

Growth in COVID support services for adults living with mental illness

City of Gainesville ARPA Aid to Nonprofits Program

Gainesville Opportunity Center

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Application Form

Eligibility

Economic Impact*

Has your nonprofit organization or the clients you serve suffered demonstrable negative economic impact as a result of COVID-19?

Yes

Location*

Is your organization a nonprofit and located within Alachua County? (physically or principally)

Yes

Operating Status*

Is your nonprofit organization active, open and operating? (in-person or virtually)

Yes

IRS Status*

Is your organization legally registered, fully licensed as a 501(c)3 or 501(c)19 nonprofit (as required by applicable law), and up to date on tax payments/filings to include a valid IRS Form 990 for 2020 (or 2019) or an independently audited financial statement?

Yes

IRS Status Year*

Was your organization incorporated as a nonprofit prior to January 1, 2020?

Yes

The Philanthropy Hub Verification*

Is your nonprofit organization verified on The Philanthropy Hub?

Yes

Services*

Does your nonprofit organization provide essential human services to City of Gainesville residents who have been impacted by COVID-19? Please check all that apply:

- Education
- Food Security
- Housing
- Human & Social Services
- Medical Services (including Mental Health)
- Other

Other Services

If you selected 'Other' services, please provide details of how your organization serves those adversely affected by COVID-19.

Employment Services: We provide intensive support services for employment that include on site job support and training. This intensive support takes significant personnel hours. Transportation: We transport members to and from our facility, to job sites, and to education sites, and to medical facilities. Often we connect our Members and transport them to other partners who provide services. All of this helps our population of adults living with mental illness stay well and continue functioning. It also prevent our Members from sinking to the point they need crisis services.

Acknowledgment

Project Name*

Name of Project.

Growth in COVID support services for adults living with mental illness

Acknowledgment*

I understand that in order to apply for the City of Gainesville ARPA Aid to Nonprofits Program, my organization must:

- be principally based or physically located within Alachua County;
- be providing COVID-19-impacted City of Gainesville residents essential services covering medical services, congregate living safety services, food services, housing stability services, training and adult education services, child care and education services, elder care services, and mental health services;
- be active, open and operating (in-person or virtually);
- be registered as a 501(c)(3) prior to January 1, 2020;
- be fully licensed as a nonprofit (as required by applicable law), and up to date on tax payments/filings to include a valid IRS Form 990, 990-EZ, or 990-N filing no later than 2019, or an independently audited financial statement from the most recently completed fiscal year;
- be able to demonstrate the adverse impact of the COVID-19 pandemic to your organization or the clients you serve in one of the following manners:

- o incurred unplanned costs for new programming designed to assist those disparately impacted by the pandemic and its economic effects;
- o incurred unplanned costs to comply with safety and health standards and/or reopening requirements, e.g., modifying facilities for social distancing;
- o incurred unplanned costs for technology to enable virtual work; or
- o lost revenue due to pandemic-based causes, e.g., due to shutdowns, lost sponsorships, inability to hold fundraising events;
- provide a narrative explaining the impact of COVID-19 on the nonprofit's operations; and
- not have received or been approved to receive City ARPA funding via a separate initiative, project, or program.

Yes

Applicant/Agency Information

Target Population*

Select all that apply to indicate which population groups are directly impacted by your work.

- Adults (ages 19-64)
- People with disabilities
- Low-income individuals/families
- Marginalized/Under-served groups

Local Impact*

What is your organization's impact on its constituents and the City of Gainesville community in recent years? Please quantify your responses where possible (i.e. number of people served).

The GOC saves taxpayer dollars while making people's lives better. We provide a simple solution to long-term support of people with a mental illness – meaningful work, employment and friends. Often diagnosed as children or adolescents, people with a chronic mental illness can spend a lifetime in and out of emergency rooms, homeless shelters, jail and psychiatric hospitals. Membership and participation with the Clubhouse can stop the crises, the frequent calls to law enforcement and emergency responders, the rushed trips to emergency rooms and urgent psychiatric hospitalizations. The Clubhouse surrounds the person with a community of peers, working side by side with professional staff. Members show up for work on their chosen days, doing volunteer tasks and contributing to the maintenance and operations of the Clubhouse. Most participants avoid further hospitalization as long as they are engaged with Clubhouse activities. Mental Health Clubhouses provide year-round support to adults with serious mental illness at a very low cost, about \$2,500-\$3,500 per person per year. According to Becker's hospital review, psychiatric hospitalization costs as much as \$2,700 a day; county jail costs \$200 a day. A Clubhouse member can save taxpayers thousands of dollars every year by participating in a Clubhouse program and avoiding crisis hospitalizations and encounters with law enforcement. Additionally, members who get jobs through their Clubhouse employment programs pay taxes and are often able to reduce their reliance on disability benefits. Last year we saw 110 different Members. We have 71 Active Members, and see 18 of them at the Clubhouse every day. We also support approximately 20 Members who are employed. Mental Illness is the leading cause of work related disability, and our program gives our Members the support they need so they can obtain and maintain a job.

Board Chair or Authorized Person First Name*

Michael

Board Chair or Authorized Person Last Name*

Conlon

Board Chair or Authorized Person Title*

President

Hub Profile*

Please provide link to verified profile from The Philanthropy Hub.

<https://www.thephilanthropyhub.org/organizations/gainesville-opportunity-center>

Organization Type*

Nonprofit with 501C3 IRS Status (Other than an institution of Higher Education)

Tax Form Information*

Please select the tax form your organization most recently filed.

Long form 990

Gross Revenue*

Enter your organization's total revenue as reported on your most recently filed IRS Form 990 from no older than 2019 or independently audited financial statement from your most recently completed fiscal year.

- For IRS Form 990 enter the amount indicated on line 12
- For IRS Form 990-EZ enter the amount indicated on line 9.
- For IRS Form 990-N, enter your revenue for the corresponding fiscal year.
- For independently audited financial statement, enter the total revenue indicated.

\$387,075.00

Operating Revenue*

Organization's operating revenue for the last completed fiscal year

\$383,950.00

Operating Expenses*

Organization's operating expenses for the last completed fiscal year

\$328,376.00

Pandemic changes to your organization

Pandemic-related changes to priorities and goals*

Briefly explain how the COVID pandemic has changed your organization's priorities and goals.

COVID has made it more difficult to interact with other agencies. Our primary community partner referral system is sending less people to us, because they have less physical contact with their clients. Additional staff will allow us to provide more services to our population and work more efficiently with other impact partners who provide the services our Members need. We interact with many of our Members several times a week and through this process we link them to services when needed. While we do not provide medical services, we notice when our Members start to struggle and help them get the appropriate care they need. This impacts their mental health as well as their job and housing stability. We directly work with Members to build their stamina, confidence and skills so they can live more meaningful independent lives and return to work. Many of our Members have starting working for the first time in 5-25 years, and many had never held a paying job. We currently have approximately 20 people receiving employment supports. According to Clubhouse International (<http://clubhouse-intl.org/what-we-do/research/>), positive outcomes attributed to accredited clubhouses include better employment rates than individuals in the public mental health system; cost effectiveness (one year of holistic recovery services delivered to a Clubhouse member for the same cost as a 2-week psychiatric hospitalization); decrease in hospitalizations; reduced incarcerations; and improved well-being. During the Pandemic we started daily ZOOM meetings, purchased two vans and began providing regular transportation. This shift was much needed, but driving time takes our staff away from working with Members at the Clubhouse.

Pandemic-related changes to your organization's operations*

Please describe how your operations have changed during the pandemic from a staffing and service delivery standpoint.

COVID has provided new challenges as well as opportunities for our organization and our Members. We wear masks as appropriate, sanitize surfaces, and follow other COVID safety protocols. This allows our Members to be informed of what the local conditions are like and provides guidance and actionable skills to help them prevent the spread of the virus. Many of our Members faced increased isolation due to the virus and travel restrictions. We launched remote Zoom calls which has allowed us to help individuals remotely. Many individuals have experienced increased anxiety as a result of the pandemic. Our daily interactions help them dispel myths and take appropriate action. We started delivering food during the pandemic during a 6-week period we were forced to close our doors. We met with Members several times a day during that period. We purchased two vans and started transporting Members more frequently. Driving takes time away from other Clubhouse service activities, so we need additional staff to maintain our level of services. As needed, we have helped Members sign up for COVID shots, COVID tests, and helped them get appropriate medical care. We have helped Members keep their jobs by helping them manage their anxiety about interacting with others. During the time we closed our doors due to the County emergency order, we provided significant support to our Members, including meal delivery. Should conditions warrant this again, our staff is prepared to provide support to our Members as needed.

Impact

Description of Need as Specifically Related to Coronavirus*

Please provide a description of how your organization continues to be impacted by the coronavirus pandemic, operationally and/or programmatically.

We need additional staff to work with Members, coordinate activities and care for our Members with community partners, and transport them to the GOC and other places where they need services.

Population Impact*

Indicate if your services are directed at populations that have been disproportionately impacted by the COVID pandemic. (Identify at least one category: race, gender, ethnicity, geography, income)

Our population is more than 150% below the poverty line. Along with medical issues and disabilities centered around mental illness, our population lacks transportation and access to services.

Disparity*

What disparity does this population experience that this program addresses? Examples: home ownership, income, health, educational attainment, etc.

Income, health, mental health, educational attainment, housing

Supplemental Disparity Information

For organizations with gross revenue of more than \$1 million, show data to demonstrate existing disparities and impact of COVID on the population identified, including local data if possible. Examples of data can be related to health, socioeconomic status, housing, or factors specific to the program.

Number of individuals served*

Indicate the total amount of individuals who will be directly impacted by this program.

250

Lost Revenue Calculation (Optional Question)

If you are requesting support for lost revenue, please complete the <https://cfncf.org/wp-content/uploads/2022/03/Lost-Revenue-Calculations.xlsx> Lost Revenue Calculation worksheet. Click here for instructions: [Lost Revenue Calculation Instructions](#).

After downloading and completing the worksheet, please submit it in Excel format.

[Unanswered]

Budget Spreadsheet*

Upload the program budget using the spreadsheet provided: City of Gainesville ARPA Aid to Nonprofits Program Budget Worksheet

Add line items to the budget worksheet as needed. Please be descriptive in your line items, including providing the number of items and cost per item, i.e., 2.5 FTEs @ \$75,000 each.

The worksheet should reflect/include information about other ARPA funding or other COVID- related federal funding received and/or pending. After downloading and completing the budget, please submit it in Excel format.

GOC-Grant-Budget.xlsx

Sustainability*

What are the long-term strategies for funding this project/program at the end of the grant period?

With additional staff, we will be able to increase services and awareness for the needs for our services. The long term strategy is to increase our referral network, and partner with other organizations that serve our population. This partnership should allow us to maintain higher population engagement and support. Our private and grant support is growing. We will be able to sustain employment of the individuals hired as part of ARPA. ARPA will enable us to serve more people sooner, improve our COVID response, and increase time transporting Members to social and medical services.

Request Information

Purpose of Request*

One sentence describing the purpose of your request

Provide one additional staff member for 27 months to provide additional services and access to health care for adults living with mental illness

Amount Requested*

Funding can be requested to cover expenses from March 3, 2021 - December 31, 2024. Please enter the total amount of your request for all years of your request.

\$97,637.00

Total Program Cost*

\$102,519.00

Allocation of requested funds for previous expenses*

Please indicate the amount of your organization's request that you plan to use for reimbursement of qualified expenses incurred from 3/3/2021-current.

\$0.00

Allocation of requested funds for year one*

Please indicate the amount of your organization's request that you plan to use from 6/1/2022 through 6/1/2023.

\$47,628.00

Allocation of requested funds for year two*

Please indicate the amount of your organization's request that you plan to use from 6/2/2023 through 12/31/2024.

\$50,009.00

Financial Review

Budgets to Actuals*

Please upload three years of organizational budget to actuals (current year-to-date, plus the previous two years). You will have to combine the documents into one file to attach here.

GOC Three Year Budget vs Actuals .pdf

Balance sheet*

Please upload your most recent balance sheet.

2022-03-23 GOC Balance Sheet.pdf

Financial oversight*

How is your organization's board and/or finance committee evaluating the financial health of your organization? What types of financial documents do they review and how often?

Our Board Meets monthly, and our Board Finance Committee meets every two weeks. We have a fiscal policy we follow. We are required to have an annual audit by CPA firm. All data is reviewed by our primary funding agency, Lutheran Services of Florida and the Florida Department of Children and Families.

Confirmation and Attestation

Confirmation and Attestation 1*

My nonprofit organization or the clients we serve were adversely affected by the COVID-19 Pandemic.

Yes

Confirmation and Attestation 2*

My nonprofit organization, if approved, will use awarded City of Gainesville ARPA Aid to Nonprofits Program funding solely for the purpose of covering expenses directly related to the COVID-19 pandemic.

Yes

Confirmation and Attestation 3*

I/We have not already received (and will not receive) reimbursement of any of these costs through another funding source (such as insurance or grants).

Yes

Confirmation and Attestation 4*

I/We fully understand that any funding awarded under this program must be used to purchase services or products that will be used within the City of Gainesville by December 31, 2026.

Yes

Confirmation and Attestation 5*

I/We fully understand that it is a Federal crime to knowingly make false statements (especially regarding the misuse of funds).

Yes

Confirmation and Attestation 6*

I/We fully understand that my case file may be subject to a random audit, five (5) years after the date of closing. This audit may be conducted by the City of Gainesville, and/or another local or state nonprofit organization. I agree to fully cooperate with any of these agencies as requested.

Yes

Confirmation and Attestation 7*

I/We fully acknowledge that if any omissions or misrepresentations are revealed, I will be subject to immediate repayment of all assistance received.

Yes

Confirmation and Attestation 8*

I certify that the information contained in this application is true, complete and correct to the best of my knowledge.

Yes

Signature*

By entering my name below and submitting this application for financial assistance, I affirm that I read, understand, and agree to the previous statements. I am bound by all of the above statements in this application, and agree to be bound by the following terms and conditions if awarded under this program. I confirm that this application is submitted under the authority and approval of the CEO or Executive Director of my organization.

Type your name below

Brett Buell

Date Signed*

03/17/2022

For Evaluators

CFNCF Comment on Diversity*

Are diversity policies included in board recruitment?

Yes

Board Demographics

African American/Black

1

Asian American/Pacific Islander

2

Caucasian

7

Hispanic/Latino

2

Native American/American Indian

0

Not Specified

Female

8

Male

4

Not Specified

0

Board Diversity Comments
None

File Attachment Summary

Applicant File Uploads

- GOC-Grant-Budget.xlsx
- GOC Three Year Budget vs Actuals .pdf
- 2022-03-23 GOC Balance Sheet.pdf

ARPA Coronavirus Nonprofit Recovery Fund

Organization Name: Gainesville Opportunity Center

PROJECT BUDGET	Expenditures	Other Funding Income			Total Request
	Expected Expenditures 03/03/2021 through 12/31/2024	Other ARPA Funding*	Non-ARPA Funding Received**	Total Other Funding	
24 month Salary for one employee	\$ 77,490.00			\$ -	77,490
Fringe benefits -- 401(k), WC, ICHRA, SSA, Medicare, taxes	\$ 20,147.40			\$ -	20,147
				\$ -	-
				\$ -	-
				\$ -	-
				\$ -	-
				\$ -	-
				\$ -	-
				\$ -	-
				\$ -	-
				\$ -	-
				\$ -	-
				\$ -	-
				\$ -	-
				\$ -	-
				\$ -	-
TOTAL	\$ 97,637.40	\$ -	\$ -	\$ -	97,637

Sources of Other Funds	Status of Funding	Amount
Total		\$ -

* Please list any APRA funding received or pending from other sources
 **Please include an other federal pandemic response funding received during any time period during the pandemic

GOC Three Year Budget vs Actuals			19-20		20-21		21-22	
Revenue			Budget	Actual	Budget	Actual	Budget	Actual*
	1. Sale of Goods		\$0	\$1,927	\$0	\$3,019	\$2,400	\$2,733
	2. Events and Campaigns		\$25,000	\$33,025	\$0	\$63,797	\$43,652	\$94,301
	3. Contracts and Grants		\$302,000	\$302,001	\$329,000	\$320,000	\$329,000	\$365,950
	4. Investment Income		\$0	\$17	\$0	\$25	\$7	\$36
	5. Gifts in Kind		\$0	\$0	\$0	\$36	\$0	\$1,298
	6. Other		\$0	\$59	\$0	\$198	\$0	\$635
Total Income			\$327,000	\$337,029	\$329,000	\$387,075	\$375,059	\$464,953
Expense								
	1. Building Occupancy		\$35,900	\$36,928	\$71,645	\$28,664	\$21,440	\$67,721
	2. Professional Services		\$1,940	\$2,480	\$9,250	\$2,536	\$17,750	\$19,968
	3. Travel and Meetings		\$2,400	\$8,948	\$3,900	\$1,754	\$4,577	\$12,537
	4. Equipment & Furniture		\$8,000	\$3,154	\$15,017	\$14,790	\$2,850	\$839
	5. Food Services		\$5,600	\$4,173	\$4,482	\$3,364	\$4,482	\$5,757
	6. Medical and Pharmacy		\$0	\$0	\$0	\$0	\$0	\$90
	7. Subcontracted Services		\$0	\$868	\$518	\$518	\$1,018	\$3,025
	8. Insurance		\$3,500	\$0	\$1,542	\$4,847	\$10,442	\$7,971
	9. Interest Paid		\$0	\$0	\$2,400	\$7,158	\$9,840	\$10,168
	10. Operating Supplies and Expenses		\$24,895	\$27,232	\$20,248	\$32,841	\$27,730	\$38,619
	11. Salary		\$185,000	\$150,032	\$201,004	\$176,534	\$303,152	\$244,165
	12. Fringe		\$38,200	\$20,424	\$41,000	\$32,598	\$52,236	\$65,314
	13. Other		\$3,650	\$0	\$0	\$22,773	\$25,340	\$13,340
Total Expense			\$309,085	\$254,239	\$371,006	\$328,376	\$480,857	\$489,514
	Notes							
	For FY22, actuals are through February, and projected through June							

Gainesville Opportunity Center

Statement of Financial Position

As of March 23, 2022

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
First Federal Checking	62,281.51
First Federal Non-LSF	5,541.80
Paypal Bank	12,554.58
Suntrust Checking 1140	16,420.03
Suntrust Money Market	7,110.22
Vystar Business Savings x1625	16,099.31
Total Bank Accounts	\$120,007.45
Total Current Assets	\$120,007.45
Fixed Assets	
GOC Building Purchase Asset	
Building Contract Sales Price	350,000.00
Earnest Money Deposits	3,500.00
GOC Building Settlement Costs	60,793.99
Property Taxes	6,110.54
Total GOC Building Purchase Asset	420,404.53
Prepaid Vehicle Lease	35,721.52
Total Fixed Assets	\$456,126.05
TOTAL ASSETS	\$576,133.50
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Gross Due From Borrower Clearing	0.00
Total Other Current Liabilities	\$0.00
Total Current Liabilities	\$0.00
Long-Term Liabilities	
Mortgage Loan	258,767.59
Total Long-Term Liabilities	\$258,767.59
Total Liabilities	\$258,767.59
Equity	
Opening balance equity	79,016.73
Retained Earnings	246,345.48
Net Revenue	-7,996.30
Total Equity	\$317,365.91
TOTAL LIABILITIES AND EQUITY	\$576,133.50

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City of Gainesville ARPA Aid to Nonprofits Program : Evaluation Summary

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Evaluation Summary

1/1 Evaluations Complete

Chris Polischuck:

Evaluation Complete

Question Group

GSG Comments*

Please list any comments you would like for the evaluators to see when reviewing the application

Chris Polischuck: The Final Rule lists an extensive array of behavioral and mental health services as eligible ARPA expenditures. It is assumed that the services, whether for treatment, recovery, or harm reduction, are proportional to the effects of the pandemic, and the services can be provided to the general public without limitation of income guidelines or residency.

As such, these services are eligible for an ARPA award under the following expenditure categories:

- 1.10 Mental Health Services
- 2.7 Job Training Assistance
- 3.4 Education Assistance: Social, Emotional and Mental Health Services
- 3.11 Housing Support: Services for Unhoused Persons

Is Your Review Complete?*

Chris Polischuck: Yes