

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### C. Community Needs

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Please provide the following information.

**C.1 Clearly identify the problem to be addressed through the program that is requesting project funding. Provide supporting statistics or data specific to Pinellas County such as needs assessments, interviews, waiting lists, surveys, trends and/or analyses. (Describe the program that needs the item, not the item)**

Substance use and co-occurring disorders, are a persistent problem for our Nation, the State of Florida, and locally in Pinellas County. The National Survey on Drug Use and Health (NSDUH) reports that among people aged 12 or older in 2023, 59% (or 167.2 million people) were current users of tobacco, alcohol, or illicit drug in the past month. More than 48.5 million people aged 12 or older (or 17.1 percent of the population) met the criteria for having a substance use disorder in the past year.

Per FL Dept. of Health Substance Use Dashboard, fatal and nonfatal overdoses continue to steadily rise in Pinellas County. In 2022, Pinellas County experienced 580 drug overdose deaths. The age-adjusted rate per 100,000 deaths from Drug Overdose in Pinellas County was 61.5, much higher than Florida's rate of 35.9. EMS responded to 15,462 transports of suspected overdoses in 2023. Emergency Department visits are 456 visits through May 2024.

Gulf Coast JFCS offers both Substance Use Prevention and Intervention services in Pinellas County. Prevention and early intervention are key components for identifying and reducing risk factors as well as increasing protective factors in the community. We continue to see an increase in individuals that screen positive for risk factors associated with substance use disorders through single-serve and ongoing community interventions resulting in 90% program capacity.

Our Pinellas County Quick Response Team (QRT), case managers, and peer navigators provide outreach to individuals who recently experienced an overdose, providing naloxone, education, and connecting these individuals to treatment. The QRT has responded to more than 321 individuals referred to the program and distributed more than 500 naloxone kits. A Supported Housing program assists more than 150 Pinellas County residents with substance use disorders or severe, persistent mental illness to obtain and maintain housing in the community.

## D. Project Description

Completed by tess.benham@gcjfcs.org on 8/19/2024 3:41 PM

**Case Id:** 16921

**Name:** Gulf Coast Jewish Family and Community

**Address:** \*No Address Assigned

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### D. Project Description

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Please provide the following information.

#### **D.1. Describe the Project, what problem it is solving, and how it will improve services being provided by the organization?**

Gulf Coast JFCS is requesting \$8,000 towards the purchase of equipment, installation, and software for a visitor management system for our primary Pinellas direct service and administrative offices located on Icot Blvd. in Clearwater. The agency does not presently have a visitor management system. The current manual check-in consists of paper guest log in sheets and peel/stick handwritten guest badges. This process is inefficient, time-consuming, and prone to errors. It does not always adequately capture and track who is entering and exiting the premises; guest frequently exit without updating the log. Further, our programs and staff often work with vulnerable populations or routinely handle sensitive information.

The absence of a more modern visitor management system poses a number of security, emergency preparedness, compliance, and record-keeping risks for our agency. Without a system to track who is entering and exiting the premises, and to check and verify identification, it becomes difficult to ensure the safety of staff, volunteers, and visitors. Unauthorized individuals could gain access, posing potential security threats. Plus, in the event of an emergency, not having a real-time list of visitors on-site can hinder evacuation efforts and put people at risk.

With a paper system maintaining accurate visitor records manually can be challenging. It can lead to incomplete or inaccurate data, which is problematic for compliance, reporting and funder audits. Many funders require us to maintain detailed visitor logs for regulatory purposes. Failing to do so can result in non-compliance and potential legal issues.

Further, with a system to collect and analyze visitor data, we miss out on valuable insights that could help us improve services and outreach efforts.

Implementing a visitor management system to automate our check-in processes can address these issues, enhancing safety for staff, clients, and visitors.

#### **D.2. How will funds be used to fix to the problem?**

The proposed new visitor management system (Splan) will many of the concerns cited in D.1. The Splan visitor management system is a standalone, iPad kiosk with enclosed printer for badge printing. The kiosk will be wi-fi enabled and support an ID scanner.

The software will include an active directory connector to allow look up of agency staff or programs. Add on features, Single-sign-on (SSO) security, SMS (text messaging) and Outlook integration, will make it easier for staff to sign on and pre-register clients and visitors for appointments and meetings.

Other important add on features for Gulf Coast JFCS diverse and vulnerable client population, is the ability of visitors to select their language of preference when registering as a vendor or visitor; and to scan state identification to conduct a

Printed By: Maggie Miles on 8/21/2024

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security check critical to ensure the safety of the vulnerable client populations served by the agency.

Other key features include:

- With a Digital Check-In/Check-Out, visitors can sign in and out using a digital kiosk or mobile app, streamlining the process and reducing the need for manual entry.
- Visitor Badges: The system can print visitor badges with names, photos, and visit details. The badges will automatically expire and cannot be re-used.
- Programs can pre-register clients and guests online, speeding up the check-in process and allowing the organization to prepare for their arrival.
- A detailed visitor log is maintained by the system, including their check-in/check-out times, purpose of visit, and who they are visiting. This is useful for record-keeping and compliance.
- Emergency Alerts: In case of an emergency, the system can send alerts to all visitors and staff, providing instructions and ensuring everyone's safety.
- System-generated visitor reports and analytics can help us understand visitor trends and improve their services.

These features not only enhance security and efficiency but also help create a welcoming and professional environment for visitors.

## E. Budget

Completed by tess.benham@gcjfcs.org on 8/20/2024 9:19 AM

**Case Id:** 16921

**Name:** Gulf Coast Jewish Family and Community

**Address:** \*No Address Assigned

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### E. Budget

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Please provide the following information.

#### E.1. Total Project Budget

\$16,603.00

#### E.2. Amount of County Funding Request

\$0.00

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### Documentation

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#### Project Budget Narrative with estimates/bids **\*Required**

Gulf Coast JFCS Visitor Management System Summary and Quotes.pdf

Project Budget Gulf Coast JFCS Final.pdf

## F. Required Documents

Completed by tess.benham@gcjfcs.org on 8/20/2024 10:50 AM

Case Id: 16921

Name: Gulf Coast Jewish Family and Community

Address: \*No Address Assigned

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### F. Required Documents

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Please upload the following documents.

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#### Documentation

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**Proof of 501(c)(3) status \*Required**

GCJFCS\_IRS Determination Letter.pdf



**W-9 with legal name which matches that of applicant name \*Required**

GCJFCS W9 2023.pdf



**Current DCF 397 State Licenses or Registrations \*Required**

Gulf Coast JFCS 2024 DCF SUD Licenses.pdf



**Project Budget Narrative with estimates/bids \*Required**

Gulf Coast JFCS Visitor Management System Summary and Quotes.pdf

Project Budget Gulf Coast JFCS Final.pdf



**Please sign and upload E-Verify form found [here](#) (will be required if you are awarded funds, must be completed before funding award period)**

FY23 HS E-Verify Affidavit for JAG-TF notarized.pdf

E-Verify Registration Proof.pdf



## Submit

Completed by tess.benham@gcjfcs.org on 8/20/2024 4:58 PM

**Case Id:** 16921

**Name:** Gulf Coast Jewish Family and Community

**Address:** \*No Address Assigned

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## Certification

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**Once an application is submitted, it can only be "Re-opened" by an Administrator.**

**By clicking submit, I certify that I am an authorized representative of the proposing agency and the information contained in this application is true and accurate to the best of my knowledge and due diligence.**

**I also understand that applications are limited to one per organization, and if more than one application is submitted by my organization, only the first will be considered for funding.**

### Authorized Representative Signature

tess.benham@gcjfcs.org

**Electronically signed by tess.benham@gcjfcs.org on 8/20/2024 4:58 PM**

### Date Submitted

08/20/2024

Internal Revenue Service  
P.O. Box 2508  
Cincinnati, OH 45201

Department of the Treasury

Date: April 5, 2011

**Person to Contact:**

Sharon LeNard  
ID #0203196

**Toll Free Telephone Number:**

877-829-5500

**Employer Identification Number:**

59-1229354

GULF COAST JEWISH FAMILY AND  
COMMUNITY SERVICES INC  
14041 ICOT BLVD  
CLEARWATER FL 33760-3702

Dear Sir or Madam:

This is in response to your request of March 29, 2011, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in May 1975 that recognized you as exempt from Federal income tax, and reflect that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

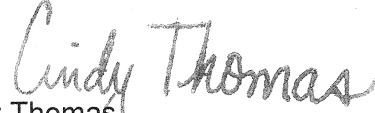
Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033 (j) of the Code on our website beginning in early 2011.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Cindy Thomas  
Manager, Exempt Organizations  
Determinations

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Gulf Coast Jewish Family and Community Services, Inc.</b>		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		Exempt payee code (if any) <u>5</u>
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		Exemption from FATCA reporting code (if any) _____
	<input checked="" type="checkbox"/> Other (see instructions) ▶ <b>501 (c) 3 Nonprofit</b>		<i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions. <b>14041 Icot Blvd.</b>		Requester's name and address (optional)
6 City, state, and ZIP code <b>Clearwater, Florida 33760</b>			
7 List account number(s) here (optional)			

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>																							
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### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>02/21/2003</u>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

Gulf Coast JFCS  
 Visitor Management System

Prices compared using base annual subscription price for lobby software as not all vendors provide comparable add on integrations. See quote for detailed description of hardware in Verkada and Splann.

Vendor	The Receptionist	Verkada	Splann <sup>1</sup>
Hardware Costs <sup>2</sup>	\$ 637.00	\$ 637.00	4,850.00
Annual Subscription Costs	\$ 2,970.00	\$ 2,052.00	3,288.00
Add On SSO Integrations		\$	715.00
Add on Integration Outlook		\$	1,320.00
Add on Integration SMS		\$	1,320.00
Access Controls Integration		\$	715.00
Installation/Support		\$1,300 per day	

1. Splann Quote updated - August 15, 2024 to reflect planned price increase  
 2. Hardware costs added to The Receptionist Quote for comparability of costs.

System	The Receptionist	Splan	Verkada
Notifications	Teams, SMS, Slack, Email	Teams, SMS, Slack, Email	Teams, SMS, Slack, Email
Reports	Reports are exportable and can be automatic	Reports are exportable and can be automatic	Guest log is exportable
Inegration	Good amount of intergration, AAD, AD, Teams. Will need to utilize API manually	Plentiful amount of inegrations, AAD, AD, Genetec, Slack, etc. Certain integrations need to be paid for	100% compatible with Verkada systems and AD
Customization of system/notifications	curve	100% customizable, with a small learning curve	Guest types and sign-in flow customization
Language capability	Translations would need to be done manually	Various language packages with dialects too	None discovered
Deliveries	Dedicated delivery tool	Dedicated delivery module	Has mailroom feature
Vendors	Configurable	Yes	None
Badge Printing/Photo	Yes	Yes	Yes
ID Utilization	Yes	Yes	None
Risk Identification/Screening	Citizenship Verification	Offender/Criminal check	Offender/Criminal check

The Receptionist (Non-profit discount)	Price
Annual Basic	\$540.00
Annual Premium	\$1,026.00
Annual Pro	\$1,782.00
Annual Executive	\$2,970.00
Verkada	Price
5-year workplace license	\$10,260.00
Brother QL-820NWB/QL-820NWBc Label Printer	\$250.00
Labels for Printer	\$19.00
iPad (64GB)	\$329.00
iPad Stand	\$39.00
Total	\$11,766.95
Quinquennial Subscription	\$10,260.00 (\$2,052 per year)
Splan (10% price increase after January)	Price
Software per lobby/location of implementation	\$2,988.00
AD Connector	\$0
SSO Integration	\$650
Outlook AddOn	\$1,200
SMS	\$1,200
Software Implementation, testing, training, configuration, etc.	\$2,400 (\$1,200 ea/day)
Total	9,638.00
Annual Subscription	7,238.00



Company Address 13918 E Mississippi Ave #62971  
Aurora, Colorado 80012  
United States

Created Date 1/25/2024  
Expiration Date 2/29/2024  
Quote Number 00005521  
Opportunity Name CGJFCS

Prepared By Quinn Walsh  
Email quinn@thereceptionist.com

Bill To Name Gulf Coast JFCS  
Bill To 14041 Icot Blvd  
Saint Petersburg, Florida 33760  
United States

Ship To Name Gulf Coast JFCS  
Ship To United States

Product	Product Description	Line Item Description	List Price	Sales Price	Quantity	Total Price
Annual Basic Discounted	Basic Plan 1 to 24 Contacts with 10% discount	10% non-profit discount	\$540.00	\$540.00	1.00	\$540.00
Annual Executive Discounted	Executive Plan Unlimited Contacts Annual Additional Location 12 Months of Executive Plan The Receptionist Service	10% non-profit discount	\$2,970.00	\$2,970.00	1.00	\$2,970.00
Annual Premium Discounted	Premium Plan 25 to 49 Contacts Annual Additional Location 12 Months of Premium Plan of The Receptionist Service	10% non-profit discount	\$1,026.00	\$1,026.00	1.00	\$1,026.00
Annual Pro Discounted	Pro Plan 50 to 99 Contacts Annual Additional Location 12 Months of The Receptionist Pro Plan Service	10% non-profit discount	\$1,782.00	\$1,782.00	1.00	\$1,782.00
Sale Tax Notice	Attention; Tax has not been included in this estimate and will be finalized once we receive shipping information.		\$0.00	\$0.00	1.00	\$0.00

Subtotal \$6,318.00  
Discount 0.00%  
Total Price \$6,318.00  
Grand Total \$6,318.00

**Every location includes a personalized virtual setup experience via Zoom. A dedicated Customer Onboarding Specialist will be there to ensure your success during the setup and implementation process, and best of all this is at no cost to you!**

#	Description	Part #	Tax	Qty	Unit Price	Total
1	Verkada 5-Year Workplace License	LIC-WP-5Y	Yes	1	\$10,260.00	\$10,260.00
2	Brother QL-820NWB/QL-820NWBc Label Printer	ACCX-PRT-1	Yes	1	\$249.00	\$249.00
3	Labels for Brother QL-820NWB, Qty 200, Color White	ACCX-PRT-LBL-1	Yes	1	\$19.00	\$19.00
4	10.2 inch iPad, 64GB	ACCX-TBL-1	Yes	1	\$329.00	\$329.00
5	iPad Stand	ACCX-TBL-STD-1	Yes	1	\$39.00	\$39.00

**Subtotal: \$10,896.00**  
 Tax (7.5000%): \$820.95  
 Shipping: \$50.00  
 Misc: \$0.00  
**Total: \$11,766.95**





## **Enterprise Visitor Management Quote**

*For*

***Gulf Coast JCFS***

February 1, 2024

**Presented by:**

**Ajay Kumar**  
**Ajay@appnetglobal.com**

**David Hohne**  
**Southeast Sales Manager**  
**David@Splan.com**  
**(205) 999-2132**

This quote is valid for 45 days from date of issue.



Hi Nic Rios  
Nicholas.Rios@gcjfcs.org

Thank you for your interest and support of the Splan Visitor Management solution and for allowing AppNet Global Inc, authorized reseller of Splan to prepare this proposal for you. We appreciate the opportunity to work with you on the project we discussed.

Below you will find our proposal. We have done our best to provide you with an accurate proposal based on the discussed needs of the customer.

If you have any questions regarding the proposal, please do not hesitate to reach out to us at the contact information below.

Respectfully yours,

Ajay Kumar  
AppNet Global inc



## About us - An Introduction to SPLAN

Splan is a California based company, specializing in providing next generation cloud software check-in solutions for Visitors, Events and Schools. Splan uniquely delivers an intelligent and fully automated solution for small to large enterprises. Splan is committed to delivering the most innovative security solutions, which are cost effective, easy to use, enterprise-centric and web-based. Our mobile KIOSK solution will take care of all your secure check-in and personal tracking needs.

### Splan Team Contact Information

Sales Representative	David Hohne	David@Splan.com	(205) 999-2132
Sales Engineer	Bill Holbert	wholbert@splan.com	wholbert@splan.com

### Splan Deployment Overview / Project Guideline Overview

The Project Plan and Project Guideline Overview gives both Splan, the Splan installation team, vendors and customer a generic timeline which can be used as an overview of the steps needed to make a successful installation and deployment of the Splan solution. Each one of the following phases provides a verification and feedback stage which allows all teams to regroup, re-evaluate and verify that all needs are being addressed before moving onto the next phase of the deployment process.

The Project Plan and Project Guideline Overview gives both Splan, the SPLAN installation team, vendors and customer a generic timeline which can be used as a overview of steps needed to make a successful installation and deployment of the product and all accompanying purchased modules.

### Responsibility Matrix

The Diagram on the Right is a list of the responsibility matrix. This diagram describes the responsibility for each party during the installation of SPLAN.

- Communicate**

Both consulting and Informing

- Approve**

The approver who makes the decisions

- Responsible**

The person doing the work

- Support**

Covering the people helping the Responsible person with the work

RESPONSIBILITY ASSIGNMENT MATRIX - CARS			
	Customer	Partner	Splan
<b>Pre-project Plan</b>			
<ul style="list-style-type: none"> <li>Project Work plan including tasks, deliverables and duration.</li> <li>Project Team Organization Chart.</li> <li>Communication Plan.</li> <li>Change Management Plan.</li> </ul>	C	R	C/A
<b>Design</b>			
<ul style="list-style-type: none"> <li>Understand Visitor Process across all the locations</li> <li>Forms, Notifications, Branding, etc.</li> <li>Understand all the requirements and clarify with Customer team</li> <li>Prepare Use Cases document and get sign off</li> </ul>	A	C	R
<b>Build</b>			
<ul style="list-style-type: none"> <li>Configure all the use cases in Splan Staging environment and get reviewed by Customer team.</li> <li>Verify the environment provided is as per the System Requirements guide (provided database has the appropriate privileges) and help build the Dev/Staging environment.</li> <li>Once all the use cases are approved, prepare the package and place it in sftp folder to be picked up by customer. Help the IT team to deploy in Dev environment.</li> <li>Perform Internal testing and prepare UAT scenarios.</li> <li>Make sure all Integrations are working.</li> </ul>	S/A	C	R
<b>Test</b>			
<ul style="list-style-type: none"> <li>Coordinate with users for UAT.</li> <li>Prioritize the Go-Live requests and change management.</li> <li>Project Documentation &amp; Knowledge Transfer.</li> <li>Make sure all scenarios are working as designed.</li> </ul>	A	C	R/S
<b>Initial Location Go Live</b>			
<ul style="list-style-type: none"> <li>Help build the Prod environment in Customer landscape (Alternatively, this step can be performed as part of Build phase too).</li> <li>Install and test kiosk</li> <li>Prepare Go-Live announcement</li> <li>System Pre-Go-Live Deployment and Testing.</li> <li>Go-Live / Post-Go-Live Support (2 weeks).</li> </ul>	A/C	R	R/S

Software Pricing for SPLAN Cloud				
Annual Subscription Pricing for Cloud Deployment				
Description	Part Number	QTY	MSRP/Unit	Total Price
Visitor Software Per Lobby	SP-VMC-1002	1	\$3,288	\$3,288.00
Active Directory Connector	SP-ADDONC-AD	1	\$0	\$0.00
Single Sign-On Connector	SP-CON-SSO	1	\$715	\$715.00
Outlook Add-in	SP-ADDONC-22OUTLOOK	1	\$1,320	\$1,320.00
Access Controls Integration	SP-VMC-2010-CON	1	\$715	\$715.00
SMS Text 40 k Msg.	SP-VMCF-2220	1	\$1,320	\$1,320.00
Customer Kiosk Charge	SP-VMKC-1023-APP	1	\$495	\$495.00
<b>Total Annual Software Fee</b>				\$7,853.00
<b>Yearly Support/Service Fee</b>	<b>SP-STD-Support</b>		(Included In Subscription)	
<b>Total Software License Fee / Per year</b>				\$7,853.00

Splan Professional Services				
Description	Part Number	Qty	MSRP/Unit	Total Price
Day(s) of Professional Services	SP-PS-1001	3	\$1,300	\$ 3,900.00
<b>Total Professional Services</b>				\$ 3,900.00

Splan Visitor Management Hardware Pricing				
Hardware Pricing One-time Fee				
Description	Part Number	QTY	MSRP/Unit	Total Price
Splan standalone iPad kiosk is full height kiosk. This kiosk has enclosed printer for label printing. -Kiosk requires WIFI connectivity -Supports ID / DL Scanner -Enclosed label printer -Supports custom branding with additional cost	SP-VMK-4006-FSW	1	\$4,850	\$4,850.00
<b>Total Hardware (shipping + tax not included)</b>				\$4,850.00

Total Package Price		MSRP
<b>Total Software Cost</b>		<b>\$7,853.00</b>
<b>Total Hardware Cost</b>		<b>\$4,850.00</b>
<b>Total Professional Services</b>		<b>\$3,900.00</b>
<b>Total First Year Cost</b>		<b>\$16,603.00</b>
<b>Annual Recurring Software Cost</b>		<b>\$7,853.00</b>

Note : Year 1 contract includes 13 months of Splan Visitor Management, 1 month for implementation and 12 months of service.

# Purchased Product Descriptions

## Visitor Software Per Lobby

SP-VMC-1002

Splan Visitor Management Module allows visitors to be registered from an employee of the company or walk in directly. The visitors are issued emails as a standard with SMS and Voice notification supported as options. Each email can be sent with instructions to the site as well as QR code support. Visitors can be new or recurring as well as scan drivers' licenses or business cards using the included kiosk. The standard visitor module allows for visitor workflows based on the role of each of the users. Badge creation and modification can also be completed within the standard visitor management system. The visitor module allows visitors to be entered, validated using the Lobby administrator function (included). Also, the module can support watchlist as well as VIP guests.

Reporting is included in the visitor management system.

## Active Directory Connector

SP-ADDONC-AD

Splan Active Directory Connector allows the main Splan module to connect and communicate with Microsoft Active Directory and communicate current users as well as user rights / groupings. The connector allows for real-time verification of user status for check-in, visitor invites and Splan access functions

## Single Sign-On Connector

SP-CON-SSO

Splan Single Sign-On Connection will allow Splan to connect to any SAML 2.0 Based via solutions like Azure SSO, Otko and others. This connector will allow users to access Splan without having to enter a user name or password.

## Outlook Add-In

SP-ADDONC-22OUTLOOK

Outlook connector uses Outlook 2016 and greater as well as the Online version of Outlook 365 to allow users to create visit requests directly from the Outlook calendar function.

## Access Controls Integration

SP-VMC-2010-CON

With the Splan Access Controls Integration module, Splan supports seamless connection to most Physical Access Control Systems (PACS) on the market today. During the check-in or pre-registration process, Splan communicates with the PACS system and determines the proper physical access for the guest. That access level can be then utilized either with the QR code Splan provides or even provision a proximity card for that user. Once the user Checks out, Splan can de-provision both the QR codes as well as the Proximity badges. Proximity card access can be obtained by entering a valid proximity card into the system by the person at the front desk or from one of our intelligent kiosks.

## SMS Text 40 k Msg.

SP-VMCF-2220

Splan SMS text package allows for a total of 40,000 SMS text message to be sent per calendar year. SMS message can be sent to visitors, employees, tenants, contractors etc. SMS text messages can be configured to only be sent at certain times or event triggers or can be sent to all users and staff during any Splan visit event.

## Customer Kiosk Charge

SP-VMKC-1023-APP

This is the software app that resides on the kiosk and allows for the check-in and check-out workflow process. This app also supports connectivity to the Splan Server for processing.

## Professional Services

SP-PS-1001

The Splan Professional Services charge is based upon a one-hour charge for our implementation teams. Each project will require multiple hours of implementation one hour of charges.

Splan standalone iPad kiosk is full height kiosk.

- Supports ID / DL Scanner
- Enclosed label printer
- Supports custom branding with additional cost

SP-VMK-4006-FSW

- Kiosk requires WIFI connectivity
- Supports ID / DL Scanner



## E-VERIFY REQUIREMENTS

Pursuant to section 448.095(2)(a), Florida Statutes, beginning January 1, 2021, every public employer, contractor and sub-contractor must register with and use the E-Verify system.

***“(2) PUBLIC EMPLOYERS, CONTRACTORS, AND SUBCONTRACTORS.***

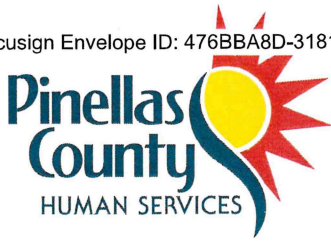
***(a) Beginning January 1, 2021, every public employer, contractor, and subcontractor shall register with and use the E-Verify system to verify the work authorization status of all newly hired employees. A public employer, contractor, or subcontractor may not enter into a contract unless each party to the contract registers with and uses the E-Verify system.”***

“E-Verify system” means an Internet-based system operated by the United States Department of Homeland Security (DHS) that allows participating employers to electronically verify the employment eligibility of newly hired employees (<https://www.e-verify.gov/employers>). The statute also prohibits a public employer, contractor and sub-contractor from entering into a contract unless each party to the contract registers with and uses the E-Verify system.

In accordance with your Human Services Funding Agreement:

***“The AGENCY shall comply with all federal, state and local laws and ordinances and any rules or regulations adopted thereunder.”***

In order to maintain compliance with this statute, please review, sign, date and return the attached Contractor Affidavit and a copy of your organization’s DHS E-verify Registration. Thank you and we look forward to our continued business relationship.



**Contractor Affidavit  
Florida Statute, §448.095 Employment Eligibility**

By executing this affidavit, the undersigned contractor verifies its compliance with Fla. Stat. §448.095, stating affirmatively that the individual, firm or corporation which is engaged in the performance of services on behalf of the **Pinellas County Human Services Department**, has registered with, is authorized to use, and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in Fla. Stat. §448.095. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by Fla. Stat. §448.095. Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

391871

Federal Work Authorization User Identification Number \*

Gulf Coast Jewish Family and Community Services, Inc.  
Name of Contractor

Alcohol Drug Abuse Trust Fund  
Name of Project

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed August 13th 2024

DocuSigned by:  
Sandra E. Braham  
507675A76CE24EC  
Signature of Authorized Officer or Agent

Dr. Sandra E. Braham, President and Chief Executive Officer  
Printed Name and Title of Authorized Officer or Agent

State of Florida, County of Pinellas.

Subscribed and sworn before me on this the 13th day of August 2024

Adrienne M Harker  
Name of Notary Public



**Adrienne M. Harker**  
Notary Public  
State of Florida  
Comm# HH064253  
Expires 11/21/2024

My Commission Expires:  
11/21/2024 Comm #HH064253

\* Please attach a copy of Contractor's DHS E-Verify registration.



Welcome  
Valerie Bogar

≡ MENU

## Company Information

**Company Name**

Gulf Coast Jewish Family Services, Inc.

**Company ID Number**

391871

**Doing Business As (DBA) Name**

--

**DUNS Number**

150802163

**Physical Location****Address 1**

14041 Icot Blvd

**Address 2**

--

**City**

Clearwater

**State**

FL

**Zip Code**

33760

**County**

PINELLAS

**Mailing Address****Address 1**

--

**Address 2**

--

**City**



--

**State**

--

**Zip Code**

--

**Additional Information****Employer Identification Number**

591229354

**Total Number of Employees**

500 to 999

**Parent Organization**

--

**Administrator**

--

**Organization Designation****Employer Category**

Federal Contractor with FAR E-Verify Clause

**Federal Contractor Category**

None of these categories apply

**Employees Being Verified**

All new hires and all existing employees assigned to a Federal contract

[View / Edit](#)**NAICS Code**

624 - SOCIAL ASSISTANCE

[View / Edit](#)**Total Hiring Sites**

32

[View / Edit](#)**Total Points of Contact**

4

[View / Edit](#)[View Original MOU Template](#)

[View MOU](#)



Last Login: 01/28/2021 08:19 PM

[U.S. Department of Homeland Security](#)

[U.S. Citizenship and Immigration Services](#)

[Enable Permanent Tooltips](#)

[Accessibility](#)

[Download Viewers](#)



# Project Budget

Nonprofit Name: Gulf Coast JFCS

Completed By: Tess Benham

Description	Units	Rate/Cost	Total	Request
Splan standalone iPad kiosk (SP-VMK-4006-FSW ) is full height kiosk. This kiosk has enclosed printer for label printing. - Kiosk requires WIFI connectivity - Supports ID / DL Scanner - Enclosed label printer - Supports custom branding with additional cost	1.00	\$ 4,850.00	\$ 4,850.00	\$ 4,850.00
Installation Support	3.00	\$1,300.00	\$ 3,900.00	\$ 3,150.00
Visitor Software Per Lobby SP-VMC-1002	1.00	\$3,288.00	\$ 3,288.00	\$ -
Single Sign-On Connector SP-CON-SSO	1.00	\$715.00	\$ 715.00	\$ -
Outlook Add-In SP-ADDONC-22OUTLOOK	1.00	\$1,320.00	\$ 1,320.00	\$ -
Access Controls Integration SP-VMC-2010-CON	1.00	\$715.00	\$ 715.00	\$ -
SMS Text 40 k Msg. SP-VMCF-2220	1.00	\$1,320.00	\$ 1,320.00	\$ -
Customer Kiosk Charge SP-VMKC-1023-APP	1.00	\$498.00	\$ 495.00	\$ -
Active Directory Connector SP-ADDONC-AD	1.00	\$0.00	\$ -	\$ -
<b>Total Cost</b>			<b>\$ 16,603.00</b>	<b>\$ 8,000.00</b>

License Number  
**LIC-1045354**

# State of Florida

Department of Children and Families  
**CERTIFIES**

Gulf Coast Jewish Family and Community Services, Inc

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for

**General Intervention**

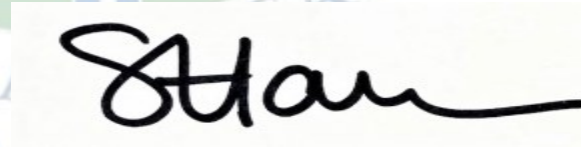
**located at:**

Site: 2

14041 ICOT BLVD  
CLEARWATER, FL 33760-3702

Accredited By: CARF

License Type: Regular



Shevaun Harris, Secretary

Signature Date: 3/4/2024

Effective Date: 3/5/2024

Expiration Date: 3/4/2025

**This license was issued based, in part, on the survey report of a Department recognized accrediting organization.**

Accredited By Commission on Accreditation of Rehabilitation Facilities (CARF)

License Number  
**LIC-1047697**



# State of Florida

Department of Children and Families

## CERTIFIES

Gulf Coast Jewish Family and Community Services, Inc

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for

**Prevention Services Selective**

located at:

Site: 2

14041 ICOT BLVD  
CLEARWATER, FL 33760-3702

Accredited By: CARF

License Type: Regular

Shevaun Harris, Secretary

Signature Date: 3/4/2024

Effective Date: 3/5/2024

Expiration Date: 3/4/2025

**This license was issued based, in part, on the survey report of a Department recognized accrediting organization.**

Accredited By Commission on Accreditation of Rehabilitation Facilities (CARF)

**The issuance of a license, certification, or recognition pursuant to Chapter 65D-30, F.A.C., neither guarantees, expresses, nor implies an outcome. A license, certification, or recognition represents attainment of the minimum standards to conduct business as a substance use disorder treatment or prevention provider in the state of Florida.**

License Number  
**LIC-1047698**

# State of Florida

Department of Children and Families  
**CERTIFIES**

Gulf Coast Jewish Family and Community Services, Inc

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for

**Prevention Services Universal Indirect**

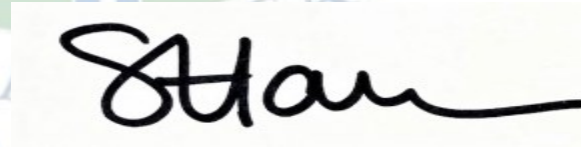
located at:

Site: 2

14041 ICOT BLVD  
CLEARWATER, FL 33760-3702

Accredited By: CARF

License Type: Regular



Shevaun Harris, Secretary

Signature Date: 3/4/2024

Effective Date: 3/5/2024

Expiration Date: 3/4/2025

**This license was issued based, in part, on the survey report of a Department recognized accrediting organization.**

Accredited By Commission on Accreditation of Rehabilitation Facilities (CARF)

## Program Description

Completed by mbimler@operpar.org on 8/19/2024 1:14 PM

**Case Id:** 16922

**Name:** Operation PAR - Trust Fund

**Address:** \*No Address Assigned

---

### Program Description

---

Please provide the following information.



## Alcohol and Drug Abuse Trust Fund Grant FY 2024-2025

**Pinellas County Board  
of County  
Commissioners**  
Human Services  
440 Court St, 2nd Floor  
Clearwater, FL 33756

**Pinellas County and the Substance Abuse Advisory Board (SAAB) are pleased to announce the solicitation of applications for the Alcohol and Drug Abuse Trust Fund award. Funding for the upcoming 24-25 fiscal year is \$35,000.00. The Alcohol and Drug Abuse Trust Fund is generated from court fees in accordance with Sections 938.13 and 893.165 of the Florida Statutes.**

### Eligible Applicants

Applicants must be nonprofit organizations that provide alcohol and/or drug abuse treatment and/or prevention programs and have at least one client-accessible office or service location within Pinellas County. To be eligible for an award your organization must be licensed as a substance abuse treatment provider under Chapter 397 of the Florida Statutes and you must provide a copy of said license with your application.

### Use of Funds

Award funds must be used for one-time-only, non-recurring expenditures such as equipment, special projects, training, renovations, and formalized prevention activities. Awards cannot be used for food and beverage reimbursements.

Drug and Alcohol Abuse Trust Fund Grant awards will range from \$1,000.00 to \$10,000.00. The project period for these awards is October 1, 2024 – September 30, 2025.

### Application Review Process

The SAAB will review and score each application to make funding recommendations. Recommendations will then be presented to the Board of County Commissioners for final approval.

### Alcohol and Drug Abuse Trust Fund Online Application Instructions

Printed By: Maggie Miles on 8/21/2024

Please read the application instructions in their entirety before beginning or applying for funding. Organizations and agencies may only submit one project proposal. Submission of multiple project applications by a single organization will not be accepted.

- **Budget Narrative:** Be aware that the application field will not allow you to copy and paste a table or spreadsheet into the application. Include any additional Budget Narrative to explain the breakdown of how you arrived at that dollar amount.
  - To accommodate tables and spreadsheets you may submit a detailed budget as an attachment in the Budget section, it does allow you to attach multiple files. This is where you would attach bids and estimates.
  - The SAAB has stated they would prefer if multiple bids /estimates are submitted for purchases/ projects if possible. If needing to use a particular vendor, please explain.
- Organizations must attach information regarding their non-profit status and Chapter 397 of the Florida Statutes licenses.
- Be sure to complete all fields and be as thorough as possible.

### **All Grant Award Recipients Must:**

- Attend the SAAB meetings and present written and oral reports as required.
- Submit to a monitoring visit by the County.
- Agree to request in writing, any changes in scope and obtain approval from the SAAB.
- Agree to complete the funded project and expend all awarded funds during the grant funding period

### **Application Timeline**

- Application Opens Wednesday August 7th, 2024.
- Question and Answer Period Closes: Wednesday, August 14th at 4:00pm. Responses will be posted by Friday, August 16th at link: [Human Services Department – Pinellas County](#)
- Application Closes Wednesday, August 21st, 2024, at 4:00pm.
- SAAB Review and Recommendation Meeting Tuesday, August 28th, 2024.
- Board of County Commissioners Recommendation Approval on or about Tuesday, October 15th, 2024. The submission deadline for all applications is **August 21st at 4:00pm (no exceptions)**. Please allow time for submission and technological challenges, as late applications will not be accepted.

### **Scoring Criteria**

Please see attached Scoring Matrix [here](#) which will be used by reviewers to score application



## Eligibility

Completed by mbimler@operpar.org on 8/8/2024 1:55 PM

**Case Id:** 16922

**Name:** Operation PAR - Trust Fund

**Address:** \*No Address Assigned

---

## Eligibility

---

Please provide the following information.

**1. Is the applicant a non-profit organization licensed as a substance abuse treatment provider under Chapter 397 of the Florida Statutes and have at least one client-accessible office or service location within Pinellas County?**

Yes

**2. Does the applicant agree to the terms and conditions of the [FY25 Funding Agreement?](#)**

Yes

## A. Agency Information

Completed by mbimler@operpar.org on 8/20/2024 10:43 AM

**Case Id:** 16922

**Name:** Operation PAR - Trust Fund

**Address:** \*No Address Assigned

---

### A. Agency Information

---

Please provide the following information.

#### LEGAL AGENCY INFORMATION (FOR CONTRACT)

**A.1. Organization Name**

Operation PAR, Inc.

**A.2. DBA (if applicable)**

**A.3. Legal Address**

6655 66th St N Pinellas Park, FL 33781-5033

#### PROJECT INFORMATION

**A.4. Project Title**

PAR Village Residential Furniture

**A.5. Physical Program Address**

13800 66th St N Largo, FL 33771

**A.6. Program Manager First Name**

Michael

**A.7. Program Manager Last Name**

Flores

**A.8. Program Manager Title**

Adult Residential Director

**A.9. Program Manager Email**

mflores@operpar.org

**A.10. Program Manager Phone Number**

(727) 507-4673

**A.11. Total Amount Requested**

\$9,021.99

**A.12. Taxpayer/Employer ID**

59-1349234

#### APPLICATION CONTACT INFORMATION

**A.15. First Name**

Martin

**A.16. Last Name**

Bimler

**A.17. Contact Person/Title**

VP Grants and Philanthropy

**A.18. Contact Email**

mbimler@operpar.org

**A.19. Telephone**

7276039461

**A.20. Executive Officer First Name**

Jim

**A.21. Executive Officer Last Name**

Miller

**A.22. Executive Officer Title**

CEO

**A.23. Executive Officer Email**

jmiller@operpar.org

**A.24. Executive Officer Phone Number**

(727) 545-7564

Printed By: Maggie Miles on 8/21/2024

**A.13. Unique Entity Identifier (UEI- Federal SAM.GOV Number) Optional**

C13SMME1FRE6

**A.14. Date of incorporation in Florida**

01/14/1970

## B. Organization Profile

Completed by mbimler@operpar.org on 8/19/2024 2:04 PM

**Case Id:** 16922

**Name:** Operation PAR - Trust Fund

**Address:** \*No Address Assigned

---

### B. Organization Profile

---

Please provide the following information.

#### **B.1. Describe the mission and purpose of the organization.**

The mission of Operation PAR is to strengthen our community by caring for families and individuals impacted by substance use and to promote mental well-being. Operation PAR strives to be a beacon of hope in our community – helping people be aware, be responsible, and be healthy and happy. As a leading provider of services for prevention, intervention, and treatment of substance use disorders and co-occurring mental health issues, we help children, adults and their families overcome their struggles with substances and to maintain their recovery.

Founded in 1970 by a mother, Shirley Coletti, who's child was experimenting with drugs, Operation PAR now serves more than 3,700 individuals daily and nearly 10,000 annually. One of Operation PAR's first programs was a methadone clinic in St. Petersburg and Operation PAR continues to be a leading and highly respected program for the treatment of opioid use disorder. Operation PAR is the leading not for-profit substance use treatment provider in Pinellas County providing all levels of evidence-based care including outpatient, adolescent and adult residential, inpatient and outpatient medically managed withdrawal detoxification services for adults, and Medication Assisted Treatment (MAT). Outpatient services are delivered both face-to-face and through telehealth technology, giving individuals choice and increased access to services. Currently, Operation PAR provides Medication Assisted Treatment (MAT) in eleven locations across eight counties (Citrus, Hernando, Pasco, Pinellas, Manatee, Sarasota, Charlotte, and Lee) and is the sole provider of all three FDA-approved medications for the treatment of opioid use disorder in many of those locations. Operation PAR is on the executive board of the Florida Behavioral Health Association and the Florida Juvenile Justice Association to advocate and educate for policy to support individuals and families suffering from substance use. Operation PAR is a founding member of the National Institute on Drug Abuse (NIDA) Clinical Trials Network as a participating member of the Florida Node Alliance.

Each year, Operation PAR provides residential substance use treatment and support services at our Largo Campus to approximately 250 unique residents, including nearly 200 women and their children. Residential programs include both short-term and long-term treatment programs and include supportive services to help ensure long-term recovery after the completion of treatment.

## C. Community Needs

Completed by mbimler@operpar.org on 8/19/2024 1:15 PM

**Case Id:** 16922

**Name:** Operation PAR - Trust Fund

**Address:** \*No Address Assigned

---

### C. Community Needs

---

Please provide the following information.

**C.1 Clearly identify the problem to be addressed through the program that is requesting project funding. Provide supporting statistics or data specific to Pinellas County such as needs assessments, interviews, waiting lists, surveys, trends and/or analyses. (Describe the program that needs the item, not the item)**

The need for comprehensive addiction and mental health services continues to increase in Pinellas County, the Tampa Bay region, and in the state of Florida. Despite this, the number of "Adult Substance Abuse Beds" in Pinellas County has remained relatively flat since 2010 with a rate of 2.4 beds per 100K residents in 2010 and a rate of 2.2 beds per 100K residents in 2023 (Florida Department of Health, FLHealthCHARTS; Healthy People 2030). While this is better than the statewide decline of 2.1 to 1.5 over this same period, it has not addressed the increased demand for residential services. Central Florida Behavioral Health Network (CFBHN) indicated in the DCF Assessment of Behavioral Health Services for FY 22-23 that availability and access to beds in short-term residential facilities in all of the counties they manage, including Pinellas, needs to be expanded.

However, access to appropriate residential treatment options is only one barrier to care. It is critical to create a supportive, welcoming, and nurturing environment for individuals in residential drug treatment. Retention in services is a strong indicator of positive treatment outcomes and has been widely studied. A patient-centered approach to care addresses several key factors, including the physical environment and comfort of patients. The creation of a welcoming environment for residents helps to reduce anxiety, create a safe space for therapy, and ultimately helps retain residents in care. If people feel safe and cared for in their environment, see they are valued as people, and are provided with the tools needed to change, they are more likely to stay in treatment.

## D. Project Description

Completed by mbimler@operpar.org on 8/19/2024 1:16 PM

Case Id: 16922

Name: Operation PAR - Trust Fund

Address: \*No Address Assigned

---

### D. Project Description

---

Please provide the following information.

#### D.1. Describe the Project, what problem it is solving, and how it will improve services being provided by the organization?

Operation PAR is requesting funds to create a more functional and welcoming environment for residents in our care. The quality of a resident's experience in treatment can have a significant impact on their retention in care. And, their experience is impacted by both their time in and out of counseling sessions.

Several of our client or guest chairs in counselors' offices are ripped, stained, and showing other signs of extensive use. When clients feel comfortable, safe, and valued, they are more likely to openly share thoughts and feelings with their counselor. Ensuring furniture is safe, clean, and comfortable is a simple way to help residents feel trusted and valued during sessions. Additionally, residents may be asked to write letters, journal, or otherwise reflect on their treatment outside of sessions. They may also need to complete vocational documents or schoolwork during the evening or outside of formal treatment times. Unfortunately, several of our shared rooms only have a single desk for multiple residents to use. This can limit a resident's access and potentially create needless conflict, anxiety, and stress. Additionally, when an individual has access to "their" desk, it helps to foster a sense of belonging and a personal space that creates a connection to the program - which may ultimately help them to stay in treatment longer.

#### D.2. How will funds be used to fix to the problem?

Specifically, funds will be used to purchase twelve (12) new armchairs for client use during individual counseling sessions and other meetings with staff and fifteen (15) desks for residents. The chairs will replace existing furniture. The desks will enhance and expand current furniture. Existing desks will be consolidated to ensure rooms have matching desks. Our current capacity for residents includes 18 beds in our Men's program, 40 beds in our Women's program, and 20 beds in our Short-Term program.

The contemporary, upholstered armchairs will add a clean and professional, but comfortable and inviting place for clients. The neutral gray color will complement existing office decor and help conceal future dirt and wear. A commercial/office grade chair will help ensure it can withstand a high-use environment.

The industrial grade steel frame desk is designed to stand up to the excessive wear and tear of an institutional setting, while the contemporary style provides a modern feel that is easy to clean and maintain. A 60" workspace allows ample room for both working and creating a personalized space for photos and other belongings that help make a shared space feel more personal.

12 Chairs x \$205.99 = \$2471.88

15 Desks x \$420 = \$6300; + Shipping @ \$250.11 = \$6,550.11

Total Amount Request: \$9,021.99

## E. Budget

Completed by mbimler@operpar.org on 8/19/2024 1:16 PM

**Case Id:** 16922

**Name:** Operation PAR - Trust Fund

**Address:** \*No Address Assigned

---

### E. Budget

---

Please provide the following information.

#### E.1. Total Project Budget

\$9,021.99

#### E.2. Amount of County Funding Request

\$0.00

---

### Documentation

---



**Project Budget Narrative with estimates/bids \*Required**

Operation PAR - Budget Narrative and Justification.pdf

## F. Required Documents

Completed by mbimler@operpar.org on 8/19/2024 1:13 PM

Case Id: 16922

Name: Operation PAR - Trust Fund

Address: \*No Address Assigned

---

### F. Required Documents

---

Please upload the following documents.

---

#### Documentation

---



**Proof of 501(c)(3) status \*Required**

501-c3 Determination Letter.pdf



**W-9 with legal name which matches that of applicant name \*Required**

Operation PAR W-9 January 2024.pdf



**Current DCF 397 State Licenses or Registrations \*Required**

11-30-2023 Employee Assistance Program Certificate.pdf

11-14-2023 General Intervention Certificate.pdf

11-14-2023 Outpatient Treatment Certificate.pdf

10-26-2023 Prevention Services Indicated Certificate.pdf

10-26-2023 Residential Level 1 Certificate.pdf

10-26-2023 Residential Level 3 Certificate.pdf

10-26-2023 Residential Level 4 Certificate.pdf

10-31-2023 Residential Level 2 Certificate.pdf



**Project Budget Narrative with estimates/bids \*Required**

Operation PAR - Budget Narrative and Justification.pdf



**Please sign and upload E-Verify form found [here](#) (will be required if you are awarded funds, must be completed before funding award period)**

E-Verify Affidavit.pdf



## Submit

Completed by mbimler@operpar.org on 8/20/2024 1:02 PM

**Case Id:** 16922

**Name:** Operation PAR - Trust Fund

**Address:** \*No Address Assigned

---

## Certification

---

**Once an application is submitted, it can only be "Re-opened" by an Administrator.**

**By clicking submit, I certify that I am an authorized representative of the proposing agency and the information contained in this application is true and accurate to the best of my knowledge and due diligence.**

**I also understand that applications are limited to one per organization, and if more than one application is submitted by my organization, only the first will be considered for funding.**

### Authorized Representative Signature

Martin Bimler for Jim Miller

*Electronically signed by mbimler@operpar.org on 8/20/2024 1:01 PM*

### Date Submitted

08/20/2024



**Operation PAR: 2024-2025 SAAB Trust Fund**

Item	Qty	Unit Price	Cost Without Shipping	Shipping	Total Cost
Chairs for Counselor Offices	12	\$205.99	\$2,471.88	\$ -	\$2,471.88
Desks for Resident Rooms	15	\$420.00	\$6,300.00	\$250.11	\$6,550.11
<b>Total</b>					<b>\$9,021.99</b>

**Justification of Vendor Choice**

**Office Depot - Boss Office Products Contemporary Guest Chair**

Office Depot was chosen as the vendor based on cost. Although the chair is named something different at both Office Anything and American Commercial Furniture, the specifications are the same.

**ULINE - Downtown Office Desk - 60 x 24", Espresso**

Total Cost Uline: \$6550.11; Total Cost Global Industrial: \$4890.24; Cost Difference: \$1659.87

The desk selected from ULINE (\$420) is more expensive than the closest comparable desk, the Interior 60”, from either Global Industrial (\$279.95 + Shipping) or Nexel on Amazon (\$385.30). Note that Nexel on Amazon only has 5 units in stock at this time. There does not appear to be another supplier of the ULINE Downtown Office Desk. While both desks feature steel-frame construction and laminate tops, the Interior is ideally designed to be used with other partition furniture in a traditional office setting. As a significant portion of the problem we are seeking to address is the creation of a welcoming, personal environment, it is important to balance aesthetics against the practical needs of commercial or industrial-grade furniture. There are very limited options for “writing” desks without drawers, important for reducing the hiding of contraband, that will withstand the wear and tear of an institutional setting. Many of these desks are designed for minimal use and/or more for aesthetics. However, most industrial-grade writing desks appear to be designed solely for office settings and not for “home” use. The ULINE Downtown Office Desk, with a contemporary look, will blend better with other furniture in both our dorm-style residential rooms and our family apartment-house residences.

Home > Furniture > Chairs & Seating > Reception Seating > Item #598217

## Boss Office Products Contemporary Guest Chair, Medium Gray

★★★★★ 5.0 (1)



1 / 8



**\$205.99 Sale**

Reg. \$219.99 (You save \$14.00)  
After instant savings. Exp 08/31/24.

This item is already in cart

Pay in 4 interest-free payments of \$51.50 with **PayPal**. [Learn more](#)

[Wish lists](#)

[Shopping lists](#)

### Delivery

Estimated delivery 7-10 business days  
28 In Stock

### You may also need

 **Realspace® MFTC 200 Ergonomic Mesh Mid-Back Task Office...**  
★★★★★ (3076)  
**\$299.99 each**

[View Details](#)

 **Realspace® Fennington Bonded Leather High-Back Executive...**  
★★★★★ (2502)  
Reg. \$309.99 (You save \$190.00)  
**\$119.99 Sale**

[View Details](#)


### Description


A collaborative work environment can encourage creative solutions to the problems facing your team. Offer colleagues this Boss Contemporary Guest Chair to help make sure they're comfortable during meetings and brainstorming sessions, so they can stay relaxed and focused as you talk. With built-in armrests, sturdy legs, and linen-like upholstery, this chair blends comfort with style to suit your décor. Weight capacity tested to support 250 lb

- Overall Dimensions: 35-1/2"H x 26"W x 27"D.
- Weight capacity tested to support 250 lb.
- Linen-like fabric upholstery.
- Built-in arm rests.
- Wooden legs.
- Assembly required.
- Boss guest chair comes in medium gray.
- Eco-conscious choice — has one or more meaningful eco-attributes or eco-labels.
- Tested to meet ANSI/BIFMA Performance Standards - Manufacturer testing has been conducted on this product to meet specific performance requirements and safety standards set forth by the American National Standards Institute (ANSI) and the Business and Institutional Furniture Manufacturers.

# Shopping Cart

Delivery based on **33781**





**Boss Office Products**  
Contemporary Guest  
Chair, Medium Gray  
Item # 598217


**Delivery**  
Estimated delivery 7-10  
business days

12

**\$2,471.88**  
**\$205.99 ea**  
was \$219.99 ea

**You Save**  
**\$168.00**

---




**Add a Protection Plan**  
[Details](#)

3-Year Accidental Damage Protection Plan | \$74.99

2-Year Accidental Damage Protection Plan | \$59.99


## Save \$6 when you add this to your order!



Boise® X-9® Multi-Use Printer & Copy Paper, White, Letter (8.5" x 11"), 500 Sheets Per Ream, 20 Lb, 92 Brightness

\$6.99 / ream

**Add to Cart**



**SCHOOL  
SUPPLY  
DRIVE**

Help us raise \$7 million for teachers and students in local public schools to get the classroom supplies they need. Online donations are powered by Round It Up America®.

[Learn more](#)

\$1

\$5

\$10

\$20

## Order Summary

Subtotal (12 Items):	\$2,471.88
Delivery:	<b>FREE</b>
Estimated Tax:	\$173.03

---

Estimated Total	<b>\$2,644.91</b>
-----------------	-------------------

Available Rewards can be applied by logging in at checkout. [See More.](#)

---

**You qualify for FREE Delivery**

You are saving **\$168.00** on this order

Home > Lounge Chairs > Shop All Products > Seating > Lounge & Reception > Traverse 275 LB Retro Style Guest Chair with Black Wood Legs, Gray Linen

## Traverse 275 LB Retro Style Guest Chair with Black Wood Legs, Gray Linen

Item Number: 1013702



Traverse 275 LB Retro Style Guest Chair with Black Wood Legs, Gray Linen

Details Reviews

✓ Ships in 1 to 2 Weeks

Warranty: Limited Lifetime Handled by American Commercial Furniture [Learn More](#)

### Full Specifications

Finding a collection of exceptional waiting room furniture is almost impossible, but this retro style guest chair from the Traverse Collection by OfficeSource is here to solve all your problems. Add value to your office waiting room with this retro style guest chair, offering a stylish mixture of exceptional quality fabric and wood. With tapering wooden legs and a gray linen fabric upholstery, this chair exudes aesthetic perfection. This guest chair is crafted from high quality materials, allowing longevity and reliability. Adorn your office waiting room furniture with this stylish retro style guest chair for better aesthetic value, and impress your visitors.

- Seat Width: 19.5"
- Minimum Seat Width: 19.50"
- Maximum Seat Width: 19.50"
- Seat Depth: 20"
- Minimum Seat Depth: 20.00"
- Maximum Seat Depth: 20.00"
- Minimum Seat Height: 19.00"
- Max Seat Height: 19.00"
- Backrest Width: 23.03"
- Backrest Height: 22.44"
- Arm Width: 2.76"
- Arm Depth: 18.90"
- Minimum Arm Height: 25.50"
- Maximum Arm Height: 25.50"
- Arms to Floor Minimum: 25.50"
- Arms to Floor Maximum: 25.50"
- Overall Depth: 25.50"
- Overall Width: 24.50"
- Overall Height: 35.50"
- Weight Capacity: 275 lbs
- ANSI BIFMA Certified: Yes
- Country of Origin: China

#### Imported

This product is considered an imported product. While all companies we work with are US based and operated, the product itself comes from overseas.

Regular Price ~~\$723.99~~ **\$361.99**  
& Ships Free!

Want a Lower Price?

[Click Here for a FAST Bulk Quote](#)

Shop by Color



Black

Gray

1

Add to Cart

ADD TO COMPARE

Shop More from Traverse Collection



Traverse 275 LB Barrel Back Arm Chair with Black Wood Legs, Black Leather-Soft Vinyl

**\$477.99** Regular  
Price-\$955.98

ADD TO CART



Traverse 275 LB Retro Style Guest Chair with Mahogany Wood Legs, Black Leather-Soft Vinyl

**\$361.99** Regular  
Price-\$723.98

ADD TO CART



Traverse 275 LB Barrel Back Arm Chair with Black Wood Legs, Gray Linen

**\$477.99** Regular  
Price-\$955.98

ADD TO CART





Home > Your Cart

## YOUR CART (12 ITEMS)



**15+**

Years of Experience



**10,000+**

Satisfied Customers




**Family Owned**

Family Owned & Operated



**Direct Support**

Connect to a Specialist  
Right Away

Item	Price	Quantity	Total
 Office Source <b>Office Source Bowery Retro Style Guest Chair with Gray Linen Upholstery 6909</b>	\$313.00	12	\$3,756.00

Subtotal: \$3,756.00

Coupon Code: Add Coupon

Grand total: **\$3,756.00**

CHECK OUT



## Downtown Office Desk - 60 x 24", Espresso



Industrial chic for contemporary, urban offices.

- Stylish laminate top. 1" thick with PVC edges and cable grommets. 30" height.
- Sturdy steel frame with square tube legs and full-length modesty panel.
- Optional [Mobile Pedestal Files](#) available.

[More Images & Video](#)

SPECIFY COLOR:



MODEL NO.	DESCRIPTION	DIMENSIONS L x W	WT. (LBS.)	PRICE EACH		COLOR	IN STOCK SHIPS TODAY
				1	2+		
H-7741ESP	Desk	60 x 24"	70	\$445	\$420	<input type="checkbox"/> Espresso	1 <input type="button" value="ADD"/>

SHIPS UNASSEMBLED VIA MOTOR FREIGHT

[+ Additional Info](#) | 
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### RELATED ITEMS

SAME DAY SHIPPING

HUGE SELECTION IN STOCK

SHIPS FROM 13 LOCATIONS



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## Shopping Cart

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[Add Product by Model #](#)

Model #	Description	Qty	Price	Total	Remove
H-7741ESP	Downtown Office Desk - 60 x 24", Espresso	<input type="text" value="15"/>	\$420.00/EA	\$6,300.00	

**SUBTOTAL = \$6,300.00**

Update

Checkout

[Shipping](#)

| Sale Code:

| [Questions?](#)

\$300+ orders are eligible for a free item.

Search

[Continue Shopping](#)

### Shopping Cart

[Empty Cart](#) | [Forward](#)

Add Product by Model #

Model #  
H-7741ESP Dow

[Shipping](#) | [Sales](#)

#### ESTIMATE SHIPPING

Order by 6 PM for same day shipping.

<input type="text" value="33781"/>		<a href="#">Shipping Date</a> 08/19/2024  <a href="#">Delivery Date</a> 08/20/2024  <a href="#">Warehouse</a> NAPLES, FL
<input type="checkbox"/> This is a residential address.		
<input type="button" value="GO"/>		
<a href="#">Shipping Method</a>	<a href="#">Delivery Time</a>	<a href="#">Cost</a>
Motor Freight - Averitt Express	1 day	\$250.11 ▼
Additional charges may apply for Inside Delivery and Liftgate services.		

Carrier Information ▼

Shopping Cart (15)



**Interion® 60"W Desk - Walnut**

Model #: WB240345WN

15

**\$4,199.25**  
(\$279.95/unit)

[Save for later](#) | [Remove](#)

Expected delivery on or before Thu, Aug 22

**Your Cart Summary**

Item Total \$4,199.25

**Subtotal \$4,199.25**

**Est. Shipping ⓘ \$690.99**

Zipcode

**33781**

Shipping Method

**Ground**

**Total \$4,890.24**

Taxes are calculated during checkout.

Enter promo code

Home & Kitchen Furniture Home Office Furniture Home Office Desks



Click image to open expanded view



## Interion 60" Desk Cherry (240345CH)

Visit the Nexel Store  
Search this page

\$385<sup>30</sup>

Or \$64.22 /mo (6 mo). Select from 2 plans

prime

### Delivery & Support

Select to learn more



Ships from Amazon.com



30-day easy returns



Customer Support

May be available at a lower price from other sellers, potentially without free Prime shipping.

<b>Brand</b>	Nexel
<b>Color</b>	Maple
<b>Style</b>	Modern
<b>Base Material</b>	Alloy Steel
<b>Finish Type</b>	Steel
<b>Special Feature</b>	Adjustable
<b>Room Type</b>	Office

See more

Shape Rectangular

Top Material Type Engineered Wood

### About this item

- Desktop includes 2-3/16" diameter cable management grommet opening
- Desk includes modesty panel and adjustable leveling glides
- Easy assembly
- Easy Assembly

See more product details

Report an issue with this product or seller

\$385<sup>30</sup>

prime

FREE delivery **Wednesday, August 28.** Order within 22 hrs 32 mins

Deliver to Martin - St Petersburg 33703

In Stock

Quantity: 1

Add to Cart

Buy Now

Ships from Amazon.com  
Sold by Amazon.com  
Returns 30-day refund/replacement  
Payment Secure transaction Amazon.com

### Add a Protection Plan:

- 2 Year Furniture Protection Plan for \$54.99
- Asurion Complete Protect: One plan covers all eligible past and future purchases (Renews Monthly Until Cancelled) for \$16.99/month

Add to List

### Other sellers on Amazon

New (2) from \$385<sup>26</sup> & FREE Shipping

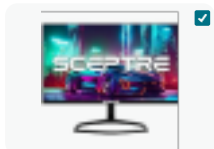
### Buy it with



This item: Interion 60" Desk Cherry (240345CH)  
\$385<sup>30</sup> prime



NEO CHAIR High Back Mesh Chair Adjustable Height and Ergonomic Design Home Office Computer...  
\$69<sup>98</sup>



Sceptre New 24.5-inch Gaming Monitor 240Hz 1ms DisplayPort x2 HDMI x2 100% sRGB AMD...  
\$134<sup>06</sup> prime

Total price: \$589.34

Add all 3 to Cart

These items are shipped from and sold by different sellers. Show details

### Customers also viewed these products

Page 1 of 7



Safepus 48" Computer Desk with 4 Storage Drawers and Hutch Wood Executive Table for PC Laptop  
★★★★☆ 72  
\$209.99  
FREE Shipping



Sauder Computer Desk, Brushed Maple finish  
★★★★☆ 1,780  
\$225.99



Sauder Heritage Hill Executive Desk, Classic Cherry Finish  
★★★★☆ 371  
12 offers from \$348.99



Sauder Carson Forge Desk, Washington Cherry finish  
★★★★☆ 3,138  
\$264.16  
prime FREE Delivery Tuesday, Aug 27



Techni Mobili Classic Computer Desk with Multiple Drawers, 29.5" x 23.6" x 51.2", Wenge  
★★★★☆ 1,224  
Amazon's Choice in Home Office Desks  
\$110.99  
prime FREE Delivery Friday, Aug 23



JXQTLINGMU 58" Executive Desk, Farmhouse Computer Desk with Drawers and...  
★★★★☆ 160  
20% off Limited time deal  
\$296.99  
List: \$569.99  
Get it Aug 27 - 28  
FREE Shipping



DlandHome 47 inches Medium Computer Desk, Composite Wood Board, Decent and Steady Home Office Desk/Workstatio...  
★★★★☆ 4,003  
\$99.99  
Get it Aug 27 - Sep 3  
FREE Shipping

### Product details

Product Dimensions : 24 x 75.5 x 29 inches; 76 Pounds  
Item model number : 240345CH  
Date First Available : May 30, 2020

Manufacturer : Global Industrial

ASIN : B0847TLWTR

Country of Origin : China

Best Sellers Rank: #6,758,988 in Home & Kitchen (See Top 100 in Home & Kitchen)  
#17,562 in Home Office Desks

### Product Description

By Global Industrial Office partition furniture helps optimize your partitioned work space, while adding functionality and storage. These modular components are made with 1 thick scratch resistant laminate work surfaces on charcoal finished steel frame. Purchase with Optional Return Desks or Corner Desks to create L & U-shaped workstation. 1 Year Limited Warranty.

### Overstock deals on Home Office Desks [Explore more in Outlet](#)



MoNiBloom Computer Desk with 4 Tier Storage Shelves, 47 Inches Home Office Study Writing...

★★★★★ 1

48% off Limited time deal

\$81.60

List: ~~\$155.99~~

prime FREE Delivery

Thursday, Aug 22

0% Claimed



Furinno Efficient Home Laptop Notebook Computer Desk with...

★★★★★ 157

Amazon's Choice in Home Office Desks

15% off Limited time deal

\$33.10

Typical: ~~\$38.99~~

prime FREE One-Day Get it

Tomorrow, Aug 20



EUREKA ERGONOMIC Electric Standing Desk, 63 Inch Height Adjustable Desk with Dual...

★★★★★ 5

20% off Limited time deal

\$349.03

List: ~~\$436.29~~

prime FREE Delivery

Thursday, Aug 22



IULULU Computer Desk, Home Office Writing Table, Modern Simple Study Workstation, ...

★★★★★ 40

15% off Limited time deal

\$76.50

List: ~~\$89.99~~

prime FREE Delivery Friday, Aug 23

0% Claimed



GIA Home Furniture Series Mid Century Writing Rattan Crafted Drawers, Wood Comput...

★★★★★ 9

17% off Limited time deal

\$123.70

Typical: ~~\$148.33~~

prime FREE Delivery

Saturday, Aug 24

0% Claimed



LHIUEM You are Enough Motivational Desk Decor, (4"x 4") Rainbow Inspirational Sign with...

★★★★★ 10

50% off Limited time deal

\$7.99

Typical: ~~\$15.99~~

prime FREE One-Day Get it

Tomorrow, Aug 20

### What's in the box

- 1 Desk

### Videos

Help others learn more about this product by uploading a video!

Upload your video

### Looking for specific info?

### Customer reviews



How customer reviews and ratings work

No customer reviews

Back to top

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- Investor Relations
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- Become a Delivery Driver
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- Advertise Your Products
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#### Amazon Payment Products

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- Amazon Business Card
- Shop with Points
- Credit Card Marketplace
- Reload Your Balance
- Gift Cards
- Amazon Currency Converter
- Promotional Financing

#### Let Us Help You

- Your Account
- Your Orders
- Shipping Rates & Policies
- Amazon Prime
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- Manage Your Content and Devices
- Recalls and Product Safety Alerts
- Registry & Gift List

Internal Revenue Service  
District Director

Department of the Treasury

P. O. Box 2508  
Cincinnati, OH 45201

Date: May 18, 1999

Person to Contact:  
Sheila Schrom 31-02836  
Customer Service Representative  
Telephone Number:  
877-829-5500  
Fax Number:  
513-684-5936  
Federal Identification Number:  
59-1349234

Operation PAR, Inc.  
6655 66<sup>th</sup> St. N.  
Pinellas, FL 33781

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in June 1970 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Operation PAR Inc.  
59-1349234

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

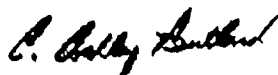
Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

Please direct any questions to the person identified in the letterhead above.

This letter affirms your organization's exempt status.

Sincerely,



C. Ashley Bullard  
District Director

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  <b>Operation PAR, Inc.</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input checked="" type="checkbox"/> <b>C Corporation</b></p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.  <b>6655 66th Street North</b></p> <p><b>6</b> City, state, and ZIP code  <b>Pinellas Park, FL 33781</b></p>	<p>Requester's name and address (optional)</p>
	<p><b>7</b> List account number(s) here (optional)</p>	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
-				-					
<b>or</b>									
<b>Employer identification number</b>									
5	9		-	1	3	4	9	2	3
4									

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>1/16/24</b>
------------------	----------------------------	-----------------------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



License Number  
**LIC-1046663**

**State of Florida**  
Department of Children and Families  
**CERTIFIES**  
Operation PAR, Inc.

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for

**Employee Assistance Program**

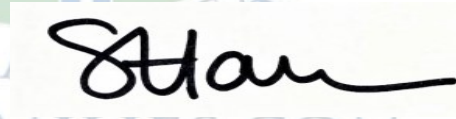
located at:

Site: Largo Campus, PAR  
Village, PVDC

13800 66TH ST  
LARGO, FL 33771-4909

Accredited By: CARF

License Type: Regular



Shevaun Harris, Secretary

Signature Date: 10/26/2023

Effective Date: 12/2/2023

Expiration Date: 12/1/2024

**This license was issued based, in part, on the survey report of a Department recognized accrediting organization.**

Accredited By Commission on Accreditation of Rehabilitation Facilities (CARF)

**The issuance of a license, certification, or recognition pursuant to Chapter 65D-30, F.A.C., neither guarantees, expresses, nor implies an outcome. A license, certification, or recognition represents attainment of the minimum standards to conduct business as a substance use disorder treatment or prevention provider in the state of Florida.**

**State of Florida**  
Department of Children and Families  
**CERTIFIES**  
Operation PAR, Inc.

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for

**General Intervention**

located at:

Site: Largo Campus, PAR  
Village, PVDC

13800 66TH ST  
LARGO, FL 33771-4909

Accredited By: CARF

License Type: Regular



Shevaun Harris, Secretary

Signature Date: 10/26/2023

Effective Date: 12/2/2023

Expiration Date: 12/1/2024

Site: The Academy -  
Juvenile Center

6720 54TH AVE N Ste STE 135  
ST PETERSBURG, FL 33709-1402

Accredited By: CARF

License Type: Regular



Shevaun Harris, Secretary

Signature Date: 10/26/2023

Effective Date: 12/2/2023

Expiration Date: 12/1/2024

Site: McLin Center COBRA  
Prevention Services

1900 DR MARTIN LUTHER KING JR  
ST S  
ST PETERSBURG, FL 33705-2650

Accredited By: CARF

License Type: Regular



Shevaun Harris, Secretary

Signature Date: 12/15/2022

Effective Date: 12/2/2023

Expiration Date: 12/1/2023

Site: Maps Pasco Clinic,  
PAIC (Pasco Adolescent  
Intervention Center)

7720 Washington Street  
New Port Richey, FL 34668

Accredited By: CARF

License Type: Regular



Shevaun Harris, Secretary

Signature Date: 11/16/2022

Effective Date: 12/2/2022

Expiration Date: 12/1/2023

Site: COSA South (OP  
Services) Building closed -  
services moved to McLin  
Center

2000 4TH ST S  
ST PETERSBURG, FL 33705-2718

Accredited By: CARF

License Type: Regular



Shevaun Harris, Secretary

Signature Date: 11/14/2022

Effective Date: 12/2/2022

Expiration Date: 12/1/2023

Site: PJAC - Pinellas  
Juvenile Assessment Center

14500 49TH ST N Ste STE 135  
CLEARWATER, FL 33762-2807

Accredited By: CARF

License Type: Regular



Shevaun Harris, Secretary

Signature Date: 11/16/2022

Effective Date: 12/2/2022

Expiration Date: 12/1/2023

**This license was issued based, in part, on the survey report of a Department recognized accrediting organization.**

Accredited By Commission on Accreditation of Rehabilitation Facilities (CARF)

FLORIDA DEPARTMENT OF  
**State of Florida**  
Department of Children and Families  
**CERTIFIES**  
Operation PAR, Inc.

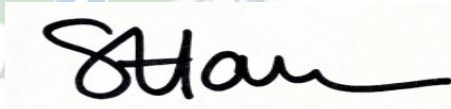
is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for

**Outpatient Treatment**

located at:

Site: The Academy -  
Juvenile Center

6720 54TH AVE N Ste STE 135  
ST PETERSBURG, FL 33709-1402



Signature Date: 10/26/2023

Effective Date: 12/2/2023

Expiration Date: 12/1/2024

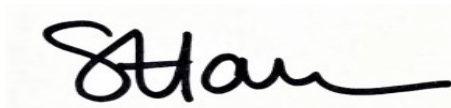
Accredited By: CARF

License Type: Regular

Shevaun Harris, Secretary

Site: Largo Campus, PAR  
Village, PVDC

13800 66TH ST  
LARGO, FL 33771-4909



Signature Date: 10/26/2023

Effective Date: 12/2/2023

Expiration Date: 12/1/2024

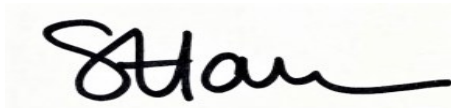
Accredited By: CARF

License Type: Regular

Shevaun Harris, Secretary

Site: COSA South (OP  
Services) Building closed -  
services moved to McLin  
Center

2000 4TH ST S  
ST PETERSBURG, FL 33705-2718



Signature Date: 11/14/2022

Effective Date: 12/2/2022

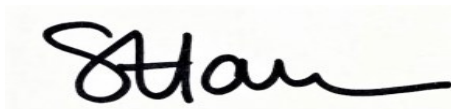
Expiration Date: 12/1/2023

Accredited By: CARF  
License Type: Regular

Shevaun Harris, Secretary

Site: McLin Center COBRA  
Prevention Services

1900 DR MARTIN LUTHER KING JR  
ST S  
ST PETERSBURG, FL 33705-2650



Signature Date: 12/15/2022

Effective Date: 12/2/2023

Expiration  
Date: 12/1/2023

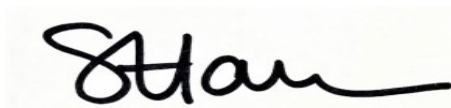
Accredited By: CARF

License Type: Regular

Shevaun Harris, Secretary

Site: Maps Pasco Clinic,  
PAIC (Pasco Adolescent  
Intervention Center)

7720 Washington Street  
New Port Richey, FL 34668



Signature Date: 11/16/2022

Effective Date: 12/2/2022

Expiration Date: 12/1/2023

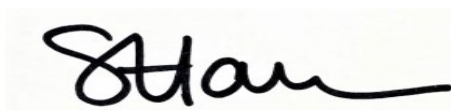
Accredited By: CARF

License Type: Regular

Shevaun Harris, Secretary

Site: 11

1900 DR MARTIN LUTHER KING JR  
ST S  
ST PETERSBURG, FL 33705-2650



Signature Date: 12/8/2021

Effective Date: 12/2/2021

Expiration Date: 12/1/2022

Accredited By: CARF

License Type: Regular

Shevaun Harris, Secretary

**This license was issued based, in part, on the survey report of a Department recognized accrediting organization.**

Accredited By Commission on Accreditation of Rehabilitation Facilities (CARF)

**State of Florida**  
Department of Children and Families  
**CERTIFIES**  
Operation PAR, Inc.

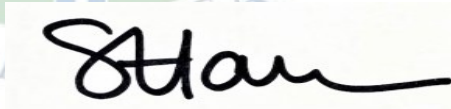
is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for

**Prevention Services Indicated**

located at:

Site: Alpha Prevention  
Services

6400 54TH AVE N  
ST PETERSBURG, FL 33709-1602



Signature Date: 10/26/2023

Effective Date: 12/2/2023

Expiration Date: 12/1/2024

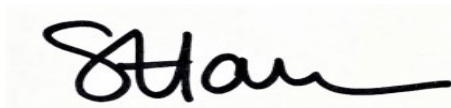
Accredited By: CARF

License Type: Regular

Shevaun Harris, Secretary

Site: COSA-Child  
Developmental Center  
(Parenting, Prevention)

1930 4TH ST S  
ST PETERSBURG, FL 33705-2865



Signature Date: 10/26/2023

Effective Date: 12/2/2023

Expiration Date: 12/1/2024

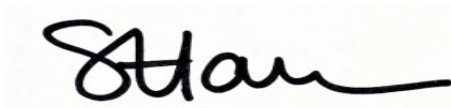
Accredited By: CARF

License Type: Regular

Shevaun Harris, Secretary

Site: Largo Campus, PAR  
Village, PVDC

13800 66TH ST  
LARGO, FL 33771-4909



Signature Date: 10/26/2023

Effective Date: 12/2/2023

Expiration Date: 12/1/2024

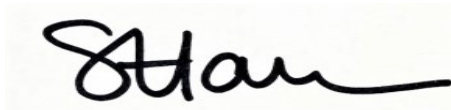
Accredited By: CARF

License Type: Regular

Shevaun Harris, Secretary

Site: PAR Corporate Office  
- Prevention

6655 66TH ST N  
PINELLAS PARK, FL 33781-5033



Signature Date: 11/15/2022

Effective Date: 12/2/2022

Expiration Date: 12/1/2023

Accredited By: CARF

Date:

License Type: Regular

Shevaun Harris, Secretary

**This license was issued based, in part, on the survey report of a Department recognized accrediting organization.**

Accredited By Commission on Accreditation of Rehabilitation Facilities (CARF)

**The issuance of a license, certification, or recognition pursuant to Chapter 65D-30, F.A.C., neither guarantees, expresses, nor implies an outcome. A license, certification, or recognition represents attainment of the minimum standards to conduct business as a substance use disorder treatment or prevention provider in the state of Florida.**

License Number  
**LIC-1046661**

**State of Florida**  
Department of Children and Families  
**CERTIFIES**  
Operation PAR, Inc.

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for

**Residential Level 1**

located at:

Site: Largo Campus, PAR  
Village, PVDC

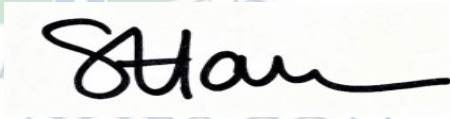
13800 66TH ST  
LARGO, FL 33771-4909

Accredited By: CARF

License Type: Regular

Bed Capacity: 30

Shevaun Harris, Secretary



Signature Date: 10/26/2023

Effective Date: 12/2/2023

Expiration Date: 12/1/2024

**This license was issued based, in part, on the survey report of a Department recognized accrediting organization.**

Accredited By Commission on Accreditation of Rehabilitation Facilities (CARF)

**The issuance of a license, certification, or recognition pursuant to Chapter 65D-30, F.A.C., neither guarantees, expresses, nor implies an outcome. A license, certification, or recognition represents attainment of the minimum standards to conduct business as a substance use disorder treatment or prevention provider in the state of Florida.**

License Number  
**LIC-1046666**

**State of Florida**  
Department of Children and Families  
**CERTIFIES**  
Operation PAR, Inc.

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for

**Residential Level 3**

located at:

Site: Largo Campus, PAR  
Village, PVDC

13800 66TH ST  
LARGO, FL 33771-4909

Accredited By: CARF

License Type: Regular

Bed Capacity: 155

Shevaun Harris, Secretary



Signature Date: 10/26/2023

Effective Date: 12/2/2023

Expiration Date: 12/1/2024

**This license was issued based, in part, on the survey report of a Department recognized accrediting organization.**

Accredited By Commission on Accreditation of Rehabilitation Facilities (CARF)

**The issuance of a license, certification, or recognition pursuant to Chapter 65D-30, F.A.C., neither guarantees, expresses, nor implies an outcome. A license, certification, or recognition represents attainment of the minimum standards to conduct business as a substance use disorder treatment or prevention provider in the state of Florida.**



**State of Florida**  
Department of Children and Families  
**CERTIFIES**  
Operation PAR, Inc.

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for

**Residential Level 4**

located at:

Site: Largo Campus, PAR  
Village, PVDC

13800 66TH ST  
LARGO, FL 33771-4909

Accredited By: CARF

License Type: Regular

Bed Capacity: 15

Shevaun Harris, Secretary

Signature Date: 10/26/2023

Effective Date: 12/2/2023

Expiration Date: 12/1/2024

Site: HighPoint - Detox,  
Case Management, Maps  
Clearwater

6150 150TH AVE N  
CLEARWATER, FL 33760-2138

Accredited By: CARF

License Type: Regular

Bed Capacity: 15

Shevaun Harris, Secretary

Signature Date: 11/14/2022

Effective Date: 12/2/2022

Expiration Date: 12/1/2023

**This license was issued based, in part, on the survey report of a Department recognized accrediting organization.**

Accredited By Commission on Accreditation of Rehabilitation Facilities (CARF)

**The issuance of a license, certification, or recognition pursuant to Chapter 65D-30, F.A.C., neither guarantees, expresses, nor implies an outcome. A license, certification, or recognition represents attainment of the minimum standards to conduct business as a substance use disorder treatment or prevention provider in the state of Florida.**

E-VERIFY AFFIDAVIT

E-VERIFY AFFIDAVIT

I hereby certify that Operation PAR, Inc. [insert contractor company name] does not employ, contract with, or subcontract with an unauthorized alien, and is otherwise in full compliance with Section 448 095, Florida Statutes.

All employees hired on or after January 1, 2021 have had their work authorization status verified through the E-Verify system.

A true and correct copy of Operation PAR, Inc [insert contractor company name] proof of registration in the E-Verify system is attached to this Affidavit.

Signature [Handwritten Signature]

Print Name Rich Neubert

Date 5/30/2024

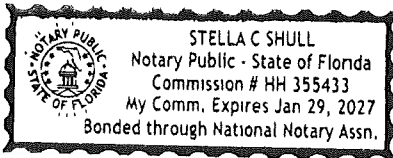
Federal Work Authorization User Identification No. 391827

Name of Pinellas County Contract and Contract No Pinellas Matters 23-1001-RFP

STATE OF FLORIDA COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of 1) physical presence or 2) online notarization, this MAY 30, 2024 (date) by RICH NEUBERT (name of officer or agent, title of officer or agent) of OPERATION PAR, INC. (name of contractor company acknowledging), a FLORIDA CORPORATION (state or place of incorporation) corporation, on behalf of the corporation. He/she/is personally known to me or has produced \_\_\_\_\_ (type of identification) as identification.

[Notary Seal]



Notary Public STATE OF FLORIDA

Name typed, printed, or stamped STELLA C SHULL

My Commission Expires JANUARY 29, 2027



## Program Description

Completed by hcalhoun@pemhs.org on 8/8/2024 11:36 AM

**Case Id:** 16918

**Name:** PEMHS, Inc.

**Address:** \*No Address Assigned

---

### Program Description

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Please provide the following information.



## Alcohol and Drug Abuse Trust Fund Grant FY 2024-2025

**Pinellas County Board  
of County  
Commissioners**  
Human Services  
440 Court St, 2nd Floor  
Clearwater, FL 33756

**Pinellas County and the Substance Abuse Advisory Board (SAAB) are pleased to announce the solicitation of applications for the Alcohol and Drug Abuse Trust Fund award. Funding for the upcoming 24-25 fiscal year is \$35,000.00. The Alcohol and Drug Abuse Trust Fund is generated from court fees in accordance with Sections 938.13 and 893.165 of the Florida Statutes.**

### Eligible Applicants

Applicants must be nonprofit organizations that provide alcohol and/or drug abuse treatment and/or prevention programs and have at least one client-accessible office or service location within Pinellas County. To be eligible for an award your organization must be licensed as a substance abuse treatment provider under Chapter 397 of the Florida Statutes and you must provide a copy of said license with your application.

### Use of Funds

Award funds must be used for one-time-only, non-recurring expenditures such as equipment, special projects, training, renovations, and formalized prevention activities. Awards cannot be used for food and beverage reimbursements.

Drug and Alcohol Abuse Trust Fund Grant awards will range from \$1,000.00 to \$10,000.00. The project period for these awards is October 1, 2024 – September 30, 2025.

### Application Review Process

The SAAB will review and score each application to make funding recommendations. Recommendations will then be presented to the Board of County Commissioners for final approval.

### Alcohol and Drug Abuse Trust Fund Online Application Instructions

Printed By: Maggie Miles on 8/21/2024

Please read the application instructions in their entirety before beginning or applying for funding. Organizations and agencies may only submit one project proposal. Submission of multiple project applications by a single organization will not be accepted.

- **Budget Narrative:** Be aware that the application field will not allow you to copy and paste a table or spreadsheet into the application. Include any additional Budget Narrative to explain the breakdown of how you arrived at that dollar amount.
  - To accommodate tables and spreadsheets you may submit a detailed budget as an attachment in the Budget section, it does allow you to attach multiple files. This is where you would attach bids and estimates.
  - The SAAB has stated they would prefer if multiple bids /estimates are submitted for purchases/ projects if possible. If needing to use a particular vendor, please explain.
- Organizations must attach information regarding their non-profit status and Chapter 397 of the Florida Statutes licenses.
- Be sure to complete all fields and be as thorough as possible.

### **All Grant Award Recipients Must:**

- Attend the SAAB meetings and present written and oral reports as required.
- Submit to a monitoring visit by the County.
- Agree to request in writing, any changes in scope and obtain approval from the SAAB.
- Agree to complete the funded project and expend all awarded funds during the grant funding period

### **Application Timeline**

- Application Opens Wednesday August 7th, 2024.
- Question and Answer Period Closes: Wednesday, August 14th at 4:00pm. Responses will be posted by Friday, August 16th at link: [Human Services Department – Pinellas County](#)
- Application Closes Wednesday, August 21st, 2024, at 4:00pm.
- SAAB Review and Recommendation Meeting Tuesday, August 28th, 2024.
- Board of County Commissioners Recommendation Approval on or about Tuesday, October 15th, 2024. The submission deadline for all applications is **August 21st at 4:00pm (no exceptions)**. Please allow time for submission and technological challenges, as late applications will not be accepted.

### **Scoring Criteria**

Please see attached Scoring Matrix [here](#) which will be used by reviewers to score application

## Eligibility

Completed by hcalhoun@pemhs.org on 8/8/2024 11:36 AM

**Case Id:** 16918

**Name:** PEMHS, Inc.

**Address:** \*No Address Assigned

---

## Eligibility

---

Please provide the following information.

**1. Is the applicant a non-profit organization licensed as a substance abuse treatment provider under Chapter 397 of the Florida Statutes and have at least one client-accessible office or service location within Pinellas County?**

Yes

**2. Does the applicant agree to the terms and conditions of the [FY25 Funding Agreement?](#)**

Yes

## A. Agency Information

Completed by hcalhoun@pemhs.org on 8/8/2024 2:40 PM

Case Id: 16918

Name: PEMHS, Inc.

Address: \*No Address Assigned

---

### A. Agency Information

---

Please provide the following information.

#### LEGAL AGENCY INFORMATION (FOR CONTRACT)

**A.1. Organization Name**

Personal Enrichment through Mental Health Services, Inc.  
(PEMHS)

**A.2. DBA (if applicable)**

**A.3. Legal Address**

11254 58th St. N Pinellas Park, FL 33782

#### PROJECT INFORMATION

**A.4. Project Title**

Digital Empowerment for Crisis Response: Funding for  
Desktop Computers

**A.5. Physical Program Address**

11254 58th St. N Pinellas Park, FL 33782

**A.6. Program Manager First Name**

Karen

**A.7. Program Manager Last Name**

Rogari

**A.8. Program Manager Title**

Director of Behavioral Health Services

**A.9. Program Manager Email**

krogari@pemhs.org

**A.10. Program Manager Phone Number**

(727) 509-1312

**A.11. Total Amount Requested**

\$5,203.86

#### APPLICATION CONTACT INFORMATION

**A.15. First Name**

Helena

**A.16. Last Name**

Von Otto

**A.17. Contact Person/Title**

Marketing and Development Director

**A.18. Contact Email**

hvonotto@pemhs.org

**A.19. Telephone**

7272601125

**A.20. Executive Officer First Name**

Maxine

**A.21. Executive Officer Last Name**

Booker

**A.22. Executive Officer Title**

CEO & President

**A.23. Executive Officer Email**

mbooker@pemhs.org

**A.24. Executive Officer Phone Number**

(727) 362-4395

**A.12. Taxpayer/Employer ID**

593153549

**A.13. Unique Entity Identifier (UEI- Federal SAM.GOV  
Number) Optional**

JFQBD654LSV7

**A.14. Date of incorporation in Florida**

09/29/1981

## B. Organization Profile

Completed by hcalhoun@pemhs.org on 8/8/2024 11:53 AM

**Case Id:** 16918

**Name:** PEMHS, Inc.

**Address:** \*No Address Assigned

---

### B. Organization Profile

---

Please provide the following information.

#### B.1. Describe the mission and purpose of the organization.

Personal Enrichment through Mental Health Services (PEMHS) functions as part of a community system of care and has been committed to providing care in crisis since 1981. Our dedicated staff and comprehensive range of programs and services are designed to meet the needs of children, adults, and families to build strong communities. PEMHS is a private, 501(c)(3) non-profit behavioral health care organization located in Pinellas County, Florida. Programs include a 24-hour suicide hotline, emergency screening, crisis intervention services, inpatient services for adults and children, and community-based programs. PEMHS understands that high-quality services are necessary to obtain the best outcome for individuals and families facing behavioral health issues. PEMHS is licensed by the Florida Department of Children and Families and by the Florida Agency for Health Care Administration. PEMHS is also certified by the American Association of Suicidology and is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). PEMHS currently provides services in two locations. Our main campus is centrally located on 5.8 acres at 11254 58th Street North in Pinellas Park. This location provides several services including a 60-bed Crisis Stabilization Unit (CSU) with 45 beds for adults and 15 beds for children, the Mobile Crisis Response Team (MCRT), Pinellas Integrated Care Alliance (PIC), IMPACT Team Continuing Care Services, and other community-based wellness programs. PEMHS administrative offices, an on-site pharmacy, training space, and associated support and maintenance functions are also situated at this location. Crisis and emergency services operate 24 hours, 7 days a week. Palm Way Campus, located at 1614 Palm Way, Largo, is the community and family services location. Programs include System Navigation (SN), CAT Team, and The Behavioral Health Network (BNet). There is a community training room, a small food pantry and large clothes, a small appliance, and a children's toys closet. This location is open Monday through Friday from 8 a.m. to 4 p.m. JARF Pinellas County provides alcohol and substance abuse detoxification services for youth under 18 years of age in a secure environment. JARF is a Marchman Act Receiving Facility. Early intervention is one of the best ways to help your child live drug-free. The JARF is designed to provide quality, comprehensive care and assessment for youths, ages 13 through 17, who are in need of assessment and stabilization due to substance abuse impairment. Services are offered via a multidisciplinary team of professionals dedicated to providing person-centered services that support self-determination, recovery, and resilience for those challenged with mental health disorders. The length of stay, 3-5 days, is determined by how long it takes to complete a full and accurate assessment, stabilize for withdrawal and behavioral symptoms and to arrange after-care planning.

## C. Community Needs

Completed by hcalhoun@pemhs.org on 8/9/2024 1:19 PM

Case Id: 16918

Name: PEMHS, Inc.

Address: \*No Address Assigned

---

### C. Community Needs

---

Please provide the following information.

**C.1 Clearly identify the problem to be addressed through the program that is requesting project funding. Provide supporting statistics or data specific to Pinellas County such as needs assessments, interviews, waiting lists, surveys, trends and/or analyses. (Describe the program that needs the item, not the item)**

The problem we seek to address through our JARF program is the alarming rate of substance abuse among youth in Pinellas County, which poses significant challenges for individuals, families, and the community. Substance abuse among adolescents is a growing concern, as it leads to a myriad of issues including delinquency, mental health disorders, and engagement with the juvenile justice system. In Pinellas County, statistics reveal a disturbing trend: according to recent reports, approximately 11.5% of adolescents have engaged in substance use, with a marked increase in the use of alcohol and drugs such as opioids and marijuana. Our Juvenile Addiction Receiving Facility (JARF) is the only facility of its kind in Pinellas County, highlighting the urgent need for resources dedicated to this high-risk population. The facility provides essential alcohol and substance abuse detoxification services for youth aged 13-17. The community's call for action is clear: there is a pressing need for a highly therapeutic environment where youth can receive competent, safe care and a holistic approach to rehabilitation. Our program aims to provide such an environment, focusing on comprehensive assessment, stabilization, and aftercare planning. By enhancing our facilities and technology, we can reduce waiting times and increase the number of youths receiving timely, effective treatment. Our commitment is to improve the lives of these young individuals and, in turn, build a healthier, safer community for all residents of Pinellas County.

## D. Project Description

Completed by hcalhoun@pemhs.org on 8/9/2024 1:21 PM

**Case Id:** 16918

**Name:** PEMHS, Inc.

**Address:** \*No Address Assigned

---

### D. Project Description

---

Please provide the following information.

#### **D.1. Describe the Project, what problem it is solving, and how it will improve services being provided by the organization?**

The Juvenile Addiction Receiving Facility (JARF) and Crisis Stabilization Services at PEMHS are seeking to acquire new desktop computers to enhance our operational efficiency and service delivery. This project will replace outdated equipment with modern systems, ensuring that our staff can provide timely and effective care to children, adolescents, and families in crisis. Our current technology is outdated, leading to disruptions and inefficiencies that could hinder our ability to provide critical services. These issues are particularly detrimental in high-pressure environments like JARF and Crisis Stabilization, where rapid response and precise data handling are essential. The current systems struggle with slow processing speeds and frequent technical issues, which might impact our ability to perform accurate assessments, maintain comprehensive records, and coordinate care effectively. Investing in modern technology ensures that our facilities are well-equipped to adapt to future demands and integrate new tools and innovations. This adaptability is key to continuing to meet the evolving needs of our community. By acquiring new desktop computers, PEMHS will strengthen its ability to provide effective, timely, and coordinated care through the JARF and Crisis Stabilization Services, ultimately leading to better outcomes for the youth and families we serve.

#### **D.2. How will funds be used to fix to the problem?**

New desktop computers will enhance the speed and reliability of our operations, allowing staff to complete assessments and documentation more quickly and accurately. This improvement will directly translate into more effective interventions and support for clients in crisis. Up-to-date technology will improve our data management capabilities, ensuring that sensitive information is stored securely and accessed efficiently. This is crucial for maintaining confidentiality and ensuring that treatment plans are based on the most accurate and current data available. Modern computers will facilitate better communication both within our teams and with external partners. This includes seamless video conferencing, faster email exchanges, and improved collaboration tools, all of which are essential for coordinating care and responding swiftly to emergencies.



## E. Budget

Completed by hcalhoun@pemhs.org on 8/8/2024 2:41 PM

**Case Id:** 16918

**Name:** PEMHS, Inc.

**Address:** \*No Address Assigned

---

### E. Budget

---

Please provide the following information.

#### E.1. Total ProjectBudget

\$5,203.86

#### E.2. Amount of County Funding Request

\$0.00

---

### Documentation

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#### Project Budget Narrative with estimates/bids **\*Required**

Budget & Budget Narrative 2024.pdf

PEMHS\_Dell\_OptPlex7020\_SFF\_qty5\_073024\_grant.pdf

## F. Required Documents

Completed by hcalhoun@pemhs.org on 8/9/2024 1:21 PM

Case Id: 16918

Name: PEMHS, Inc.

Address: \*No Address Assigned

---

### F. Required Documents

---

Please upload the following documents.

---

#### Documentation

---



**Proof of 501(c)(3) status \*Required**

IRS Tax ID.pdf



**W-9 with legal name which matches that of applicant name \*Required**

W-9 2024.pdf



**Current DCF 397 State Licenses or Registrations \*Required**

4-19-2024 Addictions Receiving Facility Certificate.pdf



**Project Budget Narrative with estimates/bids \*Required**

Budget & Budget Narrative 2024.pdf

PEMHS\_Dell\_OptPlex7020\_SFF\_qty5\_073024\_grant.pdf



**Please sign and upload E-Verify form found [here](#) (will be required if you are awarded funds, must be completed before funding award period)**

E-Verify.pdf

My Company Profile \_ E-Verify.pdf

## Submit

Completed by hcalhoun@pemhs.org on 8/9/2024 1:21 PM

**Case Id:** 16918

**Name:** PEMHS, Inc.

**Address:** \*No Address Assigned

---

## Certification

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**Once an application is submitted, it can only be "Re-opened" by an Administrator.**

**By clicking submit, I certify that I am an authorized representative of the proposing agency and the information contained in this application is true and accurate to the best of my knowledge and due diligence.**

**I also understand that applications are limited to one per organization, and if more than one application is submitted by my organization, only the first will be considered for funding.**

### Authorized Representative Signature

Helena Von Otto

*Electronically signed by hcalhoun@pemhs.org on 8/9/2024 1:21 PM*

### Date Submitted

08/09/2024



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248162350  
Jan. 20, 2015 LTR 4168C 0  
59-3153549 000000 00

00017226

BODC: TE

PERSONAL ENRICHMENT THROUGH MENTAL  
HEALTH SERVICES INC  
BUILDING B 11254 58TH STREET NORTH  
PINELLAS PARK FL 33782



012245

Employer Identification Number: 59-3153549  
Person to Contact: Mr Edwards  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 08, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in July 1983.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

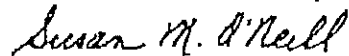
Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248162350  
Jan. 20, 2015 LTR 4168C 0  
59-3153549 000000 00  
00017227

PERSONAL ENRICHMENT THROUGH MENTAL  
HEALTH SERVICES INC  
BUILDING B 11254 58TH STREET NORTH  
PINELLAS PARK FL 33782

If you have any questions, please call us at the telephone number  
shown in the heading of this letter.

Sincerely yours,



Susan M. O'Neill, Department Mgr.  
Accounts Management Operations

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Personal Enrichment Through Mental Health Services, Inc.**

2 Business name/dlsregarded entity name, if different from above  
**PEMHS**

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see Instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See Instructions.  
**11254 58th Street N**

6 City, state, and ZIP code  
**Pinellas Park, FL 33782**

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-						
or									
Employer identification number									
5	9	-	3	1	5	3	5	4	9

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *Maxine Upshaw* Date ▶ *Jan 17, 2024*

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

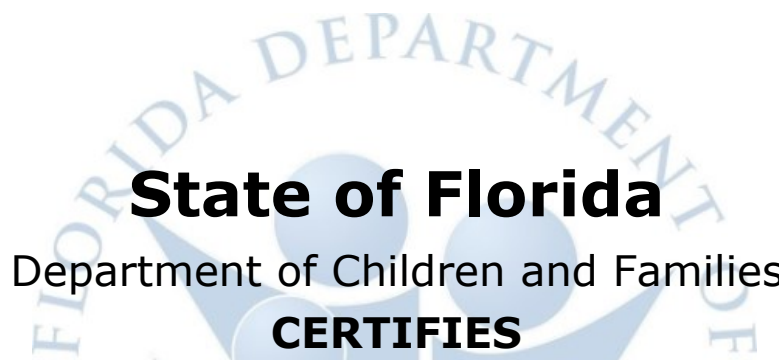
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

License Number  
**LIC-1045895**



# State of Florida

Department of Children and Families

## CERTIFIES

Personal Enrichment Through Mental Health Services, Inc.

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for

**Addictions Receiving Facility**

located at:

Site: PERSONAL  
ENRICHMENT THROUGH  
MENTAL HEALTH SERVICES

CSU A - 11254 58th Street North,  
Building J  
PINELLAS PARK, FL 33782

A handwritten signature in black ink, appearing to read "Shevaun", is placed over a light yellow rectangular background.

Signature Date:

Effective Date: 6/8/2024

Expiration Date: 6/7/2025

Accredited By: CARF  
License Type: Regular

Bed Capacity: 1

Shevaun Harris, Secretary

**This license was issued based, in part, on the survey report of a Department recognized accrediting organization.**

Accredited By Commission on Accreditation of Rehabilitation Facilities (CARF)

**The issuance of a license, certification, or recognition pursuant to Chapter 65D-30, F.A.C., neither guarantees, expresses, nor implies an outcome. A license, certification, or recognition represents attainment of the minimum standards to conduct business as a substance use disorder treatment or prevention provider in the state of Florida.**

## Budget Narrative for Desktop Computers

We are requesting funding for the acquisition of six OptiPlex Small Form Factor 7020 desktop computers, essential for enhancing our crisis hotline services and crisis stabilization efforts. Each unit is equipped with the following specifications: Intel Core i5 processor 14500 vPro, 16 GB DDR5 RAM, and a 256GB PCIe NVMe SSD. These specifications are critical for handling the demanding tasks associated with crisis management and data processing efficiently.

The desktops come pre-installed with Windows 11 Pro, offering multilingual support in English, Brazilian Portuguese, French, and Spanish, which is vital for serving our diverse community. The OptiPlex SFF model includes a 180W Bronze Power Supply, ensuring reliable performance and energy efficiency. Each unit also includes a Dell KB216 Wired Keyboard, which is essential for user-friendly operation.

The total cost for these six desktops is \$5,203.86, based on a unit price of \$867.31. This price includes the on-site service after remote diagnosis for three years, ensuring sustained support and minimal downtime.

The investment in these computers will significantly improve our ability to manage and respond to crisis situations efficiently, ultimately enhancing the quality of service we provide to individuals in need.

### SAAB Grant 2024/2025 BUDGET

#	Description	Price \$	Qty.	Total \$
1	OptiPlex Small Form, Intel Core i5	867.31	6	5,203.86
				5,203.86





4707 140th Avenue North Suite 316  
Clearwater, FL. 33762

## QUOTATION

Company: **Personal Enrichment through Mental Health Services**  
 Attention: **Brian Hammes**  
 Address: **11254 58th Street**  
 City,State,Zip **Pinellas Park, FL 33782**  
 County(Florida only) **Pinellas**  
 Phone **727.545.6477**  
 Email: **bhammes@sastampabay.org**

Date: **07/30/2024**

Prepared By: **Ryan**  
 Phone: **727-507-0983**  
 Fax: **727-507-9862**

Part Number	Description	Qty	SRP	Price	Extended
CTO	OptiPlex Small Form Factor 7020: Intel Core i5 processor 14500 vPro (24MB cache, 14 cores, 20 threads, up to 5.0 GHz Turbo, 65W), Windows 11 Pro, English, Brazilian Portuguese PT-BR, French, Spanish, 16 GB: 1 x 16 GB, DDR5, M.2 2230 256GB PCIe NVMe SSD Class 35, OptiPlex SFF with 180W Bronze Power Supply, Dell KB216 Wired Keyboard English, Onsite Service After Remote Diagnosis 3 Years	6	\$1,284.00	\$867.31	\$5,203.86
	Free Ground Shipping				
	If ordered today (30. July), estimated ship date is 5. August 2024				

NOTE:

Please note: Per Dell policy, Dell hardware cannot be returned.

Subtotal	\$5,203.86
Tax Rate	
Tax	
<b>Total</b>	<b>\$5,203.86</b>

Terms: \* Price and Availability are subject to change.  
 \* E-mail your signed quote back or fax it to (727) 507-9862  
 \* Returned items are subject to a Re-Stocking Fee.  
 \* Does not include shipping and handling costs.  
 \* Products quote were selected by Lightwave Management based on specifications available at the time of the quotation, and are not guaranteed to meet bid specifications. Product specifications may be changed by the manufacture without notice. It is your responsibility to verify product conformance to specifications of any subsequent contract. All products are subject to availability from the manufacture. Lightwave Management is not responsible for compliance with regulations, requirements, or obligations associated with any contract resulting from this quotation unless said regulations, requirements, or obligations have been passed to Lightwave Management and approved in writing by an authorized representative of Lightwave Management.

Authorized Signature \_\_\_\_\_

PO Number \_\_\_\_\_

Title \_\_\_\_\_

Project ID \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

<b>FOR INTERNAL USE ONLY</b>
Purchase Order
Ordered VIA
Order Number



**Contractor Affidavit  
Florida Statute, §448.095 Employment Eligibility**

By executing this affidavit, the undersigned contractor verifies its compliance with Fla. Stat. §448.095, stating affirmatively that the individual, firm or corporation which is engaged in the performance of services on behalf of the **Pinellas County Human Services Department**, has registered with, is authorized to use, and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in Fla. Stat. §448.095. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by Fla. Stat. §448.095. Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

59-3153549

Federal Work Authorization User Identification Number \*

Personal Enrichment through Mental Health Services, Inc (PEMHS)

Name of Contractor

Digital Empowerment for Crisis Response: Funding for Desktop Computers

Name of Project

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed August 8 2024

Maxine Booker  
Signature of Authorized Officer or Agent

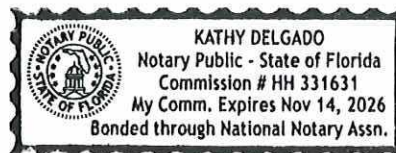
Maxine Booker, CEO & President

Printed Name and Title of Authorized Officer or Agent

State of FL, County of Pinellas.

Subscribed and sworn before me on this the 8<sup>th</sup> day of August

Kathy Delgado  
Name of Notary Public



My Commission Expires:

November 14, 2026

\* Please attach a copy of Contractor's DHS E-Verify registration.



My Company Account

# My Company Profile

## Company Information

**Company Name**

Personal Enrichment through Mental Health Services, Inc.

**Doing Business As (DBA) Name**

PEMHS

**Company ID**

405999

**Enrollment Date**

Apr 04, 2011

**Employer Identification Number (EIN)**

593153549

**Unique Entity Identifier (UEI)**

---

**DUNS Number**

121974331

**Total Number of Employees**

100 to 499

**NAICS Code**

621

**Sector**

Health Care and Social Assistance

**Subsector**

Ambulatory Health Care Services

[Edit Company Information](#)

## Employer Category

**Employer Category**

None of these categories apply

[Edit Employer Category](#)

## Company Addresses

**Physical Address**

11254 58th Street North  
Pinellas Park, FL 33782

**Mailing Address**

Same as Physical Address

[Edit Company Addresses](#)

## Hiring Sites

**Number of Sites**

1

[Edit Hiring Sites](#)

## Company Access and MOU

**My Company is configured to:**

Verify Its Own Employees

**Memorandum of Understanding**

[View Current MOU](#)

[U.S. Department of Homeland Security](#) [U.S. Citizenship and Immigration Services](#)

[Accessibility](#) [Plug-ins](#) [Site Map](#)

---



## Program Description

Completed by allison.laroy@westcare.com on 8/19/2024 9:10 AM

**Case Id:** 16975

**Name:** WestCare GulfCoast-Florida, Inc.

**Address:** \*No Address Assigned

---

### Program Description

---

Please provide the following information.



## Alcohol and Drug Abuse Trust Fund Grant FY 2024-2025

**Pinellas County Board  
of County  
Commissioners**  
Human Services  
440 Court St, 2nd Floor  
Clearwater, FL 33756

**Pinellas County and the Substance Abuse Advisory Board (SAAB) are pleased to announce the solicitation of applications for the Alcohol and Drug Abuse Trust Fund award. Funding for the upcoming 24-25 fiscal year is \$35,000.00. The Alcohol and Drug Abuse Trust Fund is generated from court fees in accordance with Sections 938.13 and 893.165 of the Florida Statutes.**

### Eligible Applicants

Applicants must be nonprofit organizations that provide alcohol and/or drug abuse treatment and/or prevention programs and have at least one client-accessible office or service location within Pinellas County. To be eligible for an award your organization must be licensed as a substance abuse treatment provider under Chapter 397 of the Florida Statutes and you must provide a copy of said license with your application.

### Use of Funds

Award funds must be used for one-time-only, non-recurring expenditures such as equipment, special projects, training, renovations, and formalized prevention activities. Awards cannot be used for food and beverage reimbursements.

Drug and Alcohol Abuse Trust Fund Grant awards will range from \$1,000.00 to \$10,000.00. The project period for these awards is October 1, 2024 – September 30, 2025.

### Application Review Process

The SAAB will review and score each application to make funding recommendations. Recommendations will then be presented to the Board of County Commissioners for final approval.

### Alcohol and Drug Abuse Trust Fund Online Application Instructions

Printed By: Maggie Miles on 8/21/2024

Please read the application instructions in their entirety before beginning or applying for funding. Organizations and agencies may only submit one project proposal. Submission of multiple project applications by a single organization will not be accepted.

- **Budget Narrative:** Be aware that the application field will not allow you to copy and paste a table or spreadsheet into the application. Include any additional Budget Narrative to explain the breakdown of how you arrived at that dollar amount.
  - To accommodate tables and spreadsheets you may submit a detailed budget as an attachment in the Budget section, it does allow you to attach multiple files. This is where you would attach bids and estimates.
  - The SAAB has stated they would prefer if multiple bids /estimates are submitted for purchases/ projects if possible. If needing to use a particular vendor, please explain.
- Organizations must attach information regarding their non-profit status and Chapter 397 of the Florida Statutes licenses.
- Be sure to complete all fields and be as thorough as possible.

### **All Grant Award Recipients Must:**

- Attend the SAAB meetings and present written and oral reports as required.
- Submit to a monitoring visit by the County.
- Agree to request in writing, any changes in scope and obtain approval from the SAAB.
- Agree to complete the funded project and expend all awarded funds during the grant funding period

### **Application Timeline**

- Application Opens Wednesday August 7th, 2024.
- Question and Answer Period Closes: Wednesday, August 14th at 4:00pm. Responses will be posted by Friday, August 16th at link: [Human Services Department – Pinellas County](#)
- Application Closes Wednesday, August 21st, 2024, at 4:00pm.
- SAAB Review and Recommendation Meeting Tuesday, August 28th, 2024.
- Board of County Commissioners Recommendation Approval on or about Tuesday, October 15th, 2024. The submission deadline for all applications is **August 21st at 4:00pm (no exceptions)**. Please allow time for submission and technological challenges, as late applications will not be accepted.

### **Scoring Criteria**

Please see attached Scoring Matrix [here](#) which will be used by reviewers to score application

## Eligibility

Completed by allison.laroy@westcare.com on 8/19/2024 9:10 AM

**Case Id:** 16975

**Name:** WestCare GulfCoast-Florida, Inc.

**Address:** \*No Address Assigned

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## Eligibility

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Please provide the following information.

**1. Is the applicant a non-profit organization licensed as a substance abuse treatment provider under Chapter 397 of the Florida Statutes and have at least one client-accessible office or service location within Pinellas County?**

Yes

**2. Does the applicant agree to the terms and conditions of the [FY25 Funding Agreement?](#)**

Yes

## A. Agency Information

Completed by allison.laroy@westcare.com on 8/19/2024 9:11 AM

Case Id: 16975

Name: WestCare GulfCoast-Florida, Inc.

Address: \*No Address Assigned

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### A. Agency Information

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Please provide the following information.

#### LEGAL AGENCY INFORMATION (FOR CONTRACT)

**A.1. Organization Name**

WestCare GulfCoast-Florida, Inc.

**A.2. DBA (if applicable)**

**A.3. Legal Address**

1735 Martin Luther King Jr. Street, South St. Petersburg, FL  
33705

#### PROJECT INFORMATION

**A.4. Project Title**

Davis Bradley Community Involvement Center Oven

**A.5. Physical Program Address**

1735 Martin Luther King Jr. Street, South St. Petersburg, FL  
33705

**A.6. Program Manager First Name**

Jack

**A.7. Program Manager Last Name**

Shaw

**A.8. Program Manager Title**

Director of Residential Services

**A.9. Program Manager Email**

jack.shaw@westcare.com

**A.10. Program Manager Phone Number**

(727) 502-0188

**A.11. Total Amount Requested**

\$9,923.05

#### APPLICATION CONTACT INFORMATION

**A.15. First Name**

Ronda

**A.16. Last Name**

Lieberman

**A.17. Contact Person/Title**

Senior Accountant

**A.18. Contact Email**

ronda.lieberman@westcare.com

**A.19. Telephone**

727490676730104

**A.20. Executive Officer First Name**

Steve

**A.21. Executive Officer Last Name**

Blank

**A.22. Executive Officer Title**

Regional Vice President

**A.23. Executive Officer Email**

steve.blank@westcare.com

**A.24. Executive Officer Phone Number**

(727) 291-3017



**A.12. Taxpayer/Employer ID**

59-3714627

**A.13. Unique Entity Identifier (UEI- Federal SAM.GOV  
Number) Optional**

HNG6XDT1MNL5

**A.14. Date of incorporation in Florida**

02/21/2001

## B. Organization Profile

Completed by allison.laroy@westcare.com on 8/19/2024 9:11 AM

**Case Id:** 16975

**Name:** WestCare GulfCoast-Florida, Inc.

**Address:** \*No Address Assigned

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### B. Organization Profile

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Please provide the following information.

#### B.1. Describe the mission and purpose of the organization.

WestCare Foundation is a national organization operating in 17 states, Guam, Puerto Rico, the US Virgin Islands, the Republic of Palau, the Dominican Republic, and the Commonwealth of the Northern Mariana Islands. WestCare's mission is to empower everyone with whom we come into contact to engage in a process of healing, growth, and change benefiting themselves, their families, coworkers, and communities. Our vision is to devote our best collective and individual efforts toward "uplifting the human spirit" by consistently improving, expanding, and strengthening the quality, efficacy, and cost-effectiveness of everything we do in building for the future.

WestCare GulfCoast-Florida, Inc. (WCGC-FL), a subsidiary of WestCare Foundation, is an experienced provider of human and behavioral services. WCGC-FL's approach to treatment is client-centered, trauma-focused, and addresses the multiple needs of persons with substance use disorders and co-occurring conditions such as behavioral or mental health problems, criminal justice involvement, or experience with violence and abuse. For over 20 years, WCGC-FL has provided health and human services to individuals experiencing homelessness and substance use disorder (SUD) in St. Petersburg and across Pinellas County, including an emergency shelter, transitional and supportive housing (including Veterans), outpatient services, and residential treatment for justice-involved individuals. Services are offered through three primary locations in St. Petersburg: A Turning Point, a 65-bed 24-hour/365-day emergency intervention shelter and inebriate receiving facility; Mustard Seed Inn, a 67-bed facility providing transitional and supportive housing to homeless individuals who have begun their recovery from alcohol, substance abuse and/or mental illness; and Davis Bradley Community Involvement Center (DBCIC), a 222-bed facility offering residential drug treatment, case management, career/employment services, and support services for individuals involved in the criminal justice system and at high-risk for homelessness. Each of these programs offers an entry point to the coordinated system of care. WCGC-FL accepts client referrals from the coordinated entry system and maintains contracts with other community providers, the court system, Pinellas County Health Department, and other health system providers. WCGC-FL is licensed by the State of Florida Department of Children and Families for prevention (Levels 1 and 2), case management, outpatient treatment, aftercare, general intervention, and (Level 2) residential substance abuse treatment services. WCGC-FL is accredited by The Commission on Accreditation of Rehabilitation Facilities (CARF) and has been since 2009 for outpatient and prevention services, and since 2019 for case management, community housing, diversion/intervention, and residential treatment.

## C. Community Needs

Completed by allison.laroy@westcare.com on 8/19/2024 9:12 AM

**Case Id:** 16975

**Name:** WestCare GulfCoast-Florida, Inc.

**Address:** \*No Address Assigned

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### C. Community Needs

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Please provide the following information.

**C.1 Clearly identify the problem to be addressed through the program that is requesting project funding. Provide supporting statistics or data specific to Pinellas County such as needs assessments, interviews, waiting lists, surveys, trends and/or analyses. (Describe the program that needs the item, not the item)**

Individuals who are addicted to alcohol or other drugs are at an increased risk for homelessness and are more likely to be high users of public services. At the same time, many individuals among the homeless population have co-occurring substance abuse and mental health disorders or multiple chronic conditions. The 2023 Homeless Leadership Alliance of Pinellas Point-In-Time Homeless Survey indicates a significant population of homeless individuals with SUD. Among 2,114 total homeless individuals, 9% of the sheltered homeless population and 17% of the unsheltered population reported substance use. Opioid-related overdose deaths in Pinellas County are 55% higher than in the State of Florida and are the highest in Tampa Bay. According to the Florida Department of Health Substance Use Dashboard, there were 576 fatal overdoses in Pinellas County in 2021 (a rate of 61.1 per 100,000, higher than the Florida rate of 38.5). When underlying factors, such as trauma, are identified, homeless individuals are often treated with a "silo" approach. Without treatment, there is a high likelihood of continued substance abuse, recidivism, and continued homelessness. Individuals with substance use or co-occurring disorders who are homeless often have repeated encounters with the justice system (police, jail, court services, etc.), emergency medical transportation services, public hospital emergency room care, alcohol detoxification programs, and involuntary commitment services. WCGC-FL's Davis Bradley Community Involvement Center (DBCIC) is a 222-bed facility offering residential drug treatment, case management, career/employment services, and support services for individuals involved in the criminal justice system and at high risk for homelessness. This program helps participants avoid recidivism while building stable employment and supporting recovery.

## D. Project Description

Completed by allison.laroy@westcare.com on 8/19/2024 9:12 AM

**Case Id:** 16975

**Name:** WestCare GulfCoast-Florida, Inc.

**Address:** \*No Address Assigned

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### D. Project Description

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Please provide the following information.

#### **D.1. Describe the Project, what problem it is solving, and how it will improve services being provided by the organization?**

While living at the DBCIC for 6-8 months, each individual receives supportive services detailed to their specific needs and works with their case manager to develop a housing stability plan. Services include integrated assessment, individualized treatment planning, integrated case management and recovery support services (RSS), individual and group counseling for co-occurring disorders (COD), specialized COD education and support groups, medication management and monitoring, spiritual wellness education, peer support, and family involvement/support groups. Most individuals served come through referrals from local drug courts, the Coordinated Entry System, or A Turning Point Emergency Shelter. Many residents do not have safe or stable housing to return to upon entering residential drug treatment. DBCIC programs help assure stability upon treatment completion through a person-centered, strength-based case management approach.

As a part of programming at DBCIC, about 170 residents receive three hot meals each day. These meals are prepared in a double-door convection oven, which has the capacity to prepare large quantities of food. The primary issue the project aims to solve is the frequent and costly breakdowns of the current oven, which has been disrupting the preparation of daily meals for residents. After 20 years of use, WCGC-FL has recently replaced the solenoid valve, the heat sensors are periodically misreading, the door latches are worn and often do not connect with the sensor, and the chain that circulates the racks for even cooking is very rusty and sticks, all preventing an even and thorough cook. A critical aspect of DBCIC's operation is the provision of consistent, nutritious meals, which are essential for physical health, recovery, and overall well-being. The current oven's frequent malfunctions compromise the organization's ability to reliably deliver these meals, thereby hindering the overall effectiveness of the residential program.

#### **D.2. How will funds be used to fix to the problem?**

To effectively address the problem and enhance the services provided by the DBCIC, the proposed project focuses on replacing the outdated and malfunctioning double-door convection oven that has been a critical component of the facility's food preparation services for over 20 years. Rather than continually spending money to repair the 20-year-old oven, WCGC-FL is requesting funds to replace the oven. This would include the purchase of a double deck full-size natural gas convection oven and a 2-year protection plan. This project will ensure that meals for residents are adequately prepared and heated to the correct temperature and will eliminate the ongoing maintenance costs associated with the old appliance, allowing these funds to be redirected toward other essential services and improving long-term sustainability. This upgrade will not only enhance the quality of food services but will also contribute to the broader goal of creating a stable, supportive environment where residents can focus on their recovery and long-term housing stability.

## E. Budget

Completed by allison.laroy@westcare.com on 8/19/2024 9:12 AM

**Case Id:** 16975

**Name:** WestCare GulfCoast-Florida, Inc.

**Address:** \*No Address Assigned

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### E. Budget

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Please provide the following information.

#### E.1. Total ProjectBudget

\$9,923.05

#### E.2. Amount of County Funding Request

\$0.00

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### Documentation

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Project Budget Narrative with estimates/bids **\*Required**

2024-2025 SAAB Budget.pdf

## F. Required Documents

Completed by allison.laroy@westcare.com on 8/19/2024 1:35 PM

Case Id: 16975

Name: WestCare GulfCoast-Florida, Inc.

Address: \*No Address Assigned

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### F. Required Documents

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Please upload the following documents.

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#### Documentation

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**Proof of 501(c)(3) status \*Required**

WC-GC- FL 501c3.pdf

**W-9 with legal name which matches that of applicant name \*Required**

62027\_W9 WestCare Gulfcoast Florida 2024 signed.pdf

**Current DCF 397 State Licenses or Registrations \*Required**

7-11-2024\_Aftercare\_Certificate[1].pdf

7-11-2024 General Intervention Certificate.pdf

7-11-2024 Prevention Services Selective Certificate.pdf

7-11-2024 Residential Level 2 Certificate.pdf

Case Management - TP.pdf

Outpatient - All Sites.pdf

**Project Budget Narrative with estimates/bids \*Required**

2024-2025 SAAB Budget.pdf

**Please sign and upload E-Verify form found [here](#) (will be required if you are awarded funds, must be completed before funding award period)**

FY23 HS E-Verify Affidavit for JAG-TF.pdf

## Submit

Completed by kenortbals.grants@westcare.com on 8/20/2024 3:23 PM

**Case Id:** 16975

**Name:** WestCare GulfCoast-Florida, Inc.

**Address:** \*No Address Assigned

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## Certification

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**Once an application is submitted, it can only be "Re-opened" by an Administrator.**

**By clicking submit, I certify that I am an authorized representative of the proposing agency and the information contained in this application is true and accurate to the best of my knowledge and due diligence.**

**I also understand that applications are limited to one per organization, and if more than one application is submitted by my organization, only the first will be considered for funding.**

### Authorized Representative Signature

Ken Ortals

*Electronically signed by kenortbals.grants@westcare.com on 8/20/2024 12:41 PM*

### Date Submitted

08/20/2024

**WestCare Gulfcoast Florida, Inc.**  
**Residential Convection Oven Replacement**  
**SAAB 2024-2025 Budget**

Convection oven to replace current on that keeps failing

1 Wolf WC44GC-11D3 Double Deck Full Size Natural Gas Convection Oven 100,000 BTU	1	\$	9,799.00	\$	9,799.00
2 Additional 2 year protection plan				\$	124.05

**Total Project Costs**

**\$ 9,923.05**



**Convection oven:**

Wolf WC44GC-11D3 Double Deck Full Size Natural Gas Convection Oven 100,000 BTU

Double stack ovens maximizes vertical space, full size oven cavities with 5 adjustable racks, temperature range from 150-500 degrees Fahrenheit, stainless steel exterior with simultaneous chain driven, double pane glass doors, 100,000 GTU total: 50,000 per oven.

We prepare 3 meals per day for 170 clients on average. The kitchen is a very busy place most of the day. Proper working appliances are a must.

We need to replace our current convection oven that keeps breaking down. Our oven is over 20 years old. We have recently replaced the solenoid valve, the heat sensors are periodically misreading, the door latches are worn and often do not connect with the sensor, and the chain that circulates the racks for even cooking is very rusty and sticks, so the meals are not cooked evenly.

What are you looking for?



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WebstaurantStore > Restaurant Equipment > Commercial Ovens > Commercial Convection Ovens > Wolf WC44GD-11D3 Double Deck Full Size Natural Gas Convection Oven - 100,000 BTU

**Wolf WC44GD-11D3 Double Deck Full Size Natural Gas Convection Oven - 100,000 BTU**

[Leave a review](#) Item #: 950WC44GDN MFR #: WC44GD-11D3



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[Wish List](#) ▼

[Rapid Reorder](#)

Other Available Fuel Types:

Natural Gas

Liquid Propane



**Quick Shipping**

Usually ships in **1 business day**

**Product Overview**

- ✓ Double stacked ovens maximize vertical space; stacking kit included
- ✓ Full size oven cavities with 5 adjustable nickel-plated racks each
- ✓ Temperature range from 150 to 500 degrees Fahrenheit per oven
- ✓ Stainless steel exterior with simultaneous chain driven, double pane glass doors
- ✓ 100,000 BTU total; 50,000 BTU per oven

UPC Code:

400016813364



[View all Wolf Commercial Convection Ovens](#)

**Other Products from this Line**



**Wolf WC4GD-11D3**  
Single Deck Full Size Natural Gas  
**\$5,715.00/Each**

1 Add to Cart



**Wolf WC4ED 208/3**  
Single Deck Full Size Electric  
**\$5,950.00/Each**

1 Add to Cart



**Wolf WC44ED**  
208/3 Double Deck Full Size  
**\$11,900.00/Each**

1 Add to Cart



**Wolf WC4GD-21D3**  
Single Deck Full Size Liquid  
**\$5,715.00/Each**

1 Add to Cart



**Wolf WC44ED**  
240/3 Double Deck Full Size  
**\$11,900.00/Each**

1 Add to Cart

**Wolf WC44GD-11D3 Details**

Maximize your kitchen's efficiency and productivity with this Wolf double deck natural gas convection oven. This powerful oven features double stacked ovens to make the most of your vertical space. The stacking kit is included for convenient installation. The full size oven cavities measure 26 1/2" deep and have 5 adjustable nickel-plated racks each. 11 rack positions per cavity gives you the flexibility to cook a variety of dishes at once and accommodate different product sizes.

The stainless steel exterior not only adds a sleek and professional look to your kitchen, but it is also durable and easy to clean. The simultaneous chain driven 50/50, double pane glass doors provide excellent insulation and allow you to easily monitor your dishes as they cook. It boasts easy-to-maintain porcelain oven cavities, and the non-sag insulation on the top, rear, sides, bottom, and doors ensures optimal heat retention. Plus, the moisture vent helps to regulate humidity levels, ensuring your food comes out perfectly every time. Once you are finished cooking, the oven cool switch rapidly cools the oven down for safe and efficient operation.

This model rests on 8" stainless steel legs, providing stability and durability. The electronic spark igniter and solid state temperature controls adjust from 150 to 500 degrees Fahrenheit per oven, giving you complete control over your cooking. The 1/2 hp, 2 speed oven blower motor switches between speeds for different food types and provides powerful, even heat distribution for consistent results. This oven is powered by 100,000 BTU in total (50,000 BTU per oven). It requires a 3/4" gas connection and includes a 6' cord and plug.

**Exterior Dimensions:**

Width: 40 1/4"  
Depth: 41 3/4"  
Height: 70"

**Interior Dimensions:**

Width: 29"  
Depth: 26 1/2"

Height: 20"

**Oven Rack Dimensions:**

Width: 28 1/4"

Depth: 20 1/2"

**This Item Ships via Common Carrier.** For more information and tips to help your delivery go smoothly, click [here](#).

Wolf WC44GD-11D3 Specs	
Quantity	1/Each
Shipping Weight	928 lb.
Width	40 1/4 Inches
Depth	41 3/4 Inches
Height	70 Inches
Power Cord Length	6 Feet
Interior Width	29 Inches
Rack Width	28 1/4 Inches
Interior Depth	26 1/2 Inches
Rack Depth	20 1/2 Inches
Interior Height	20 Inches
Leg Height	8 Inches
Amps	15.4 Amps
Hertz	60 Hertz
Phase	1 Phase
Voltage	120 Volts
Control Type	Dial
Door Type	Glass
Features	Energy Star Qualified Made in America NSF Listed Spark / Piezo Ignition
Gas Connection Size	3/4 Inches
Horsepower	1/2 HP
Installation Type	Freestanding
Material	Stainless Steel
Number of Chambers	2 Chambers
Number of Decks	Double
Number of Doors	4 Doors
Number of Racks	10 Racks
Oven Interior Style	Standard Depth
Power Type	Natural Gas
Size	Full Size
Temperature Range	150 - 500 Degrees F
Total BTU	100,000 BTU
Type	Convection Ovens

Customer questions about this product

How will this double convection oven arrive? Is there anything special I need to know about setting it up?

Double deck convection ovens like this one will ship separately. You will need to uncrate each oven and then stack one on top of the other as part of the installation process. Consult your installation manual for details specific to the oven you ordered.

My business is at a high elevation; does this change anything when I order gas cooking equipment?

Many gas equipment manufacturers need to make adjustments to the equipment so it operates correctly at elevations over 2,000 feet. Sometimes we can special order from the manufacturer and have your cooking equipment delivered ready-to-go, but in cases where your unit is in stock and waiting to ship, you'll need to have a qualified service technician come to your location and alter your unit at the time of installation so that it is compatible with a higher elevation. Contact our Special Orders team prior to placing your order, and we will let you know what will work best for the equipment you are planning to purchase.

Ask your own question!

⚠ Attention CA Residents: Prop 65 Warning >



Made in America

This item was made in the United States of America.



NSF Listed

This item has been certified by NSF International to meet applicable product standards on public safety, health, and / or the environment.



CSA Design, US

This item has been certified by the Canadian Standards Association (CSA) to meet applicable certification requirements for gas-fired products used in the United States.



CSA Blue Flame, Canada

This product has been certified by the Canadian Standards Association (CSA) to meet requirements for gas-fired products in Canada.



3/4" Gas Connection

This unit comes with a 3/4" gas connection to be installed by a professional.



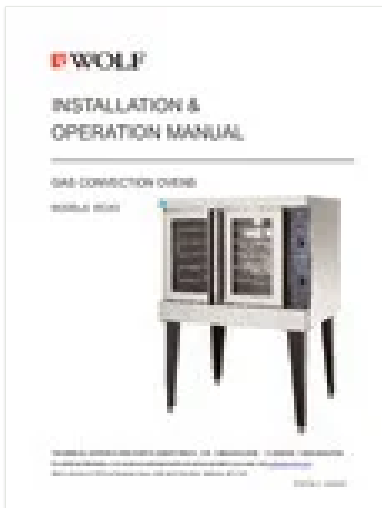
Energy Star Qualified

This item has been Energy Star Qualified by the US Environmental Protection Agency and the US Department of Energy, making it an energy-efficient product.

Resources and Downloads for Wolf WC44GD-11D3



Specsheet



Manual



Warranty

A PDF viewer is required to view this product's information. [Download Adobe Acrobat software](#)





Warranty Info

RESIDENTIAL USERS: Wolf assumes no liability for parts or labor coverage for component failure or other damages resulting from installation in non-commercial or residential applications. Your warranty will be voided if installed in non-commercial or residential applications.

Resources

-  [NSF International](#)
-  [Top 10 Energy Conservation Tips for Restaurants](#)
-  [ENERGY STAR Appliances and Rebates](#)
-  [Cooking With a Convection Oven](#)


Related Items


 <p><b>Commercial Convection Ovens</b></p> <p>486 Products</p>	 <p><b>Convection Oven Parts and Accessories</b></p> <p>2995 Products</p>	 <p><b>Bun / Sheet Pans</b></p> <p>226 Products</p>	 <p><b>Restaurant Hood Systems</b></p> <p>154 Products</p>	
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**Earn \$4.00**

 Post a product video  
**Earn \$10.00**


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- gas pizza ovens
- pizza oven parts
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Variation ID: 514:base

What are you looking for?



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WebstaurantStore > Restaurant Equipment > Commercial Ovens > Commercial Convection Ovens > Vulcan VC55GD Natural Gas Double Deck Full Size Convection Oven - 100,000 BTU

**Vulcan VC55GD Natural Gas Double Deck Full Size Convection Oven - 100,000 BTU**

★★★★★ **Read 1 reviews** Item #: 901VC55GDN MFR #: VC55GD NAT



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Other Available Fuel Types:

Natural Gas

Liquid Propane



Quick Shipping

Usually ships in 1 business day

Product Overview

- ✓ Double deck design with an interior light per section
- ✓ Solid state controls with temperature range of 150-500 degrees Fahrenheit
- ✓ 5 nickel plated oven Grab-n-Go racks with 11 rack positions per oven
- ✓ Independently operated doors with double pane windows
- ✓ Porcelain enamel interior with stainless steel exterior; 8" legs
- ✓ Oven cool switch for rapid cool down
- ✓ 1/2 hp two speed blower motor per deck
- ✓ 120V; natural gas, 100,000 BTU total

UPC Code:

400012379727



[View all Vulcan Commercial Convection Ovens](#)

Works With

<p><i>plus</i></p>  <p><b>Sani Professional Degreasing Multi Surface Wipes 11</b> \$56.99/Case</p> <p>1 Add to Cart</p>	<p><i>plus</i></p>  <p><b>Regency 48" Stationary Gas Connector Hose</b> \$51.99/Each</p> <p>1 Add to Cart</p>	<p><i>plus</i></p>  <p><b>Vulcan CASTERS DOUBLE Equivalent 6" Plate</b> \$102.99/Set</p> <p>1 Add to Cart</p>	<p><i>plus</i></p>  <p><b>6" Swivel / Rigid Plate Casters for Vulcan VC55 and</b> \$166.49/Set</p> <p>1 Add to Cart</p>	<p><i>plus</i></p>  <p><b>Regency 48" Mobile Gas Connector Hose</b> \$114.99/Each</p> <p>1 Add to Cart</p>
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Cooking in your school kitchen, cafeteria, catering operation, or restaurant will be easier than ever with this VC55GD double deck full-size gas convection oven!



Produce twice the amount of product within the same footprint as a single oven with a reliable Vulcan double deck oven. This natural gas unit boasts solid state temperature controls with a 150-500 degree Fahrenheit temperature range, as well as separate 5-hour timers with audible alarms so you can focus on other kitchen tasks while the oven is cooking. The unit requires a natural gas connection and a 120V electrical connection for operation.





This item has been certified by NSF International to meet applicable product standards on public safety, health, and / or the environment.



#### Made in America

This item was made in the United States of America.



#### Energy Star Qualified

This item has been Energy Star Qualified by the US Environmental Protection Agency and the US Department of Energy, making it an energy-efficient product.



#### 5-15P

This unit comes with a NEMA 5-15P plug.



#### CSA Design, US

This item has been certified by the Canadian Standards Association (CSA) to meet applicable certification requirements for gas-fired products used in the United States.



#### CSA Blue Flame, Canada

This product has been certified by the Canadian Standards Association (CSA) to meet requirements for gas-fired products in Canada.



#### 3/4" Gas Connection

This unit comes with a 3/4" gas connection to be installed by a professional.



## Convenient Interior

Each oven features 2 lights within the porcelain enamel interior, which is both attractive and easy to clean at the end of a busy day. Plus, five nickel plated Grab-n-Go racks fit into 11 different positions per oven for ultimate interior customization.



## Efficient Heating System

One 1/2 hp, two-speed fan motor per compartment recirculates heated air for fast, even cooking. Additionally, each unit features an "oven cool" switch, which is used for rapid cool down to increase efficiency and productivity at your establishment.

## Intelligently Designed Doors

Two dual-pane, thermal-glass windows encased by stainless steel door frames per compartment help reduce energy consumption and keep the outside glass from getting too hot. The doors are independently operated, so you can conserve energy by only opening one at a time to load and unload products.



### Durable Construction

The stainless steel front, top, and sides ensure your unit is corrosion-resistant and built for long-lasting performance.



### Sturdy Legs

The unit comes with 8" standard legs that allow for plenty of clearance underneath, which makes cleaning a breeze. The unit also comes standard with a stacking kit.

## Customer Q&A

[Ask a Question](#)

- Can I modify this item? ▼
- How do I know if the listed amperage is in reference to a single oven, or the combined total for each individual oven? ▼
- How will this double convection oven arrive? Is there anything special I need to know about setting it up? ▼
- My business is at a high elevation; does this change anything when I order gas cooking equipment? ▼
- What is a Grab-n-Go rack? ▼

## Compare to Other Products



ITEM #: 901VC55GDN

**Vulcan VC55GD Natural Gas Double Deck Full Size Convection**



ITEM #: 351FGC200NK

**Cooking Performance Group FGC-200-NK Double Deck**

	Over 100,000 BTU <b>plus</b> Free Shipping	Standard Depth Full Size Natural <b>plus</b> Free Shipping
PRICE	<b>\$10,309.00</b> /Each	<b>\$4,779.00</b> /Each
VOLTAGE	120 Volts	120 Volts
NUMBER OF DOORS	4 Doors	2 Doors
NUMBER OF RACKS	10 Racks	6 Racks
OVEN INTERIOR STYLE	Standard Depth	Standard Depth
TEMPERATURE RANGE	150 - 500 Degrees F	150 - 500 Degrees F

**Overall Dimensions:**

Width:	40 1/8 Inches
Depth:	40 1/8 Inches
Height:	68 5/8 Inches

**Interior Dimensions:**

Width:	29 Inches
Depth:	22 1/8 Inches
Height:	20 Inches
Number of Racks:	10 Racks

**This Item Ships via Common Carrier.** For more information and tips to help your delivery go smoothly, click [here](#).

**⚠ Attention CA Residents: Prop 65 Warning >**



**Need Parts & Accessories?**

Show replacement parts and accessories for Vulcan VC55GD NAT today!

[Find Parts for this Item](#)

**Resources and Downloads for Vulcan VC55GD NAT**



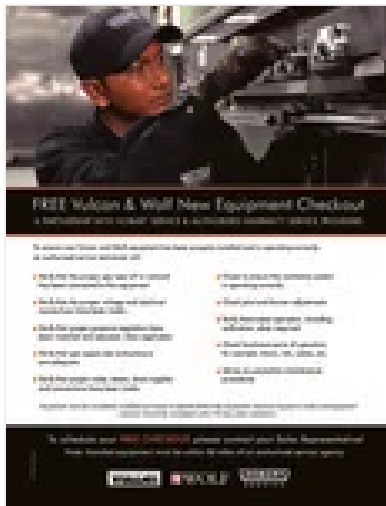
Specsheet



Instructions



Warranty



Optional Equipment Check Out

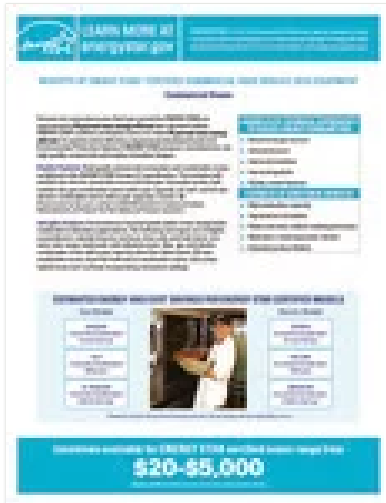


Service Manual



Diagram

A PDF viewer is required to view this product's information. [Download Adobe Acrobat software](#)



Brochure

Warranty Info

RESIDENTIAL USERS:

Vulcan assumes no liability for parts or labor coverage for component failure or other damages resulting from installation in non-commercial or residential applications. Your warranty will be voided if installed in non-commercial or residential applications.

Resources

- [NSF International](#)
- [Top 10 Energy Conservation Tips for Restaurants](#)







 ENERGY STAR Appliances and Rebates

 Cooking With a Convection Oven

**Vulcan VC55GD NAT Specs**

Quantity	1/Each
Shipping Weight	825 lb.
Width	40 1/8 Inches
Depth	40 1/8 Inches
Height	68 5/8 Inches
Interior Width	29 Inches
Interior Depth	22 1/8 Inches
Interior Height	20 Inches
Hertz	60 Hertz
Phase	1 Phase
Voltage	120 Volts
Amps - Per Line	7.7
Control Type	Dial
Door Type	Glass
Features	Energy Star Qualified Made in America NSF Listed
Gas Connection Size	3/4 Inches
Horsepower	1/2 HP
Installation Type	Freestanding
Number of Chambers	2 Chambers
Number of Decks	Double
Number of Doors	4 Doors
Number of Racks	10 Racks
Oven Interior Style	Standard Depth
Plug Type	NEMA 5-15P
Power Type	Natural Gas
Size	Full Size
Temperature Range	150 - 500 Degrees F
Total BTU	100,000 BTU

**Related Items**

 <p><b>Commercial Convection Ovens</b></p> <p>486 Products</p>	 <p><b>Convection Oven Parts and Accessories</b></p> <p>2995 Products</p>	 <p><b>Bun / Sheet Pans</b></p> <p>226 Products</p>	 <p><b>Restaurant Hood Systems</b></p> <p>154 Products</p>	 <p><b>Cook and Hold Ovens / Cabinets</b></p> <p>220 Products</p>	 <p><b>Kitchen Timers</b></p> <p>95 Products</p>	
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### Customer Reviews

# 1.0

★☆☆☆☆

1 Customer Reviews

5 ★

4 ★

3 ★

2 ★

1 ★

**Frequently Mentioned**

oven call clean door half maintenance mode month needed overheats

Sort By

★★★★★ Fuel Type: Natural Gas

**Peter G.**  
Posted on 05/18/2024  
✓ Verified Purchase

Door switch on top oven warped and needed to be replaced, three month wait time for the part. Oven randomly overheats and goes into clean mode. Third maintenance call in a year and a half. Would not recommend.

Was this review helpful?

---

Thank you for your review, Peter! Our Customer Solutions team has been in touch with you on this convection oven. If you have any further questions, please contact Customer Solutions.

**WebstaurantStore Customer Solutions**

**Leave a review of this product!**

Customers can receive promotional credit when they post reviews.

[Write your own review](#)

### Find Related Products

- double handled knives
- electric pizza oven
- gas pizza ovens
- pizza oven parts
- ventless convection ovens
- vulcan range stove

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Variation ID: 514:base



### Blodgett ZEPH-100-G DBL Zephaire Double Full Size Natural Gas Convection Oven - 100,000 BTU

[Write a Review!](#) KaTom #: 015-ZEPH1GDBLMNG • MPN: ZEPH-100-GDBL (M) NG



**IN STOCK: Ships in 1 Business Day**

🟢 Less Than 5 in Stock, Order Soon!



**New!** Earn up to **\$454.20** back with a [KaTom MasterCard® Rewards Credit Card](#)

Selected Gas Type: **Natural Gas**



Liquid Propane



Natural Gas

## Blodgett ZEPH-100-G DBL Description

For low-volume baking, roasting, or rethermalizing done in small nursing homes or schools, the Blodgett ZEPH-100-G DBL Zephaire convection oven's double-deck configuration accommodates five 18-inch by 26-inch pans per compartment. The chrome-plated pan racks can be adjusted to 11 positions spaced 1.63 inches apart. Powered by natural gas, its removable, dual-tube burners generate and maintain temperatures between 200 and 500 degrees Fahrenheit, which can be adjusted with the solid-state infinite thermostat. Operators also can monitor and adjust incoming gas pressure with the front-mounted pressure regulator and manual gas service cut-off valve. The electronic spark-ignition control system is simple to set up; its dual-flow gas system blends direct and indirect heat to maximize heating. Its two-speed fan motor blows air evenly throughout the cabinet, eliminating cold spots and reducing bake times.

Despite having two decks, the Blodgett ZEPH-100-G DBL gas convection oven measures 38.25 inches wide by 36.88 inches deep—the same dimensions as a single-stack unit. Its full angle-iron frame adds structural rigidity to the stainless steel front, top, sides, and legs; to prevent wobbling, those 6.50-inch legs are adjustable to level it on irregular surfaces. To preserve internal temperatures, the top, back, sides, and bottom are insulated with solid mineral fiber. Operators only need to use one hand when loading and retrieving pans positioned left to right; each section's two doors feature a powder-coated handle that opens the doors simultaneously. The doors' dual-pane thermal glass windows offer a clear view of baking product, while the stainless steel door frames withstand repeated opening and closing.

## Product Details

- 2 standard-depth decks
- Stainless steel top, sides, and front
- Full angle-iron frame
- Insulated top, back, sides, and bottom
- 5 removable, chrome-plated racks per compartment with capacity of (5) 18-in. x 26-in. pans
- 11 rack positions spaced 1.63 in. apart
- Electronic spark-ignition control system
- Removable, dual-tube burners
- Dual-flow gas system
- Pressure regulator and manual gas service cut-off valve (built into front control area)
- Air mixers with adjustable air shutters
- 2-speed fan motor
- $\frac{1}{2}$ -HP motor
- Automatic thermal overload protection
- Solid-state infinite controls with 6-min. manual timer
- Operating temperature range: 200-500 degrees F
- Control area cooling fan
- Interior oven lights
- 4 dependent doors with powder-coated door handles and thermal glass windows
- Triple-mounted, pressure-lock doors with turnbuckle assemblies
- Double-sided porcelain baking compartment liners
- Aluminized steel combustion chambers
- Dual-inlet blower wheels
- 6.50-in. adjustable stainless steel legs
- Flue connector included
- 100,000 BTU

## Dimensions & Utilities

- Interiors: (2) 29 in. W x  $24\frac{1}{4}$  in. D x 20 in. H
- Overall:  $38\frac{1}{4}$  in. W x  $36\frac{7}{8}$  in. D x  $83\frac{3}{8}$  in. H
- 6 A,  $\frac{1}{2}$  HP
- 115 V/60 Hz/1 ph, 6-ft. electric cord set included
- Powered by natural gas
- $\frac{3}{4}$ -in. NPT gas supply per section

## Product Features

### 2-deck Configuration

Maximizes output without occupying additional floorspace

### Solid-state Infinite Controls

Let operators adjust and manage temperatures

### 2-speed Fan

Circulates heat evenly throughout the cabinets to expedite baking



### Dependent Glass Doors

Enable users to load and retrieve pans with ease

### Stainless Steel & Full Angle-iron Frame

Strong enough to endure heavy commercial use

#### From The Manufacturer

Zephaira Convection Oven, gas, double-deck, standard depth, capacity (5) 18" x 26" pans per compartment, (SSI-M) solid state infinite controls with 60 min. manual timer, two speed fan, flue connector, dependent glass doors, interior light, stainless steel front, sides & top, 6" stainless steel legs, 100,000 BTU, ETL, NSF, ENERGY STAR®

*\*Image may not depict product color, inclusions or accessories.*

#### Additional Product Information



##### Cord Attached

This product includes a cord and plug

#### Resources



##### Convection Ovens Buyers' Guide

Understanding How Convection Ovens Work



2-year Parts & Labor; 3-year Door Parts

#### Blodgett ZEPH-100-G DBL Specifications

Manufacturer	Blodgett
Base	Legs
Total BTU	100000
Controls	Manual
Door Construction	Metal with Window
Door Type	Dependent
Gas Type	NG
Heat	Gas
Interior Construction	Porcelain
Number of Ovens	Double
Pans Per Deck	5
Size	Full Size
Type	Floor Model
Warranty	2-year Parts & Labor; 3-year Door Parts
Series	Zephaire
Rating	Better
Product	Convection Ovens
Product Type	Cooking Equipment
Weight	1070.00



[Spec Sheet](#)



[Warranty](#)



[Parts Breakdown](#)



[Manual](#)



**Residential Users:** This unit is not to be installed or operated in a residential or other non-commercial setting. Check local codes to ensure your foodservice kitchen is properly equipped for this piece. Use in an improper setting will void the warranty and the manufacturer will not provide parts or labor coverage for damage, failure, or other issues with the product. While this product may be covered by a manufacturer's warranty, vendor assumes no liability for product failure or any damages/injuries.

**⚠ WARNING: Important Prop 65 information for California residents.**

### Blodgett ZEPH-100-G DBL Accessories



**Krowne 28-161S**

Large Universal Triangle Plate Caster  
Set w/ 5" Wheels

**\$183.15**

**Other Products From This Line**



**Blodgett ZEPH-200-G DBL**

Zephaire Bakery Depth Double Full Size  
Natural Gas Convection Oven - 120,000 BTU

**\$15,140.00**



**Blodgett ZEPH-200-E DBL**

Zephaire Bakery Depth Double Full Size  
Electric Convection Oven - 22kW, 208v/3ph

**\$15,140.00**



**Blodgett ZEPH-100-G-ES DBL**

Zephaire Double Full Size Natural Gas  
Convection Oven - 90,000 BTU

**\$16,120.00**



**Blodgett ZEPH-100-G DBL**

Zephaire Double Full Size Liquid Propane Gas  
Convection Oven - 100,000 BTU

**\$15,140.00**

**Related Categories**



Cookie & Baking Sheets



Equipment Stands



Gas Hose



Oven Mitts



Oven Parts & Accessorie

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAR 18 2006

WESTCARE GULFCOAST - FLORIDA INC  
900 GRIER DR STE A  
LAS VEGAS, NV 89119-3788

Employer Identification Number:  
59-3714627  
DLN:  
17053056778076  
Contact Person:  
ERIC J BERTELSEN ID# 31323  
Contact Telephone Number:  
(877) 829-5500  
Public Charity Status:  
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated February 6, 2002, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

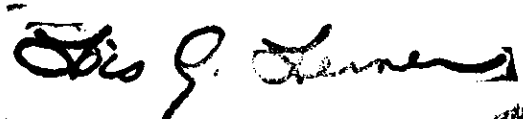
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at [www.irs.gov](http://www.irs.gov).

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

**State of Florida**  
Department of Children and Families  
**CERTIFIES**

**WestCare Gulfcoast-Florida, Inc.**

**is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for**

**Aftercare**

**located at:**

Site: Pinellas County  
Outpatient

8800 49th Street North Ste 403  
Pinellas Park, FL 33782

Accredited By: CARF

License Type: Regular



Shevaun Harris, Secretary

Signature Date: 7/9/2024

Effective Date: 7/15/2024

Expiration Date: 7/14/2025

Site: Dade City Outpatient

15000 Citrus Country Rd. Ste 105  
Dade City, FL 33525

Accredited By: CARF

License Type: Regular



Shevaun Harris, Secretary

Signature Date: 7/9/2024

Effective Date: 7/15/2024

Expiration Date: 7/14/2025

Site: Port Richey  
Outpatient

6448 Ridge Road  
New Port Richey, FL 34668

Accredited By: CARF

License Type: Regular



Shevaun Harris, Secretary

Signature Date: 7/9/2024

Effective Date: 7/15/2024

Expiration Date: 7/14/2025

Site: Zephyrhills Outpatient

7068 Fort King Road  
Zephyrhills, FL 33541

Accredited By: CARF

License Type: Regular



Shevaun Harris, Secretary

Signature Date: 7/14/2021

Effective Date: 7/16/2021

Expiration Date: 7/15/2022

**This license was issued based, in part, on the survey report of a Department recognized accrediting organization.**

Accredited By Commission on Accreditation of Rehabilitation Facilities (CARF)

**The issuance of a license, certification, or recognition pursuant to Chapter 65D-30, F.A.C., neither guarantees, expresses, nor implies an outcome. A license, certification, or recognition represents attainment of the minimum standards to conduct business as a substance use disorder treatment or prevention provider in the state of Florida.**

License Number  
**LIC-1045831**

**State of Florida**  
Department of Children and Families  
**CERTIFIES**  
WestCare Gulfcoast-Florida, Inc.

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for

**General Intervention**

located at:

Site: Turning Point

1801 Fifth Avenue North  
St. Petersburg, FL 33713

Accredited By: CARF


License Type: Regular

Shevaun Harris, Secretary

Signature Date:

Effective Date: 7/15/2024

Expiration Date: 7/14/2025



**This license was issued based, in part, on the survey report of a Department recognized accrediting organization.**

Accredited By Commission on Accreditation of Rehabilitation Facilities (CARF)

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License Number  
**LIC-1047830**

**State of Florida**  
Department of Children and Families  
**CERTIFIES**  
WestCare Gulfcoast-Florida, Inc.

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for

**Prevention Services Selective**

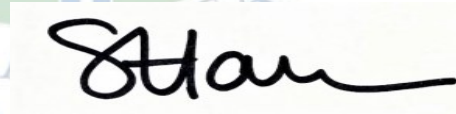
located at:

Site: Davis Bradley

1735 Dr. Martin Luther King Jr.  
Street South  
St. Petersburg, FL 33705

Accredited By: CARF

License Type: Regular



Shevaun Harris, Secretary

Signature Date:

Effective Date: 7/15/2024

Expiration Date: 7/14/2025

**This license was issued based, in part, on the survey report of a Department recognized accrediting organization.**

Accredited By Commission on Accreditation of Rehabilitation Facilities (CARF)

**The issuance of a license, certification, or recognition pursuant to Chapter 65D-30, F.A.C., neither guarantees, expresses, nor implies an outcome. A license, certification, or recognition represents attainment of the minimum standards to conduct business as a substance use disorder treatment or prevention provider in the state of Florida.**

License Number  
**LIC-1045840**

**State of Florida**  
Department of Children and Families  
**CERTIFIES**  
WestCare Gulfcoast-Florida, Inc.

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for

**Residential Level 2**

located at:

Site: Davis Bradley

1735 Dr. Martin Luther King Jr.  
Street South  
St. Petersburg, FL 33705

Accredited By: CARF

License Type: Regular

Bed Capacity: 266

Shevaun Harris, Secretary

Signature Date:

Effective Date: 7/13/2024

Expiration Date: 7/14/2025



**This license was issued based, in part, on the survey report of a Department recognized accrediting organization.**

Accredited By Commission on Accreditation of Rehabilitation Facilities (CARF)

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License Number  
**LIC-1045832**

**State of Florida**  
Department of Children and Families  
**CERTIFIES**  
WestCare Gulfcoast-Florida, Inc.

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for

**Case Management**

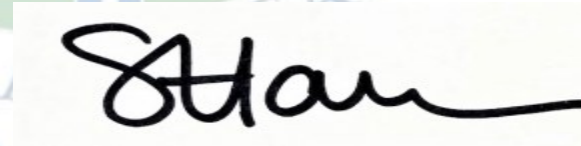
located at:

Site: Turning Point

1801 Fifth Avenue North  
St. Petersburg, FL 33713

Accredited By: CARF

License Type: Regular



Shevaun Harris, Secretary

Signature Date:

Effective Date: 7/15/2024

Expiration Date: 7/14/2025

**This license was issued based, in part, on the survey report of a Department recognized accrediting organization.**

Accredited By Commission on Accreditation of Rehabilitation Facilities (CARF)

License Number  
**LIC-1045836**

**State of Florida**  
Department of Children and Families  
**CERTIFIES**  
WestCare Gulfcoast-Florida, Inc.

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for

**Outpatient Treatment**

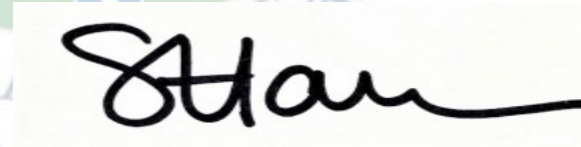
located at:

Site: Turning Point

1801 Fifth Avenue North  
St. Petersburg, FL 33713

Accredited By: CARF

License Type: Regular



Shevaun Harris, Secretary

Signature Date:

Effective Date: 7/15/2024

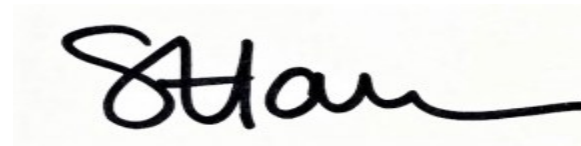
Expiration Date: 7/14/2025

Site: Port Richey  
Outpatient

6448 Ridge Road  
New Port Richey, FL 34668

Accredited By: CARF

License Type: Regular



Shevaun Harris, Secretary

Signature Date:

Effective Date: 7/15/2024

Expiration Date: 7/14/2025

Site: Davis Bradley

1735 Dr. Martin Luther King Jr.

Signature Date:

Accredited By: CARF

Street South  
St. Petersburg, FL 33705



Effective Date: 7/15/2024

Expiration Date: 7/14/2025

License Type: Regular

Shevaun Harris, Secretary

Site: Pinellas County  
Outpatient

8800 49th Street North Ste 403  
Pinellas Park, FL 33782



Signature Date:

Effective Date: 7/15/2024

Expiration Date: 7/14/2025

Accredited By: CARF

License Type: Regular

Shevaun Harris, Secretary

Site: Dade City Outpatient

15000 Citrus Country Rd. Ste 105  
Dade City, FL 33525



Signature Date:

Effective Date: 7/15/2024

Expiration Date: 7/14/2025

Accredited By: CARF

License Type: Regular

Shevaun Harris, Secretary

**This license was issued based, in part, on the survey report of a Department recognized accrediting organization.**

Accredited By Commission on Accreditation of Rehabilitation Facilities (CARF)

**The issuance of a license, certification, or recognition pursuant to Chapter 65D-30, F.A.C., neither guarantees, expresses, nor implies an outcome. A license, certification, or recognition represents attainment of the minimum standards to conduct business as a substance use disorder treatment or prevention provider in the state of Florida.**



## E-VERIFY REQUIREMENTS

Pursuant to section 448.095(2)(a), Florida Statutes, beginning January 1, 2021, every public employer, contractor and sub-contractor must register with and use the E-Verify system.

***“(2) PUBLIC EMPLOYERS, CONTRACTORS, AND SUBCONTRACTORS.***

***(a) Beginning January 1, 2021, every public employer, contractor, and subcontractor shall register with and use the E-Verify system to verify the work authorization status of all newly hired employees. A public employer, contractor, or subcontractor may not enter into a contract unless each party to the contract registers with and uses the E-Verify system.”***

“E-Verify system” means an Internet-based system operated by the United States Department of Homeland Security (DHS) that allows participating employers to electronically verify the employment eligibility of newly hired employees (<https://www.e-verify.gov/employers>). The statute also prohibits a public employer, contractor and sub-contractor from entering into a contract unless each party to the contract registers with and uses the E-Verify system.

In accordance with your Human Services Funding Agreement:

***“The AGENCY shall comply with all federal, state and local laws and ordinances and any rules or regulations adopted thereunder.”***

In order to maintain compliance with this statute, please review, sign, date and return the attached Contractor Affidavit and a copy of your organization’s DHS E-verify Registration. Thank you and we look forward to our continued business relationship.





**Contractor Affidavit**  
**Florida Statute, §448.095 Employment Eligibility**

By executing this affidavit, the undersigned contractor verifies its compliance with Fla. Stat. §448.095, stating affirmatively that the individual, firm or corporation which is engaged in the performance of services on behalf of the **Pinellas County Human Services Department**, has registered with, is authorized to use, and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in Fla. Stat. §448.095. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by Fla. Stat. §448.095. Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

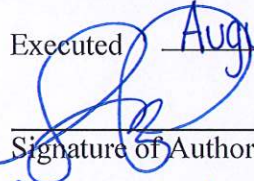
40101  
Federal Work Authorization User Identification Number \*

WestCare GulfCoast-Florida, Inc.  
Name of Contractor

Davis Bradley Community Involvement Center Oven  
Name of Project

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed August 19 2024

  
Signature of Authorized Officer or Agent

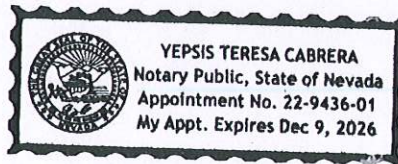
Savannah Jones - CAO  
Printed Name and Title of Authorized Officer or Agent

State of Nevada, County of Clark

Subscribed and sworn before me on this the 19 day of August 2024

Yepsis Cabrera  
Name of Notary Public

My Commission Expires:  
December 9, 2026



\* Please attach a copy of Contractor's DHS E-Verify registration.