



ARPA Nonprofit Capital Project Fund
BCC Work Session Materials
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A. Process Flowchart

- a. This flowchart illustrates the estimated process and timeline for this grant program.

B. Small Capital Purchases Application

- a. This application is for small capital purchases of under \$200,000

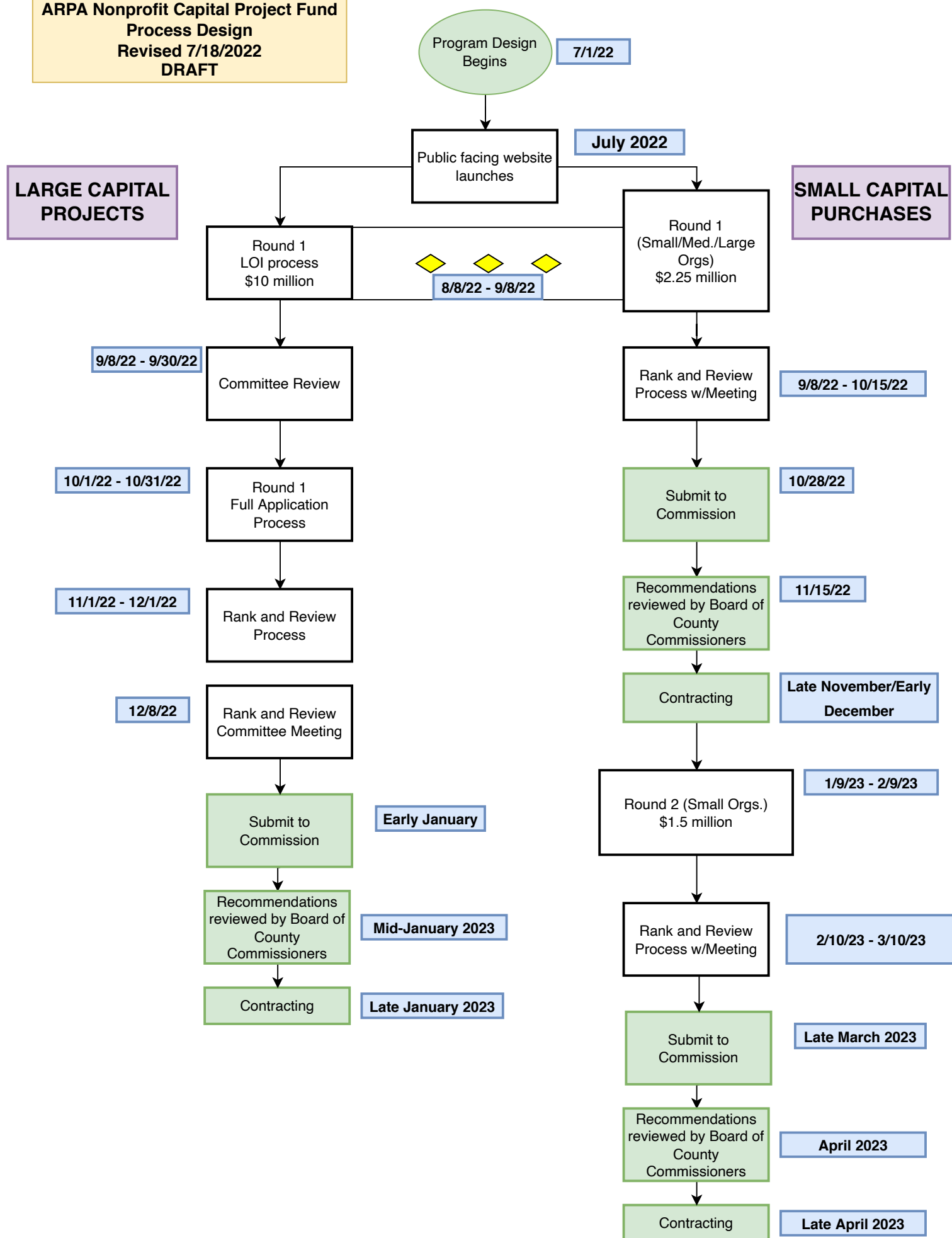
C. Large Capital Projects Letter of Intent (LOI)

- a. This is the first stage of applying for large capital projects where feasibility and reasonableness of projects will be determined. A select pool of LOIs will be chosen to move forward

D. Large Capital Project Application

- a. LOIs chosen to move forward will complete this application

**ARPA Nonprofit Capital Project Fund
Process Design
Revised 7/18/2022
DRAFT**



ARPA Nonprofit Capital Project Fund - Small Purchases

Pinellas Community Foundation

Organization Information

Organization Name*

Character Limit: 100

Proposal Name*

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

Character Limit: 100

EIN*

Character Limit: 10

Incorporation Year*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

Character Limit: 4

Unique Entity ID (SAM)**

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. HOWEVER, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 9

Character Limit: 9

Organization Led*

Does your organization consider itself led by a member of one or more of the following populations?

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled

Choices

BIPOC

LGBTQ+

Neurodiverse/physically disabled

Declined to State

None of the above

Organization Programmatic Background*

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

Character Limit: 500

Negative Economic Impact on Organization*

Describe your organization's negative economic impact arising from the COVID-19 global pandemic (possible impact could include a reduction in revenue from 2019 to after 2020, increase in demand for services or a need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC). How does this purchase remedy the impact your organization has experienced as a result of the economic harm?

Character Limit: 2000

Amount Requested*

The maximum grant amount is \$200,000.

Character Limit: 20

Parent Non-Profit/Subsidiaries*

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

Example

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

Choices

Yes

No

Parent Not-for-Profit

Subsidiaries Applying*

Please list **IN ORDER OF PRIORITY** the name of the subsidiaries applying and a brief descriptor of the proposed purchase.

Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Below, the organization would prioritize the requests and briefly describe what each is applying for. **On both applications, copy and paste the same answer or reach out to PCF for assistance in doing so.**

Character Limit: 1500

Proposal Request Specifics

Number Served*

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

Character Limit: 250

Proposal Description*

The American Rescue Plan Act, a request that is reasonable and proportional to the level of economic impact your organization experienced.

Please describe your project proposal. What will you be purchasing with these funds and what is the estimated lifespan of the purchase/improvement?

Character Limit: 2000

Guiding Principles - Client Impact*

The American Rescue Plan Act, through which this grant program is funded, aims to ensure an equitable recovery from the COVID-19 pandemic. The term “equity” means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

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

What is the community need that the purchase(s) would be addressing? How will this purchase

benefit community members that experienced disproportionate negative impacts from the COVID-19 pandemic?

Character Limit: 2000

The American Rescue Plan Act prioritizes organizations who either have a headquarters or the majority of their operations are located inside the Qualified Census Tracts (QCT) map. If you would like to assess where the QCT zones are located, open the following link https://www.huduser.gov/portal/sadda/sadda_qct.html

In the top right hand corner, choose the state of Florida and Pinellas County. Then on the left hand side of the screen click the box next to "Color QCT Qualified Tracts". The QCT zones are denoted in purple. You can also add your address into the address box at the top to see if your location is inside the zones.

Please provide the location of your operations and the location of your headquarters, if differed, below so PCF staff can assess your location.

Purchase Location*

Where will the majority of the activities related to the purchase(s) take place?

Character Limit: 500

Headquarters Location*

Please provide the address for your organization's headquarters as it appears on your Sunbiz account.

Character Limit: 300

Proposal Costs

Budget Summary*

Please provide a budget narrative that will define the expenses as well as justify the expenses needed for your purchase.

You will be asked to upload project bids or estimates in the attachments section below.

Character Limit: 2000

Other Funding Sources*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this project. This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and donors (you do not need to disclose donor identities, simply amount

raised that is allocated to this project). This includes any matching grants or in-kind contributions you may have obtained.

Character Limit: 1000

Organization and Project Documentation

Organization Budget*

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

File Size Limit: 5 MB

Board of Directors List*

Please upload your completed Board of Directors list. The link to this file is above.

File Size Limit: 3 MB

IRS Form 990*

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

If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You should still upload the most recent publicly available 990.

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

File Size Limit: 25 MB

Character Limit: 1100

Most Recent Audit

Upload a PDF version of your most recent audited financials. If you do not have a recent audit, please explain why. If your PDF is too large to upload, you can **compress it online**.

Character Limit: 1000 | File Size Limit: 25 MB

Project Estimates/Bids*

Attach current verifiable bids, proposals or price lists [from your potential vendor(s)].

File Size Limit: 25 MB

Post-Grant Requirements

Reporting Requirements Acknowledgment*

Grantees will be required to submit an online grant agreement within two weeks of receiving the award. In addition, grantees will be required to submit an evaluation 30 days after the purchase is completed.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to invoices, canceled checks, and/or credit card statements, along with a record of paying the credit card. If you have any questions, please contact the Senior Program Officer.

Choices

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

Additional Information

Additional Upload

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

File Size Limit: 1 MB

Anything else to share?

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

Character Limit: 350

Draft

ARPA Nonprofit Capital Project Fund - Large Projects

Pinellas Community Foundation

LOI

Organization Name

Character Limit: 100

Project Name*

Create a brief name for this large capital project. This is how it will appear throughout the PCF grant portal.

Character Limit: 100

EIN*

Character Limit: 10

Unique Entity ID (SAM)**

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. HOWEVER, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 9

Character Limit: 9

Incorporation Year*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

Character Limit: 4

Organizational Mission Statement*

What is your organization's mission statement? How does this large capital project support the mission of your organization?

Character Limit: 1000

Organization Programming Background*

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

Character Limit: 1000

Organization Led*

Does your organization consider itself led by a member of one or more of the following populations?

BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
Neurodiverse/physically disabled

Choices

BIPOC

LGBTQ+

Neurodiverse/physically disabled

Declined to Answer

None of the above

Amount Requested*

The maximum grant amount is \$5 million.

Note: You will be required to upload a more detailed budget if you are approved for the full application stage. You will need to also attach any bids, estimates, and agreements with contractors or other vendors in relation to the proposed project.

Character Limit: 20

Parent Non-Profit/Subsidiaries*

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

Example

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

Choices

Yes

No

Proposal Description*

The American Rescue Plan Act, a request that is reasonable and proportional to the level of economic impact your organization experienced.

Please describe your project proposal. What will you be purchasing with these funds and what is the estimated lifespan of the purchase/improvement?

Character Limit: 2000

Does the total project/purchase cost exceed the amount your organization is requesting?*

If the amount requested by your organization is less than the total project cost, please click No.

Examples

ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$20,000 for certain equipment, and will seek other funding and donations for the remaining \$150,000 of the playground. ABC Childcare would select "Yes" for this question.

DBE Food Pantry is seeking funding a new HVAC unit for their pantry, and is requesting \$20,000 from PCF to cover the entire cost. DBE Food Pantry would select "No" for this question.

Choices

Yes

No

If this is a building modification, does your organization rent or own the building?*

Choices

Rent

Own

N/A – This request is not for a building modification

Negative Economic Impact on Organization*

Negative Economic Impact on Organization: Describe your organization's negative economic impact arising from the COVID-19 global pandemic (possible impact could include a reduction in revenue from 2019 to after 2020, increase in demand for services or a need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC). How does this purchase remedy the impact your organization has experienced as a result of the economic harm?

Character Limit: 1500

Number Served*

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

Character Limit: 250

Guiding Principles - Client Impact*

The American Rescue Plan Act, through which this grant program is funded, aims to ensure an equitable recovery from the COVID-19 pandemic. The term "equity" means the consistent and

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

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

What is the community need that the purchase(s) would be addressing? How will this purchase benefit community members that experienced disproportionate negative impacts from the COVID-19 pandemic?

Character Limit: 1500

The American Rescue Plan Act prioritizes organizations who either have a headquarters or the majority of their operations are located inside the Qualified Census Tracts (QCT) map. If you would like to assess where the QCT zones are located, open the following link https://www.huduser.gov/portal/sadda/sadda_qct.html

In the top right hand corner, choose the state of Florida and Pinellas County. Then on the left hand side of the screen click the box next to “Color QCT Qualified Tracts”. The QCT zones are denoted in purple. You can also add your address into the address box at the top to see if your location is inside the zones.

Please provide the location of your operations and the location of your headquarters, if differed, below so PCF staff can assess your location.

Purchase Location*

Where will the majority of the activities related to the purchase(s) take place?

Character Limit: 500

Headquarters Location*

Please provide the address of your organization’s headquarters as it appears on your Sunbiz account.

Character Limit: 100

Rent Question

Please explain how your organization is responsible for modifying the building despite being rented.*

Character Limit: 2000

Cost Difference

Estimated Total Project Cost*

Please specify the total cost of this capital project/purchase.

Example: ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$20,000 for certain equipment, and will seek other funding and donations for the remaining \$150,000 of the playground, for a total project cost of \$170,000. ABC Childcare would put \$170,000 below.

Character Limit: 20

Cost Difference*

How does your organization plan to cover the cost of this project beyond the amount requested in this LOI? Please also specify if your organization can carry out the potential PCF-funded portion of this project without other funding being secured.

Character Limit: 2000

Project Budget

Budget Summary

Please provide a budget narrative that will define the expenses as well as justify the expenses needed for your purchase.

If you are invited to complete the full application, you will be asked to upload current verifiable bids, proposals, price lists [from your potential vendor(s)].

Character Limit: 1000

Other Funding Sources (Please update if additional funding has been obtained since the LOI)

Please describe any other funding not already mentioned that your organization has applied for or obtained for this project. This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and donors (you do not need to disclose donor identities, simply amount raised that is allocated to this project). This includes any matching grants or in-kind

contributions you may have obtained.

If none, please write N/A.

Character Limit: 2000

Fund Management Capacity*

Please describe your organization's capacity to manage the the potential ARPA funds in terms of oversight of fiscal management and financial infrastructure.

Character Limit: 1000

Changes in Operating Costs

If this project increases or decreases ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference? How are you covering the expected increased operating costs as a result of this grant or how is the grant decreasing the operating costs?

Character Limit: 1000

Audited Financial Statements*

Does your organization routinely contract to have an audit conducted of its financial statements?

Choices

Yes

No

Preparedness

If your letter of intent is approved, you will have 30 days to submit a full proposal. This will require 3 estimates/bids for your project.

Where are you in the planning process for the implementation of this project, if it is funded?

Please describe your organization's readiness for this project including your ability to collect bids and select contractors and/or vendors.

Character Limit: 1000

Subsidiaries Applying

Subsidiaries Applying*

Please list **IN ORDER OF PRIORITY** the name of the subsidiaries applying and a brief descriptor of the proposed purchase.

Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations

want to apply in this process. Below, the organization would prioritize the requests and briefly describe what each is applying for. **On both applications, copy and paste the same answer or reach out to PCF for assistance in doing so.**

Character Limit: 1500

Audited Financials

No Audited Financial Statements*

If no, please explain why.

Character Limit: 1500

Draft

ARPA Nonprofit Capital Project Fund - Large Projects

Pinellas Community Foundation

Organization Information

Organization Name

Character Limit: 100

EIN*

Character Limit: 10

Incorporation Year*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

Character Limit: 4

Unique Entity ID (SAM)*

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Character Limit: 9

Character Limit: 9

Organization Led

Does your organization consider itself led by a member of one or more of the following populations?

BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color

LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)

Neurodiverse/physically disabled

Choices

BIPOC

LGBTQ+
Neurodiverse/physically disabled
Declined to Answer
None of the above

Organizational Mission Statement

What is your organization's mission statement? How does this large capital project support the mission of your organization?

Character Limit: 1000

Organization Programming Background

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

Character Limit: 1000

Negative Economic Impact on Organization

Describe your organization's negative economic impact arising from the COVID-19 global pandemic (possible impact could include a reduction in revenue from 2019 to after 2020, increase in demand for services or a need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC). How does this purchase remedy the impact your organization has experienced as a result of the economic harm?

Character Limit: 1500

Organizational Sustainability*

How does this purchase contribute to long term sustainability of your organization?

Character Limit: 1000

Length of time operating program/project**

Please briefly explain how long you have been operating the program or project for which you are requesting funds.

Character Limit: 1000

Project Name*

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

Character Limit: 100

Amount Requested

The maximum grant amount is \$5 million.

Character Limit: 20

Proposal Request Specifics

Proposal Description

Please describe your project proposal. What will you be purchasing with these funds and what is the estimated lifespan of the purchase/improvement?

Example

XYZ Youth Counseling is looking to purchase tablets to make their counseling services more accessible. The organization experienced a decrease in income due to an ability to hold our annual fundraiser because of the pandemic.

Character Limit: 2000

Guiding Principles - Client Impact

The American Rescue Plan Act, through which this grant program is funded, aims to ensure an equitable recovery from the COVID-19 pandemic. The term “equity” means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

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What is the community need that the purchase(s) would be addressing? How will this purchase benefit community members that experienced disproportionate negative impacts from the COVID-19 pandemic?

Character Limit: 1500

Purchase Location

Where will the majority of the activities related to the purchase(s) take place?

Character Limit: 500

Headquarters Location

Please provide the address of your organization’s headquarters as it appears on your Sunbiz account.

Character Limit: 100

Community Need*

Using a reputable data source, please give a brief statement of need regarding the community issue that your organization's programming addresses. Be sure to emphasize if the community need has been made worse by the COVID-19 pandemic.

Character Limit: 2000

Community Supported*

Describe how you and/or your organization is representative of and/or has a demonstrated history of being connected to the community your proposal seeks to serve. You can list other community-based organizations that are working on the project with you, list individuals in your group and their community affiliations and list examples of your work within this community.

Character Limit: 1500

Timeline*

Given a potential funding date of January 1, 2023 and a spending deadline of December 30, 2026, please give a detail timeline as to how this large capital project will be executed. If there are phases to this project, please indicate so in the narrative below.

Character Limit: 3500

Team Lead*

Who are the members of the team that will be leading this effort (providing management, oversight of construction etc.)?

Character Limit: 1000

Permits Required*

Are permits required for this capital purchase? If so, what is the timeline of obtaining the necessary permits. Please note if the permits have already been obtained.

Character Limit: 1000

Proposal Costs

Budget Summary

Please provide a budget narrative that will define the expenses as well as justify the expenses needed for your purchase.

If you are invited to complete the full application, you will be asked to upload current verifiable bids, proposals, price lists [from your potential vendor(s)].

Character Limit: 1000

Pandemic Relief Funding*

Please describe all government pandemic relief funding your organization has received since the onset of the pandemic. This includes but is not limited to the Pinellas CARES Nonprofit Partnership Fund, other ARPA funding, PPP (Paycheck Protection Program), and Community Block Development Grants specifically targeting COVID-19 relief.

Character Limit: 2000

Other Funding Sources (Please update if additional funding has been obtained since the LOI)

Please describe any other funding not already mentioned that your organization has applied for or obtained for this project. This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and donors (you do not need to disclose donor identities, simply amount raised that is allocated to this project). This includes any matching grants or in-kind contributions you may have obtained.

If none, please write N/A.

Character Limit: 2000

You have requested more than \$1 million in capital expenditures. In order to comply with regulations and reporting requirements of the U.S. Treasury, the below questions are required as part of a Written Justification for the costs. The character limits in this section are set high, but do not feel you need to reach the character limit.

Organization and Project Documentation

Organization Budget*

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

File Size Limit: 5 MB

Board of Directors List*

Please upload your completed Board of Directors list. The link to this file is above.

File Size Limit: 3 MB

IRS Form 990*

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

If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You should still upload the most recent publicly available 990.

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

File Size Limit: 25 MB

Character Limit: 1100

Most Recent Audit

Upload a PDF version of your most recent audited financials. If you do not have a recent audit, please explain why. If your PDF is too large to upload, you can **compress it online**.

Character Limit: 1000 | File Size Limit: 25 MB

Project Estimates/Bids*

Attach current verifiable bids, proposals or price lists [from your potential vendor(s)].

File Size Limit: 25 MB

Written Justification for Over \$1m

Capital Expenditure Need*

Please explain the following:

- Why are existing capital equipment, property, or facilities not sufficient to address the harm you explained above under “Negative Economic Impact on Organization?”
- Why would additional funding to programs not be sufficient? That is, why is the capital project needed rather than more funding for programming

Character Limit: 3000

Comparison of Alternatives*

Please provide a comparison of the proposed large capital project against two alternative capital projects, and explain why the one you are proposing is superior. When evaluating the superior option, please consider the following:

- 1) The effectiveness in addressed the harm identified in this application under “Negative Economic Impact on Organization” and in the previous question.
- 2) The total cost of the proposed project vs. the two alternatives

Character Limit: 3000

Post-Grant Requirements

Reporting Requirements Acknowledgment*

Grantees will be required to submit an online grant agreement within two weeks of receiving the award. In addition, grantees will be required to submit an evaluation 30 days after the purchase is completed.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to invoices, canceled checks, and/or credit card statements, along with a record of paying the credit card. If you have any questions, please contact the Senior Program Officer.

Choices

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

Additional Information

Additional Upload

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

File Size Limit: 1 MB

Anything else to share?

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

Character Limit: 350

Draft