## **Program Description**

Completed by savannahjones.grants@westcare.com on 6/5/2025 6:02 PM

Case Id: 19389

Name: WestCare Gulf Coast - Florida

Address: \*No Address Assigned

## **Program Description**

Please provide the following information.



# Alcohol and Drug Abuse Trust Fund Grant FY 2025-2026

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 25-26 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, 2025 – September 30, 2026.

### **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**



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 Release Date: April 30, 2025
- Question and Answer Period Open: April 30, 2025
- Question and Answer Period Closed: May 15, 2025
- Questions will be Posted to the Website May 23, 2025
- Application Closes Monday, June 9th, 2025, at 4:00pm.
- TBD: SAAB Review and Recommendation Meeting
- July August: Board of County Commissioners Recommendation Approval

The submission deadline for all applications is **June 9th, 2025 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 savannahjones.grants@westcare.com on 6/3/2025 3:41 PM

Case Id: 19389

Name: WestCare Gulf Coast - Florida

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



## A. Agency Information

Completed by savannahjones.grants@westcare.com on 6/3/2025 3:42 PM

**Case Id:** 19389

Name: WestCare Gulf Coast - Florida

Address: \*No Address Assigned

## A. Agency Information

Please provide the following information.

LEGAL AGENCY INFORMATION (FOR CONTRACT)

A.1. Organization Name

WestCare Gulf Coast - 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

**Chairs for A Turning Point** 

A.5. Physical Program Address

1801 5th Avenue North St Petersburg, FL 33713

A.6. Program Manager First Name

David

A.7. Program Manager Last Name

Hassett

A.8. Program Manager Title

Program Manager

A.9. Program Manager Email

david.hassett@westcare.com

A.10. Program Manager Phone Number

(727) 823-7811

A.11. Total Amount Requested

\$9,958.00

**APPLICATION CONTACT INFORMATION** 

A.15. First Name

Steve

A.16. Last Name

Blank

A.17. Contact Person/Title

Vice-President

A.18. Contact Email

steve.blank@westcare.com

A.19. Telephone

7275020188

A.20. Executive Officer First Name

Ken

A.21. Executive Officer Last Name

Ortbals

A.22. Executive Officer Title

CEO

A.23. Executive Officer Email

kenortbals.grants@westcare.com

A.24. Executive Officer Phone Number

## 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 savannahjones.grants@westcare.com on 6/3/2025 3:42 PM

**Case Id:** 19389

Name: WestCare Gulf Coast - Florida

Address: \*No Address Assigned

## **B. Organization Profile**

Please provide the following information.

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

The WestCare Gulf Coast – Florida, Inc. (WCGC-FL) mission is to "uplift the human spirit" by meeting individuals where they are and providing the expert care and support they need to reach their full potential. WCGC-FL is a nonprofit organization that provides alcohol and drug abuse treatment and prevention programs for the residents of Pinellas County. WCGC-FL is a licensed substance abuse treatment provider under Chapter 397 of the Florida Statutes. Since its incorporation in 2001, WCGC-FL has served Pinellas County as a provider of comprehensive behavioral health and housing services for populations including homeless veterans, men, women, individuals involved in the criminal justice system, and those with co-occurring disorders or living with HIV/AIDS. WCGC-FL's substance use disorder treatment continuum includes services at the following Pinellas County locations: - Outpatient Offices located at 8800 49th Street N #401-406, Pinellas Park. - A Turning Point is a 65-bed emergency shelter and the county's only inebriated shelter. -Mustard Seed Inn, a 67-bed transitional recovery residence for men and women, is certified as a Florida Association of Recovery Residences (FARR) Level III facility. - Davis Bradley Community Investment Center, a CARF-accredited, 222-bed supportive housing community. WCGC-FL also provides community prevention and intervention services, long-term substance use disorder (SUD) treatment, Medication-Assisted Treatment (MAT), outpatient and aftercare services, ongoing recovery supports, and workforce development programming to help clients build self-sustaining futures. The Florida Department of Children and Families licenses the organization for prevention, case management, outpatient and aftercare services, and Level 2 residential substance abuse treatment. WCGC-FL complies with OMB Uniform Guidance and undergoes independent annual audits to ensure accountability and fiscal integrity. CARF accreditation affirms WCGC-FL's commitment to quality, safety, and continuous improvement, with rigorous evaluations that ensure services meet the highest standards of care. Each year, WCGC-FL serves nearly 2,000 highly vulnerable individuals, including those experiencing substance use and co-occurring disorders, or at risk of homelessness, veterans, individuals, and youth, supporting their journeys toward stability and independence.



## C. Community Needs

Completed by savannahjones.grants@westcare.com on 6/5/2025 5:40 PM

**Case Id:** 19389

Name: WestCare Gulf Coast - Florida

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)

A Turning Point (ATP), located at 1801 5th Ave N in St. Petersburg, is the only emergency shelter in Pinellas County that accepts individuals under the influence of drugs or alcohol directly from the street or hospital emergency rooms. Operated by WestCare GulfCoast-FL since 2001, ATP provides a safe place for individuals to stabilize and begin their recovery. Clients may stay from one to 30 days, receiving a bed and access to recovery-oriented services. On any given day, ATP serves approximately 55 individuals. The constant demand places strain on shelter infrastructure. Daily-used chairs in dining, counseling, and outdoor areas are worn, rusted, and unstable—posing safety concerns and limiting the dignity of care. Budget constraints prevent timely replacement or upgrades. With client numbers growing, we urgently need to replace broken chairs and increase capacity. Funding for 100 new durable indoor/outdoor chairs is essential to maintaining a safe environment that supports recovery. ATP plays a critical role in addressing homelessness among individuals with substance use disorders (SUD) or co-occurring mental health issues. The 2024 Pinellas County Point-in-Time (PIT) survey reports 17.6% of adults self-disclosed a mental health diagnosis and 12% a SUD, though local SUD rates have ranged up to 28.6%. Nationally, SAMHSA reports 38% of people experiencing homelessness have alcohol use disorders and 26% use other drugs, with higher risks for opioid overdose (1.8% vs. 0.3% for housed individuals). Many individuals cycle through emergency rooms that can address crises but not long-term recovery. ATP fills this gap with a low-barrier, phased model. Clients begin in a 24-hour observation area for stabilization, then receive case management and assistance with IDs, insurance, and more—typically within 24–72 hours. Clients then transition into treatment, housing, and ongoing support through WCGC-FL's broader continuum of care.



## **D. Project Description**

Completed by savannahjones.grants@westcare.com on 6/5/2025 5:42 PM

**Case Id:** 19389

Name: WestCare Gulf Coast - Florida

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?

This project request is to procure 100 durable and stackable chairs for the A Turning Point program facility. Adding new chairs is a critical need for our emergency shelter program. Many of our current chairs are rusted, unstable, or on the verge of breaking, posing safety risks to both clients and staff. These chairs are used daily in essential areas such as the dining room and group counseling sessions—spaces that foster nourishment, healing, and connection. As the number of clients continues to enter our program year by year, we also need additional seating to ensure no one is left standing during meals or support activities. This project will allow us to provide safe, durable seating both indoors and outdoors, creating a more welcoming and functional environment for individuals on their path to stability and recovery. This project will support the daily functions of A Turning Point, which is a facility that receives clients daily. Without this funding WCGC-FL currently does not have other avenues of funding that can address this budget gap for program equipment.

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

A Turning Point (ATP) addresses a critical community need by providing safe shelter and support services to individuals who are inebriated and experiencing substance use disorders—offering an alternative to incarceration or costly hospitalizations. As the only emergency shelter in Pinellas County that accepts individuals under the influence directly from the street or emergency rooms, ATP experiences a constant inflow of clients, which leads to ongoing wear and tear on essential equipment, particularly chairs. The funds will be used to purchase new, durable chairs for use in the dining area, group counseling rooms, and indoor and outdoor communal spaces. These new chairs will replace those that are rusted, unstable, or no longer safe, and will also expand our seating capacity to meet increased demand. Addressing this issue ensures clients have adequate, safe seating during meals and therapeutic activities, which are vital parts of their daily routine. Providing clean, functional, and dignified seating contributes to a welcoming environment where individuals—many of whom come directly from the street—can feel respected and supported. A stable and comfortable physical setting is often the first step in helping clients engage in services and take meaningful steps in their recovery journey.



## E. Budget

Completed by savannahjones.grants@westcare.com on 6/5/2025 5:42 PM

**Case Id:** 19389

Name: WestCare Gulf Coast - Florida

Address: \*No Address Assigned

## E. Budget

Please provide the following information.

## E.1. Total ProjectBudget

\$871,330.00

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

\$0.00

## **Documentation**



Project Budget Narrative with estimates/bids \*Required

FY26 Annual Budget Report 2.26.25.xlsx WCGC.041825-1 ModuForm.pdf Lifetime folding chairs - Sam's Club.pdf



## **F. Required Documents**

Completed by savannahjones.grants@westcare.com on 6/5/2025 6:02 PM

**Case Id:** 19389

Name: WestCare Gulf Coast - Florida

Address: \*No Address Assigned

F. Required Documents		
ease upload the following documents.		
ocumentation		
Proof of incorporation or registration in the State of Florida *Required		
/estCare Gulf Coast-Florida, Incpdf		

Proof of 501(c)(3) status \*Required 501c3 WestCare GulfCoast Florida.pdf

W-9 with legal name which matches that of applicant name \*Required W9 WestCare Gulfcoast Florida.pdf

Current DCF 397 State Licenses or Registrations \*Required
A Turning Point Licenses.pdf

Project Budget Narrative with estimates/bids \*Required
FY26 Annual Budget Report 2.26.25.xlsx
WCGC.041825-1 ModuForm.pdf
Lifetime folding chairs - Sam's Club.pdf

Human Trafficking Affidavit \*Required

Human Trafficking WestCare GulfCoast Florida.pdf

Foreign Country of Concern Affidavit *Required
Foreign_Countries_of_Concern_Affidavit_notarized.pdf
Please sign and upload E-Verify form found <a href="here">here</a> (will be required if you are awarded funds, must be completed before funding award period)  **No files uploaded
Annual Budget Narrative
FY26 Annual Budget Report 2.26.25.xlsx

**Submit** 

Completed by savannahjones.grants@westcare.com on 6/5/2025 6:03 PM

**Case Id:** 19389

Name: WestCare Gulf Coast - Florida

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.

Please Click Here to download a copy of the Agreement

Authorized Representative Signature

savannah jones

Electronically signed by savannahjones.grants@westcare.com on 6/5/2025 6:03 PM

**Date Submitted** 

06/05/2025



## **Program Description**

Completed by ginademayo@suncoastcenter.org on 5/15/2025 10:52

Case Id: 19342

Name: Suncoast Center, Inc
Address: \*No Address Assigned

## **Program Description**

Please provide the following information.



# Alcohol and Drug Abuse Trust Fund Grant FY 2025-2026

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 25-26 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, 2025 – September 30, 2026.

## **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**



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    if possible. If needing to use a particular vendor, please explain.
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## **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 Release Date: April 30, 2025
- Question and Answer Period Open: April 30, 2025
- Question and Answer Period Closed: May 15, 2025
- Questions will be Posted to the Website May 23, 2025
- Application Closes Monday, June 9th, 2025, at 4:00pm.
- TBD: SAAB Review and Recommendation Meeting
- July August: Board of County Commissioners Recommendation Approval

The submission deadline for all applications is **June 9th, 2025 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 ginademayo@suncoastcenter.org on 5/15/2025 10:52 AM

**Case Id:** 19342

Name: Suncoast Center, 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



## A. Agency Information

Completed by ginademayo@suncoastcenter.org on 6/6/2025 1:42

PM

Case Id: 19342

Name: Suncoast Center, Inc

Address: \*No Address Assigned

## A. Agency Information

Please provide the following information.

## LEGAL AGENCY INFORMATION (FOR CONTRACT)

### A.1. Organization Name

Suncoast Center, Inc.

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

## A.3. Legal Address

3800 Cental Ave St. Petersburg, FL 33711

#### **PROJECT INFORMATION**

## A.4. Project Title

Strengthening Infrastructure: Air Conditioning for Operating Reliability & Comfort

#### A.5. Physical Program Address

940 22nd Avenue S St. Petersburg, FL 33705

#### A.6. Program Manager First Name

Larnetta

#### A.7. Program Manager Last Name

Peterson

#### A.8. Program Manager Title

Manager of Forensic Services

## A.9. Program Manager Email

larnettapeterson@suncoastcenter.org

## A.10. Program Manager Phone Number

(727) 327-7656

### A.11. Total Amount Requested

\$10,000.00

#### **APPLICATION CONTACT INFORMATION**

A.15. First Name

Gina

#### A.16. Last Name

Demayo

#### A.17. Contact Person/Title

**Communications & Resource Specialist** 

### A.18. Contact Email

ginademayo@suncoastcenter.org

#### A.19. Telephone

72732776564053

## A.20. Executive Officer First Name

Jean

## A.21. Executive Officer Last Name

Pierre

#### A.22. Executive Officer Title

Chief Executive Officer

## A.23. Executive Officer Email

jpierre@suncoastcenter.org

## A.24. Executive Officer Phone Number

(727) 452-2498

## A.12. Taxpayer/Employer ID

59-2092717

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

MH1TLUVKQNV6

## A.14. Date of incorporation in Florida

06/03/1981



## **B.** Organization Profile

Completed by ginademayo@suncoastcenter.org on 6/6/2025 1:42

Case Id: 19342

Name: Suncoast Center, Inc

Address: \*No Address Assigned

## **B. Organization Profile**

Please provide the following information.

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

Suncoast Center has been a trusted leader in behavioral health care in Pinellas County since 1944. As a recipient of the Certified Community Behavioral Health Clinic (CCBHC) award, Suncoast Center follows a nationally recognized model focused on delivering high-quality, comprehensive behavioral health services. Guided by our mission to strengthen, protect, and restore lives for a healthy community, Suncoast Center ensures that behavioral healthcare remains accessible, providing services regardless of a client's insurance status or ability to pay. Suncoast Center offers a wide range of behavioral health services, including outpatient therapy, psychiatric care, case management, crisis stabilization, and care coordination. We also provide specialized programs for children and families, survivors of sexual assault, suicide prevention, and individuals involved in the criminal justice system. Through its forensic services, Suncoast Center addresses the behavioral health needs of people with serious mental illness who are court-involved or at risk of incarceration. Many of these individuals face multiple challenges, including untreated psychiatric conditions, histories of trauma, and co-occurring substance use disorders, often lacking access to consistent care. To meet these needs, Suncoast operates three key programs: the Forensic Multidisciplinary Team (FMT), Forensic Focused Outreach (FFO), and Forensic Intervention/Competency Restoration. These services are designed not only to provide treatment, but to stabilize lives, reduce recidivism, and divert individuals away from jails and hospitals. Each year, Suncoast's forensic services team delivers more than 10,000 services to over 400 clients. Suncoast Center's FMT program has helped nearly all of its clients avoid incarceration, while the FFO program has supported many clients in achieving self-sufficiency through employment and access to health insurance. The Competency Restoration program has helped clients meet court requirements and exit the legal system with dignity and support. These efforts are especially critical in Pinellas County, where incarceration rates have historically been higher than the state average, and where behavioral health interventions can make a profound difference in client outcomes.



## C. Community Needs

Completed by ginademayo@suncoastcenter.org on 6/9/2025 1:01

**Case Id:** 19342

Name: Suncoast Center, 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)

Suncoast Center's forensic services program serves over 400 clients with more than 10,000 services annually, the majority of whom are living with untreated severe mental illness, histories of trauma, substance use disorders and are often under court mandates or supervision. These individuals are disproportionately incarcerated compared to the general population due to limited access to community-based behavioral health care, which can also increase the risk of self-harm. From 2014 to 2023, incarceration rates in Pinellas County consistently exceeded state averages (FLHealthCHARTS, 2023). Despite the intensity of need, our programs have demonstrated strong outcomes. The FMT program has successfully diverted 98 percent of adult clients from incarceration. Clients engaged in the FFO program receive practical support that extends beyond clinical care, and 60 percent of discharged clients achieved self-sufficiency through access to insurance coverage or employment. In addition, every client participating in the Forensic Intervention/Competency Restoration program completed competency training and was discharged from court supervision, reflecting both program efficacy and client resilience. However, our continued success in serving the community is challenged by the need for a safe and supportive environment for care. Many of our clients present with heightened sensitivity to environmental stressors due to psychiatric symptoms, medical conditions, or psychotropic medication side effects. The inability to regulate temperature in our facility, especially during summer months, is a growing barrier to effective service delivery. For forensic clients, a physically uncomfortable environment can compromise safety and therapeutic engagement. A stable physical environment is essential to ensure Suncoast Center can continue providing high-quality and safe behavioral health services.



## **D. Project Description**

Completed by ginademayo@suncoastcenter.org on 6/9/2025 1:01

**Case Id:** 19342

Name: Suncoast Center, 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?

Individuals facing a crisis need a safe, supportive environment to focus on healing. When someone arrives overwhelmed by anxiety, emotional distress, or trauma, every detail of the care space matters. Excessive heat can worsen symptoms like sweating, rapid heart rate, and physical discomfort, making it harder to engage in therapy. For those already managing overwhelming emotions, an uncomfortable environment adds unnecessary stress and creates barriers to recovery. Many clients arrive after walking, biking, or using public transportation, often in intense heat. Without air conditioning, they cannot cool down, increasing their discomfort and making it difficult to fully benefit from the services we provide. We strive to be a place that is safe and reliable for those in need in our community. Reliable air conditioning ensures that our space is welcoming, comfortable, and conducive to healing, especially for individuals at their most vulnerable moments. Air conditioning also plays a critical role in maintaining air quality. Without it, allergens, dust, and pollutants go unfiltered, creating health risks for clients with respiratory issues. Many of our buildings lack operable windows, leaving no way to improve air circulation when AC systems fail. After Hurricane Milton, one site remained closed due to unsafe air quality caused by the lack of air conditioning, even though the building was otherwise undamaged.

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

Funds will be used to replace the aging and ineffective air conditioning unit at our forensic services location to ensure a safe, comfortable, and healing environment for individuals in crisis. New AC systems will improve air quality by filtering out allergens, dust, and pollutants, which is important for clients with respiratory sensitivities. Additionally, many of our buildings lack operable windows for ventilation. Installing a modern, efficient air conditioning unit is essential to maintain safe indoor air quality. Overall, funding will directly support creating a therapeutic space that removes environmental barriers to recovery and keeps the site operational and accessible during extreme weather events or emergencies.



E. Budget

Completed by ginademayo@suncoastcenter.org on 6/4/2025 12:22

Case Id: 19342

Name: Suncoast Center, Inc

Address: \*No Address Assigned

## E. Budget

Please provide the following information.

## E.1. Total ProjectBudget

\$15,500.00

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

\$0.00

## **Documentation**

 $\overline{\mathbf{V}}$ 

Project Budget Narrative with estimates/bids \*Required

Suncoast Center\_ Drug Alcohol Trust Fund FY26 Annual Budget Report.xlsx

## **F.** Required Documents

Completed by ginademayo@suncoastcenter.org on 6/4/2025 12:22

**Case Id:** 19342

Name: Suncoast Center, Inc
Address: \*No Address Assigned

F. Required Documents
Please upload the following documents.
Documentation
Proof of incorporation or registration in the State of Florida *Required Incorporation Suncoast Center.pdf
Proof of 501(c)(3) status *Required 501c3 Suncoast Center.pdf
W-9 with legal name which matches that of applicant name *Required W-9 Suncoast Center 2025.pdf
Current DCF 397 State Licenses or Registrations *Required  Suncoast Center_ Outpatient Treatment Certificate.pdf
Project Budget Narrative with estimates/bids *Required  Suncoast Center_ Drug Alcohol Trust Fund FY26 Annual Budget Report.xlsx
Human Trafficking Affidavit *Required  Human Trafficking Affidavit_Suncoast Center_Alcohol Drug Abuse Trust Fund.pdf

Foreign Country of Concern Affidavit\_Suncoast Center\_Alcohol Drug Abuse trust Fund.pdf

Please sign and upload E-Verify form found <a href="here">here</a> (will be required if you are awarded funds, must be completed before funding award period)

E-Verify\_Suncoast Center\_Alcohol Drug Abuse Trust Fund.pdf

Annual Budget Narrative

Suncoast Center\_ Drug Alcohol Trust Fund FY26 Annual Budget Report.xlsx

**Submit** 

Completed by ginademayo@suncoastcenter.org on 6/9/2025 1:01

**Case Id:** 19342

Name: Suncoast Center, Inc

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.

Please Click Here to download a copy of the Agreement

**Authorized Representative Signature** 

Gína Demayo

Electronically signed by ginademayo@suncoastcenter.org on 6/9/2025 1:01 PM

**Date Submitted** 

06/09/2025



## **Program Description**

Completed by devin@recoveryepicenterfoundation.org on 6/7/2025 8:47 AM Case Id: 19530

Name: Recovery Epicenter Foundation

Address: \*No Address Assigned

## **Program Description**

Please provide the following information.



# Alcohol and Drug Abuse Trust Fund Grant FY 2025-2026

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 25-26 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, 2025 – September 30, 2026.

### **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**



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 Release Date: April 30, 2025
- Question and Answer Period Open: April 30, 2025
- Question and Answer Period Closed: May 15, 2025
- Questions will be Posted to the Website May 23, 2025
- Application Closes Monday, June 9th, 2025, at 4:00pm.
- TBD: SAAB Review and Recommendation Meeting
- July August: Board of County Commissioners Recommendation Approval

The submission deadline for all applications is **June 9th, 2025 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 devin@recoveryepicenterfoundation.org on 6/7/2025 8:47 AM

Case Id: 19530

Name: Recovery Epicenter Foundation

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



## A. Agency Information

Completed by devin@recoveryepicenterfoundation.org on 6/9/2025 2:57 PM

Case Id: 19530

Name: Recovery Epicenter Foundation

**APPLICATION CONTACT INFORMATION** 

Address: \*No Address Assigned

## A. Agency Information

Please provide the following information.

## LEGAL AGENCY INFORMATION (FOR CONTRACT)

#### A.1. Organization Name

**Recovery Epicenter Foundation** 

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

## A.3. Legal Address

316 S. Betty Lane Clearwater, FL 33756

## **PROJECT INFORMATION**

## A.4. Project Title

The Catcher's Mitt

## A.5. Physical Program Address

316 S. Betty Lane Clearwater, FL 33756

## A.6. Program Manager First Name

Teresa

## A.7. Program Manager Last Name

Mancuso

### A.8. Program Manager Title

**Program Director** 

## A.9. Program Manager Email

teresa@recoveryepicenterfoundation.org

## A.10. Program Manager Phone Number

(727) 337-6037

## A.11. Total Amount Requested

\$10,000.00

## A.12. Taxpayer/Employer ID

## Devin

#### A.16. Last Name

A.15. First Name

Skaggs

#### A.17. Contact Person/Title

Administrative Officer

#### A.18. Contact Email

devin@recoveryepicenterfoundation.org

### A.19. Telephone

7073574542

### A.20. Executive Officer First Name

William

## A.21. Executive Officer Last Name

Atkinson

## A.22. Executive Officer Title

**Executive Director** 

### A.23. Executive Officer Email

will@recoveryepicenterfoundation.org

## A.24. Executive Officer Phone Number

(727) 608-3823



# A.13. Unique Entity Identifier (UEI- Federal SAM.GOV Number) Optional MU85S9UL2U66

**A.14.** Date of incorporation in Florida 03/31/2014



## **B.** Organization Profile

Completed by devin@recoveryepicenterfoundation.org on 6/7/2025 10:37 AM

**Case Id:** 19530

Name: Recovery Epicenter Foundation

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 Recovery Epicenter Foundation is to remove barriers to sustainable recovery by providing diverse, peer-to-peer support services tailored for individuals in recovery, their families, and the broader community. Its purpose is to break the stigma of addiction through comprehensive education, hands-on training, and empowerment initiatives. By equipping people in Pinellas and Pasco counties, Florida, with essential knowledge, resources, and tools, the organization fosters resilience, promotes lasting recovery, and saves lives, addressing the multifaceted challenges of substance abuse with a community-focused approach.



## C. Community Needs

Completed by devin@recoveryepicenterfoundation.org on 6/7/2025 10:43 AM

**Case Id:** 19530

Name: Recovery Epicenter Foundation

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 Digital Empowerment for Recovery Program at Recovery Epicenter Foundation tackles a critical problem in Pinellas County: the lack of digital tools, resources, and training for individuals recovering from alcohol and drug abuse, hindering sobriety, housing, and reintegration. At our 18-bed facility, 300 participants yearly face barriers: no access to technology for job and housing searches or applying for IDs, driver's licenses, and insurance, plus limited relapse prevention training and support groups. This increases relapse risk and delays stability. Pinellas County data underscores the need. The Florida Department of Health in Pinellas' 2022-2025 Community Health Improvement Plan names addiction a top concern, with alcohol and drug abuse a key risk. In 2020, FLHealthCHARTS reported 542 drug-related deaths and 1,283 opioid-related ER visits out of 2,720 total. A 2021 survey aligned with CDC data showed ~24% of residents excessively drink, and 21% of motor vehicle deaths involved alcohol (NHTSA). The Pinellas Opioid Task Force notes >1 opioid death every 14 hours. A 2023 Point-in-Time Count found 2,800 homeless, many tied to substance abuse. Needs assessments highlight gaps in digital access and long waiting lists for treatment, per regional reports. This program bridges these gaps for 300 participants, providing digital access to research recovery resources (e.g., NA schedules), apply for jobs and housing, and secure IDs/insurance. It offers virtual and in-person relapse prevention training and AA/NA support, boosting sobriety. We aim for 50% (150) to secure housing, 60% (180) to complete training, and 70% (210) to get IDs/insurance in 12 months, reducing relapse and aiding reintegration in Pinellas County.



## **D. Project Description**

Completed by devin@recoveryepicenterfoundation.org on 6/7/2025 10:42 AM

Case Id: 19530

Name: Recovery Epicenter Foundation

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 Digital Empowerment for Recovery Program, proposed by Recovery Epicenter Foundation, is a targeted initiative to enhance educational outreach, boost operational efficiency, and deliver training and quality-of-life initiatives for individuals recovering from alcohol and drug abuse. With a \$10,000 budget, this project equips our 18-bed facility with critical technology and resources, including a high-volume color all-in-one printer, five laptops, ink and paper supplies, internet service, a WiFi extender, accessories (mice and headsets), and Microsoft software licenses. Building on our success of helping over 1,100 people find stable housing or recovery services since 2023, this program introduces a new service: digital access for networking, resource searches, and skill-building to support sobriety, alongside streamlined staff document production. It will benefit 300 participants per year, aligning with the Alcohol Drug Abuse Trust Fund's priorities of prevention, treatment, and aftercare.

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

The Digital Empowerment for Recovery Program addresses critical barriers faced by individuals recovering from alcohol and drug abuse at Recovery Epicenter Foundation, including limited access to digital tools for job searches, housing applications, and obtaining IDs, driver's licenses, and insurance, as well as restricted participation in virtual relapse prevention training and addiction support groups. These gaps increase relapse risk, delay stable housing, and slow reintegration. The \$10,000 budget request from the Alcohol Drug Abuse Trust Fund will be allocated to equipment, supplies, and services to directly tackle these challenges, empowering 300 participants per year.



E. Budget

Completed by devin@recoveryepicenterfoundation.org on 6/7/2025 10:43 AM

**Case Id:** 19530

Name: Recovery Epicenter Foundation

Address: \*No Address Assigned

## E. Budget

Please provide the following information.

## E.1. Total ProjectBudget

\$9,600.00

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

\$0.00

## **Documentation**

 $\overline{\mathbf{V}}$ 

Project Budget Narrative with estimates/bids \*Required

DERP.docx

## **F.** Required Documents

Completed by lindsey@recoveryepicenterfoundation.org on 6/9/2025 3:32 PM

**Case Id:** 19530

Name: Recovery Epicenter Foundation

Address: \*No Address Assigned

F. Required Documents
Please upload the following documents.
Documentation
Proof of incorporation or registration in the State of Florida *Required IncorporationDoc.pdf
Proof of 501(c)(3) status *Required  Tax Exempt Certificate Exp 12-31-2026.pdf  IRS Determination Letter.pdf
W-9 with legal name which matches that of applicant name *Required  REF W9 10302024.pdf
Current DCF 397 State Licenses or Registrations *Required Image_20250609_0001.pdf
Project Budget Narrative with estimates/bids *Required  DERP.docx
Human Trafficking Affidavit *Required Human Trafficking Affidavit 03242025.pdf



$\checkmark$	Foreign Country of Concern Affidavit *Required
FCOC	C.pdf

Please sign and upload E-Verify form found <a href="here">here</a> (will be required if you are awarded funds, must be completed before funding award period)

REF E-Verify Document 03242025.pdf

Annual Budget Narrative

FY26 Annual Budget Report DERP.xlsx

**Submit** 

Completed by lindsey@recoveryepicenterfoundation.org on 6/9/2025 3:32 PM

**Case Id:** 19530

Name: Recovery Epicenter Foundation

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.

Please Click Here to download a copy of the Agreement

**Authorized Representative Signature** 

Lindsey McKeown

Electronically signed by lindsey@recoveryepicenterfoundation.org on 6/9/2025 3:32 PM

**Date Submitted** 

06/09/2025



## **Program Description**

Completed by mbimler@operpar.org on 6/5/2025 8:23 AM

Case Id: 19497

Name: Operation PAR - Trust Fund 25

Address: \*No Address Assigned

#### **Program Description**

Please provide the following information.



# Alcohol and Drug Abuse Trust Fund Grant FY 2025-2026

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 25-26 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.

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#### **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, 2025 – September 30, 2026.

#### **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.

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- 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

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The submission deadline for all applications is **June 9th, 2025 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 6/5/2025 8:23 AM

Case Id: 19497

Name: Operation PAR - Trust Fund 25

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



## A. Agency Information

Completed by mbimler@operpar.org on 6/8/2025 10:47 AM

**Case Id:** 19497

Name: Operation PAR - Trust Fund 25

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

#### **PROJECT INFORMATION**

#### A.4. Project Title

Largo Campus Accessibility

#### A.5. Physical Program Address

13800 66th St. N. Largo, FL 33771

#### A.6. Program Manager First Name

Megan

#### A.7. Program Manager Last Name

McCrickard

#### A.8. Program Manager Title

Vice President of Clinical Services

#### A.9. Program Manager Email

MMcCrickard@operpar.org

#### A.10. Program Manager Phone Number

(727) 741-1292

#### A.11. Total Amount Requested

\$7,898.00

#### A.12. Taxpayer/Employer ID

59-1349234

## Printed By: Tiffany Nozicka on 6/11/2025

#### **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



## 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 6/8/2025 8:59 AM

**Case Id:** 19497

Name: Operation PAR - Trust Fund 25

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 4,500 individuals daily and nearly 10,000 unique individuals 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 6/8/2025 11:11 AM

**Case Id:** 19497

Name: Operation PAR - Trust Fund 25

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 2024 (Florida Department of Health, FLHealthCHARTS; Healthy People 2030). While this is better than the statewide decline of 2.1 to 1.2 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. Further compounding access to residential treatment are issues of medical needs and mobility. While PAR Village, Operation PAR's residential treatment program for women and their children, offers a unique and therapeutic neighborhood environment, that environment can be challenging for an individual with mobility issues. Currently, Operation PAR sees between 2 to 4 women each year who could benefit from residential treatment who elect to forego treatment in part because of the physical challenges they would face on the PAR Village campus. While reasonable accommodations are offered to house them in short-term residential housing at the front of the campus, this severely limits their ability to be a part of the long-term treatment neighborhood community of PAR Village at the back of the campus. This short-term housing does not provide accommodation for the children of these women and makes it harder for them to build social support networks with the other families in long-term treatment.



## **D. Project Description**

Completed by mbimler@operpar.org on 6/8/2025 11:40 AM

**Case Id:** 19497

Name: Operation PAR - Trust Fund 25

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 physical distance from PAR Village houses at the back of the campus to treatment at the front of the campus can be a barrier to care. The distance from the Women's Community Room and houses in PAR Village to the dining hall and counselors' offices is approximately a quarter mile. Making this trip several times a day for meals and treatment can add up to a couple miles each day - something difficult if not impossible for an individual with mobility issues. The women facing these challenges fall into two categories: those with chronic conditions who have not been connected to appropriate programs (e.g., medicaid) to provide personal mobility devices or those with acute conditions due to accidents, surgeries, or other temporary conditions. The process for getting mobility devices, such as power wheelchairs, for chronic conditions can take several months, especially if an individual has not yet been connected to entitlement programs. Individuals with acute conditions may have access to crutches or other manual mobility devices, but these can be difficult to use for long distances over uneven or outdoor terrain. While these women have the option of staying in short-term housing at the front of the campus, closer to counseling and the dining hall, this is not an option for their children and can isolate them from their peers in the long-term treatment, neighborhood setting of PAR Village. Over several decade of providing substance use disorder treatment at PAR Village, we know that women who are able to live in community with their children have better long-term treatment outcomes. Operation PAR is requesting funding for two heavy-duty, power wheelchairs for community-use to eliminate the barriers to treatment for women with mobility issues. These chairs will be used by individuals in the treatment community until their condition has resolved (acute) or until they are connected to programs that will provide a personal powered mobility device (chronic).

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

Operation PAR is requesting \$7898 for the purchase of two Jazzy EVO 614 HD (Heavy Duty) power wheelchairs. These chairs will allow residents to fully participate in programs and live in community with other women and children in PAR Village. We anticipate that a minimum of four women will have increased access to treatment as a result of this purchase. 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. These chairs provide a good balance of both indoor and outdoor use that will allow individuals to access all areas of PAR Village and Largo Campus. The Heavy Duty (HD) model will support up to 450 lbs with a 22"wide seat. The EVO 614 HD also provides a 22" turning radius that allows for greater maneuverability in indoor spaces and a 3" ground clearance which accommodates access to light "off-road" areas, such as the maintenance trail at PAR Village - a commonly used shortcut behind the PAR Village Child Development Center and retention pond - or to the picnic tables in the grassy areas behind PAR Village residences. The EVO 614 HD FDA Class II Medical Device has an operating range of 13 to 21.5 miles on a single charge depending on weight load. This model is sufficient to accommodate any potential resident and eliminate mobility issues as a barrier or limitation to treatment. The EVO 614 HD has an estimated usable life of up to 7 years. However, this is based on daily, average to heavy use. Operation PAR anticipates the chairs having a usable life of up to 10 years. 2 Power Wheelchairs x \$3,949 ea. = \$7,898 Free Shipping included Total Request: \$7,898





## E. Budget

Completed by mbimler@operpar.org on 6/8/2025 11:43 AM

**Case Id:** 19497

Name: Operation PAR - Trust Fund 25

Address: \*No Address Assigned

#### E. Budget

Please provide the following information.

#### E.1. Total ProjectBudget

\$7,898.00

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

\$0.00

#### **Documentation**

 $\overline{\mathbf{V}}$ 

Project Budget Narrative with estimates/bids \*Required

Budget Narrative and Estimates Operation PAR.pdf

## **F.** Required Documents

Completed by mbimler@operpar.org on 6/8/2025 12:10 PM

**Case Id:** 19497

Name: Operation PAR - Trust Fund 25

Address: \*No Address Assigned

F. Required Documents
Please upload the following documents.
Documentation
Proof of incorporation or registration in the State of Florida *Required Incorporation Operation PAR.pdf
Proof of 501(c)(3) status *Required 501-c3 Determination Letter.pdf
W-9 with legal name which matches that of applicant name *Required W-9 Form Signed 5-27-25.pdf
Current DCF 397 State Licenses or Registrations *Required Licenses Operation PAR.pdf
Project Budget Narrative with estimates/bids *Required  Budget Narrative and Estimates Operation PAR.pdf
Human Trafficking Affidavit *Required  Human Trafficking Affidavit Operation PAR Trust Fund.pdf

Foreign Country of Concern Affidavit *Required	
Foreign_Countries_of_Concern_Affidavit Operation PAR Turst Fund.pdf	
Please sign and upload E-Verify form found <a href="here">here</a> (will be required if you are awarded funds, must be	e completed
before funding award period)	
E-Verify Operation PAR Trust Fund.pdf	
Annual Budget Narrative	
**No files uploaded	

**Submit** 

Completed by mbimler@operpar.org on 6/9/2025 11:44 AM

**Case Id:** 19497

Name: Operation PAR - Trust Fund 25

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.

Please Click Here to download a copy of the Agreement

**Authorized Representative Signature** 

Martin Bimler

Electronically signed by mbimler@operpar.org on 6/9/2025 11:43 AM

**Date Submitted** 

06/09/2025



## **Program Description**

Completed by tess.benham@gcjfcs.org on 5/29/2025 1:50 PM

**Case Id:** 19467

Name: Gulf Coast Jewish Family and Community

Address: \*No Address Assigned

#### **Program Description**

Please provide the following information.



# Alcohol and Drug Abuse Trust Fund Grant FY 2025-2026

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 25-26 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, 2025 – September 30, 2026.

#### **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**



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 Release Date: April 30, 2025
- Question and Answer Period Open: April 30, 2025
- Question and Answer Period Closed: May 15, 2025
- Questions will be Posted to the Website May 23, 2025
- Application Closes Monday, June 9th, 2025, at 4:00pm.
- TBD: SAAB Review and Recommendation Meeting
- July August: Board of County Commissioners Recommendation Approval

The submission deadline for all applications is **June 9th, 2025 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 5/29/2025 1:50 PM

**Case Id:** 19467

Name: Gulf Coast Jewish Family and Community

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



## **A.** Agency Information

Completed by tess.benham@gcjfcs.org on 5/29/2025 1:56 PM

**Case Id:** 19467

Name: Gulf Coast Jewish Family and Community

Address: \*No Address Assigned

#### A. Agency Information

Please provide the following information.

#### **LEGAL AGENCY INFORMATION (FOR CONTRACT)**

#### A.1. Organization Name

Gulf Coast Jewish Family & Community Services, Inc.

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

#### A.3. Legal Address

14041 Icot Blvd Clearwater, FL 33760--3702

#### **PROJECT INFORMATION**

#### A.4. Project Title

**Technology Update** 

#### 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 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

\$6,000.00

#### A.12. Taxpayer/Employer ID

59-1229354

#### Printed By: Tiffany Nozicka on 6/11/2025

#### **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

grantwriter@gcjfcs.org

#### A.19. Telephone

7274707435

#### A.20. Executive Officer First Name

Dr. 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

(172) 747-9180



# 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@gcifcs.org on 6/2/2025 1:32 PM

**Case Id:** 19467

Name: Gulf Coast Jewish Family and Community

Address: \*No Address Assigned

#### **B.** Organization Profile

Please provide the following information.

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

Since 1960, Gulf Coast JFCS has been uplifting the lives of 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, and cultures. 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. These 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 6/3/2025 10:48 AM

**Case Id:** 19467

Name: Gulf Coast Jewish Family and Community

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)

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, 59.0% (or 167.2 million people) were current users of tobacco, alcohol, or illicit drugs in the past month. More than 48.5 million people aged 12 or older (or 17 percent of the population) met the criteria for having a substance use disorder in the past year. Per FL Dept. of Health data, fatal and nonfatal overdoses have steadily risen in Pinellas County. Pinellas County experienced 476 drug overdose deaths. In 2023, the age-adjusted rate per 100,000 deaths from Drug Poisoning in Pinellas County was 49.5, much higher than Florida's rate of 32.5. EMS provided 15,462 responses to suspected overdoses in 2023. As of September 2024, more than 8,480 EMS responses were made for suspected overdoses. 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 who 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 946 individuals referred to the program, provided support services to 400 individuals who experienced an overdose, and connected 104 with substance use treatment. Additionally, QRT distributes more than 450 naloxone kits annually. A Supported Housing program assists more than 150 Pinellas County residents with substance



## **D. Project Description**

Completed by tess.benham@gcifcs.org on 6/2/2025 1:27 PM

**Case Id:** 19467

Name: Gulf Coast Jewish Family and Community

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?

Gulf Coast JFCS currently has four laptops used by staff in our Substance Use Intervention, Prevention, and Supported Housing programs that are more than 4 and 5 years old and need to function better. For example, the machines are slow when accessing standard office and workplace software and apps such as Teams or Zoom. Further, these machines pose a security risk as manufacturers and software developers no longer provide updates to maintain key security functions.

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

Gulf Coast JFCS requests \$5,469.00 to purchase four laptops, for approximately \$1,243 per device. If allowable, a 10% contingency amount totaling \$497 was added to the budget for unexpected price increases, as the quote will expire prior to the award announcement. Gulf Coast JFCS will pay for any additional price increases or costs above the approved grant award amount. Replacing this equipment will allow staff to complete screenings, assessments, and treatment plans while in the community with the client. It will also facilitate staff's ability to assist clients with housing searches, demonstrate or assist in developing computer skills, and make it easier to access training and educational information as needed. The new equipment will also improve overall agency and program security and HIPAA compliance, as these devices will support the newest releases of software and security patches.



## E. Budget

Completed by tess.benham@gcjfcs.org on 6/2/2025 1:22 PM

**Case Id:** 19467

Name: Gulf Coast Jewish Family and Community

Address: \*No Address Assigned

#### E. Budget

Please provide the following information.

#### E.1. Total ProjectBudget

\$5,469.00

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

\$0.00

#### **Documentation**

Project Budget Narrative with estimates/bids \*Required

Budget and Quotes.pdf

## **F.** Required Documents

Completed by tess.benham@gcjfcs.org on 6/2/2025 1:46 PM

**Case Id:** 19467

Name: Gulf Coast Jewish Family and Community

Address: \*No Address Assigned

F. Required Documents
Please upload the following documents.
Documentation
Proof of incorporation or registration in the State of Florida *Required GCJFCS_2025 Sunbiz Certificate of Status.pdf
Proof of 501(c)(3) status *Required GCJFCS_IRS Determination Letter.pdf
W-9 with legal name which matches that of applicant name *Required W-9_GCJFCS 2024.pdf
Current DCF 397 State Licenses or Registrations *Required  Gulf Coast JFCS DCF Chapter 397 Intervention_Prevention Services Licenses.pdf
Project Budget Narrative with estimates/bids *Required  Budget and Quotes.pdf
Human Trafficking Affidavit *Required  Human Trafficking Affidavit.pdf

	Foreign Country of Concern Affidavit *Required
Fore	ign County of Concern Affidavit.pdf
$\checkmark$	Please sign and upload E-Verify form found <a href="https://example.com/here">here</a> (will be required if you are awarded funds, must be completed
befo	ore funding award period)
Gulf	Coast JFCS Affadavit and E-Verify Registration.pdf
	Annual Budget Narrative
**N	o files uploaded
, •	

**Submit** 

Completed by tess.benham@gcjfcs.org on 6/3/2025 11:59 AM

Case Id: 19467

Name: Gulf Coast Jewish Family and Community

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.

Please Click Here to download a copy of the Agreement

**Authorized Representative Signature** 

Tess Benham

Electronically signed by tess.benham@gcjfcs.org on 6/3/2025 11:59 AM

**Date Submitted** 

06/03/2025



## **Program Description**

Completed by tsmith4@eleoswellness.org on 6/4/2025 1:25 PM

Case Id: 19506

Name: Eleos Wellness

Address: \*No Address Assigned

#### **Program Description**

Please provide the following information.



# Alcohol and Drug Abuse Trust Fund Grant FY 2025-2026

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 25-26 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, 2025 – September 30, 2026.

#### **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**



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 Release Date: April 30, 2025
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- July August: Board of County Commissioners Recommendation Approval

The submission deadline for all applications is **June 9th, 2025 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 tsmith4@eleoswellness.org on 6/4/2025 1:26 PM

Case Id: 19506

Name: Eleos Wellness

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



## A. Agency Information

Completed by tsmith4@eleoswellness.org on 6/10/2025 2:12 PM

Case Id: 19506

Name: Eleos Wellness

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

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

Eleos

#### A.3. Legal Address

11254 58th Str Pinellas Park, FL 33782

#### **PROJECT INFORMATION**

#### A.4. Project Title

Medical Equipment

#### A.5. Physical Program Address

11254 58th Str Pinellas Park, FL 33782

#### A.6. Program Manager First Name

Timothy

#### A.7. Program Manager Last Name

Smith

#### A.8. Program Manager Title

**Grant Writer** 

#### A.9. Program Manager Email

tsmith4@eleoswellness.org

#### A.10. Program Manager Phone Number

(172) 726-0112

#### A.11. Total Amount Requested

\$10,000.00

#### A.12. Taxpayer/Employer ID

59-3153549

#### 33 31333 .3

**APPLICATION CONTACT INFORMATION** 

A.15. First Name

Timothy

A.16. Last Name

Smith

A.17. Contact Person/Title

**Grant Writer** 

A.18. Contact Email

tsmith4@eleoswellness.org

A.19. Telephone

7272601125

A.20. Executive Officer First Name

Maxine

A.21. Executive Officer Last Name

Booker

A.22. Executive Officer Title

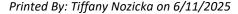
**CEO & President** 

A.23. Executive Officer Email

mbooker@eleoswellness.org

A.24. Executive Officer Phone Number

(172) 790-2774





# 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 tsmith4@eleoswellness.org on 6/10/2025 2:59 PM

**Case Id:** 19506

Name: Eleos Wellness

Address: \*No Address Assigned

#### **B.** Organization Profile

Please provide the following information.

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

Our philosophy is compassion, caring, and understanding for all our clients no matter what age, race, background, financial support, or their support system. In the Greek language Eleos stands for Compassion. This is why Personal Enrichment through Mental Health Services rebranded to Eleos. For over 40 years, we have taken care of clients in crisis with Compassion. Our clients largely represent the insured, under-insured, non-insured, and indigent population of Pinellas County. Eleos is the only non-profit organization in Pinellas County who accepts both, Baker Acted Adults and Children and Marchman Act for Children. Over 40 years ago, we started out as a Baker Act receiving facility and then branched out into community services. Our services are provided to Pinellas County residents through our Community & Family Support Programs such as CAT, Bnet, JARF, PIC, and MCRT. These teams work towards diverting clients away from the justice system, hospital admissions, emergency room visits, and high utilization of county resources.



## C. Community Needs

Completed by tsmith4@eleoswellness.org on 6/10/2025 2:13 PM

**Case Id:** 19506

Name: Eleos Wellness

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)

Eleos is seeking \$10,000.00 in funding, for essential medical equipment that will allow us to conduct medical clearances in-house, thereby reducing reliance on county resources to transport clients to local hospitals. In 2023, Eleos referred 821 clients for hospital-based medical clearance via ambulance. Since that time, internal process improvements have already reduced calls to 460. We remain committed to further decreasing our reliance on county emergency services, ensuring those resources are available for higher-priority calls. To sustain and advance this progress, we are requesting support to purchase the medical equipment necessary for performing these clearances on-site.



## **D. Project Description**

Completed by tsmith4@eleoswellness.org on 6/10/2025 3:16 PM

**Case Id:** 19506

Name: Eleos Wellness

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?

Currently, Eleos is required to send clients presenting with medical issues to local hospitals to obtain medical clearance before they can access our services. Under Pinellas County's emergency response protocols, this process necessitates a response from both SunStar EMS and the Pinellas Park Fire Department—even in non-emergency situations. This approach places an unnecessary strain on county resources. In addition, Eleos staff currently perform manual blood pressure and pulse monitoring, which introduces subjectivity and variability in vital sign interpretation. We are requesting one-time funding to purchase medical equipment that will allow us to conduct a greater number of non-emergency medical clearances on-site. This will significantly reduce the need for emergency service calls, preserving those resources for true emergencies. We are also requesting a lockable storage cabinet for these electronic items while they are being charged. As part of this request, we are seeking funding for the following equipment needs: VS 9 Vital Signs Monit Mindray, Advantage Digital Fingertip Pulse Oximeter, Glucose Monitor - Hemocue Glucose 201, BACtrack Element Breathalyzer | Professional-Grade Accuracy | DOT & NHTSA Compliant | Portable Breath Alcohol Tester, Global Industrial Wall/Desk Tablet Charging Station for 8 Devices, Beige, Burdick Mortara ELI 250 EKG 12 lead With Interpretation.

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

The requested funds will be used for a one-time purchase of medical equipment to be deployed across our units and Emergency Services Department for conducting minor medical clearances on-site. This equipment will reduce subjectivity and variability in vital sign assessment, enabling staff to obtain more accurate, quantifiable measurements to better evaluate client needs. By implementing this technology, we aim to further reduce the practice of sending clients out to local emergency rooms for medical clearances for minor medical clearances.



## E. Budget

Completed by tsmith4@eleoswellness.org on 6/5/2025 10:23 AM

**Case Id:** 19506

Name: Eleos Wellness

Address: \*No Address Assigned

#### E. Budget

Please provide the following information.

#### E.1. Total ProjectBudget

\$10,122.00

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

\$0.00

#### **Documentation**

 $\overline{\mathbf{V}}$ 

Project Budget Narrative with estimates/bids \*Required

Medical Clearance Budget Justification.pdf

## **F.** Required Documents

Completed by tsmith4@eleoswellness.org on 6/10/2025 2:24 PM

**Case Id:** 19506

Name: Eleos Wellness

Address: \*No Address Assigned

F. Required Documents
Please upload the following documents.
Documentation
Proof of incorporation or registration in the State of Florida *Required  Eleos Certification of Incorporation.pdf
Proof of 501(c)(3) status *Required PEMHS 501-C-3 IRS Status Letter 2015.pdf
W-9 with legal name which matches that of applicant name *Required ELEOS W9 - 2025.pdf
Current DCF 397 State Licenses or Registrations *Required 5-23-2025 Addictions Receiving Facility Certificate.pdf
Project Budget Narrative with estimates/bids *Required  Medical Clearance Budget Justification.pdf
Human Trafficking Affidavit *Required  Human Trafficking Signed.pdf

$\overline{\mathbf{V}}$	Foreign Country of Concern Affidavit *Required
	ign Country Signed.pdf

Please sign and upload E-Verify form found <a href="here">here</a> (will be required if you are awarded funds, must be completed before funding award period)

**EVerify Signed.pdf** 

Annual Budget Narrative

2024-2025 PEMHS PROPOSED BUDGET.pdf

**Submit** 

Completed by tsmith4@eleoswellness.org on 6/10/2025 3:16 PM

**Case Id:** 19506

Name: Eleos Wellness

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.

Please Click Here to download a copy of the Agreement

**Authorized Representative Signature** 

Timothy J. Smith

Electronically signed by tsmith4@eleoswellness.org on 6/10/2025 3:16 PM

**Date Submitted** 

06/10/2025



## **Program Description**

Completed by jeriflanagan@boleycenters.org on 5/19/2025 2:54

**Case Id:** 19318

Name: Boley Centers, Inc.

Address: \*No Address Assigned

#### **Program Description**

Please provide the following information.



# Alcohol and Drug Abuse Trust Fund Grant FY 2025-2026

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 25-26 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**

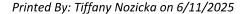
Award funds must be used for one-time-only, non-recurring expenditures such as equipment, special projects, training, renovations, and formalized prevention activities. Awards cannot be used for food and beverage reimbursements.

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, 2025 – September 30, 2026.

#### **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**





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 Release Date: April 30, 2025
- Question and Answer Period Open: April 30, 2025
- Question and Answer Period Closed: May 15, 2025
- Questions will be Posted to the Website May 23, 2025
- Application Closes Monday, June 9th, 2025, at 4:00pm.
- TBD: SAAB Review and Recommendation Meeting
- July August: Board of County Commissioners Recommendation Approval

The submission deadline for all applications is **June 9th, 2025 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 jeriflanagan@boleycenters.org on 5/19/2025 2:54 PM

**Case Id:** 19318

Name: Boley Centers, 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



# A. Agency Information

Completed by jeriflanagan@boleycenters.org on 5/19/2025 3:02

PΜ

Case Id: 19318

Name: Boley Centers, Inc.

Address: \*No Address Assigned

#### A. Agency Information

Please provide the following information.

#### **LEGAL AGENCY INFORMATION (FOR CONTRACT)**

#### A.1. Organization Name

Boley Centers, Inc.

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

#### A.3. Legal Address

445 31st street N., St. Petersburg, FL 33713--7605

#### **PROJECT INFORMATION**

#### A.4. Project Title

**Koenig Center Caboose Renovation** 

#### A.5. Physical Program Address

647 34th Avenue S. St. Petersburg, FL 33705

#### A.6. Program Manager First Name

Abbey

#### A.7. Program Manager Last Name

Collins

#### A.8. Program Manager Title

VP Residential and Community Mental Health

#### A.9. Program Manager Email

abbey.collins@boleycenters.org

#### A.10. Program Manager Phone Number

(727) 824-5745

#### A.11. Total Amount Requested

\$10,000.00

#### A.12. Taxpayer/Employer ID

#### **APPLICATION CONTACT INFORMATION**

#### A.15. First Name

Jeri

#### A.16. Last Name

Flanagan

#### A.17. Contact Person/Title

**VP** Development

#### A.18. Contact Email

jeriflanagan@boleycenters.org

#### A.19. Telephone

72782148195709

#### A.20. Executive Officer First Name

Kevin

#### A.21. Executive Officer Last Name

Marrone

#### A.22. Executive Officer Title

President/CEO

#### A.23. Executive Officer Email

kevin.marrone@boleycenters.org

#### A.24. Executive Officer Phone Number

(727) 821-4819

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

EPVBLR4HA7R4

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

07/01/1970



## **B.** Organization Profile

Completed by jeriflanagan@boleycenters.org on 5/19/2025 3:15

**Case Id:** 19318

Name: Boley Centers, Inc.

Address: \*No Address Assigned

#### **B.** Organization Profile

Please provide the following information.

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

MISSION: Boley Centers' Mission is to provide at-risk populations with access to safe, affordable housing, along with the behavioral health and employment services that foster personal growth. VISION: Boley Centers' Vision is to build a community through our partnerships where disadvantaged individuals and families find hope, experience transformation, and achieve independence. VALUES: At Boley Centers, we are dedicated to creating an environment where dignity, respect, integrity, empathy, and accountability are at the heart of everything we do. Boley Centers is a private nonprofit psycho-social rehabilitation agency. Since 1970, Boley Centers has been providing residential, psychiatric, educational, skills training and vocational services for residents of Pinellas County, Florida who have mental illness and mental illness with co-occurring disorders. Boley Centers currently has 50 residential facilities including enhanced group homes, group homes, supervised apartments and independent housing. Two of Boley Centers' group homes provide specialized forensic/jail diversion programs. Boley provides assertive community treatment, case management, supported housing, psychiatric rehabilitation services, day treatment, work evaluation and work adjustment training, community employment services, supported employment, follow-along services, and co-occurring substance abuse and psychiatric treatment, and vocationally oriented programs for disadvantaged youth. Boley provides a continuum of housing for people who are homeless, chronically homeless and who have mental illnesses and substance abuse disabilities. This continuum includes two Safe Havens for chronically homeless individuals (45 beds), 308 permanent- supported housing units and 56 Care Tenant Based Rental Assistance. In the past year, 110 chronically homeless individuals with co-occurring substance abuse and mental health disorders were admitted to Boley's two Safe Havens, 86% of these individuals have past involvement with law enforcement. At any time Boley Centers provides services to over 1,300 men and women, who have a psychiatric disability. This number includes specialized programs for clients who have a mental illness and also substance abuse problems, people who have a mental illness and forensic involvement, people who are homeless and who have a mental illness and co-occurring substance



# C. Community Needs

Completed by jeriflanagan@boleycenters.org on 5/20/2025 12:50

**Case Id:** 19318

Name: Boley Centers, 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)

According to the National Alliance on Mental Illness, Florida has 660,000 adults and 181,000 children living with severe and persistent mental illness. This includes diagnosis such as bi-polar disorder, severe depression and schizophrenia. Florida ranks 49th in the United States in its funding of mental health services. Florida spends \$718 million a year on mental health programs to serve people with mental illness in the community and \$1 billion dollars a year on jails and prisons for housing and medicating mentally ill inmates. Boley's LEAP Program provides the rehabilitative services and treatment our clients with severe and persistent mental illness need to become stable in the community, function independently, and become self-sufficient members of the community. Keonig Centers' Li According to BayCare's Community Health Needs Assessment 2020-2022, in Pinellas County, mental health and substance use have consistently been identified in both the primary and secondary data as a top health priority. Suicide and unintentional injury rates remain higher than the state rate. Domestic violence rates are also higher than the state rate but are improving. Disparities of race, age, income and ethnicity exist in those seeking, but unable to get mental health treatment. According to a six year study conducted by SAMHSA from 2005-2010, in the Tampa-St. Petersburg-Clearwater MSA 13.9% of persons aged 12 or older used an illicit drug in the past year (annual average). Marijuana use accounted for 10.1% and the rate of nonmedical use of prescription pain pills was 4.6%. 8% of the population were classified as having a substance use disorder and 7.7 adults 18 years and older experienced a major depressive episode. Boley Centers provides the treatment, psycho-social education, skills training and affordable housing that people experiencing severe and persistent mental illness and co-occurring substance abuse problems need to help them reach their best level of recovery.



# **D. Project Description**

Completed by jeriflanagan@boleycenters.org on 5/20/2025 11:58 AM **Case Id:** 19318

Name: Boley Centers, 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 Koenig Center serves people with severe and persistent mental illness and substance abuse issues. It houses our Life Enhancement Activities Program (LEAP). LEAP provides structure, support and training needed for individuals disabled by severe and persistent mental illness and co-occurring substance abuse disorders to identify and reach their life goals. A co-occurring curriculum is offered to address mental health and substance abuse issues. A focus on prevocational skills allows individuals the opportunity to explore employment possibilities. The mission of the program is to help individuals achieve wellness in their physical, emotional and mental health. Recognized best practices are utilized to promote prevention and recovery skills. Trauma informed care and seeking safety strategies are integrated throughout the curriculum. The Koenig Center is home to an 1856 Caboose that sits in the center of the property. It has been used for a variety of purposes over the years, with the last use being home to a clothing closet for our clients. It has been emptied of all contents and we are hoping to refurbish it to convert it into usable space for our ever growing LEAP program groups. The first step in this effort is the need to make the deck area accessible. Currently, the only way to access the deck area surrounding the caboose is via steps. We are seeking funds to build a ramp to alleviate this barrier.

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

The funds will be used to build a ramp to make the caboose area accessible to all of our clients and staff. Continued efforts will be made to obtain funding to to refresh the inside area of the caboose and paint the outside. The existing deck area will be repaired in-house by Boley's Maintenance Department.



E. Budget

Case Id: 19318

Boley Centers, Inc. Name: \*No Address Assigned Address:

Completed by jeriflanagan@boleycenters.org on 6/5/2025 2:29 PM

#### E. Budget

Please provide the following information.

#### E.1. Total ProjectBudget

\$16,250.00

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

\$0.00

#### **Documentation**

Project Budget Narrative with estimates/bids \*Required

Koenig Center Caboose Ramp.docx Ramp bid.pdf



# F. Required Documents

**Case Id:** 19318

Completed by jeriflanagan@boleycenters.org on 6/5/2025 2:29 PM

Name: Boley Centers, Inc.

Address: \*No Address Assigned

F. Required Documents
Please upload the following documents.
Documentation
Proof of incorporation or registration in the State of Florida *Required  Boley annual report.pdf
Proof of 501(c)(3) status *Required 501c 3 IRS Letter 2007.pdf
W-9 with legal name which matches that of applicant name *Required  Boley Centers w9.pdf
Current DCF 397 State Licenses or Registrations *Required 3-24-2025 Outpatient Treatment Certificate.pdf
Project Budget Narrative with estimates/bids *Required  Koenig Center Caboose Ramp.docx  Ramp bid.pdf
Human Trafficking Affidavit *Required  Human Trafficking Affadavit.pdf

$\overline{\mathbf{V}}$	Foreign Country of Concern Affidavit *Required
Hum	an Trafficking Affadavit.pdf

Please sign and upload E-Verify form found <a href="here">here</a> (will be required if you are awarded funds, must be completed before funding award period)

Everify Contractor Affidavit - Pinellas County - 5.20.2025.pdf FY23 HS E-Verify Affidavit for JAG-TF.pdf

Annual Budget Narrative

\*\*No files uploaded

**Submit** 

Completed by jeriflanagan@boleycenters.org on 6/5/2025 2:31 PM

**Case Id:** 19318

Name: Boley Centers, Inc.

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.

Please Click Here to download a copy of the Agreement

#### **Authorized Representative Signature**

Jeri Flanagan

Electronically signed by jeriflanagan@boleycenters.org on 6/5/2025 2:31 PM

#### **Date Submitted**

06/05/2025

