

Mobile Outreach Clinic: Protecting the most vulnerable from COVID-19

City of Gainesville ARPA Aid to Nonprofits Program

University of Florida Mobile Outreach Clinic

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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:

Medical Services (including Mental Health)

Other Services

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

Acknowledgment

Project Name*

Name of Project.

Mobile Outreach Clinic: Protecting the most vulnerable from COVID-19

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:
 - incurred unplanned costs for new programming designed to assist those disparately impacted by the pandemic and its economic effects;
 - incurred unplanned costs to comply with safety and health standards and/or reopening requirements, e.g., modifying facilities for social distancing;
 - incurred unplanned costs for technology to enable virtual work; or
 - 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.

- Children (ages 0-12)
- Youth/Teens (ages 13-18)
- Adults (ages 19-64)
- Seniors (ages 65+)
- 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 Mobile Outreach Clinic has been providing medical care and social services case management support to the uninsured of Gainesville for over 10 years. Virtually all of the patients we serve are below the federal poverty limit and we provide a substantial portion of the medical services for Gainesville's homeless population. We provide all of our services for free and travel to different portions of the city in order to eliminate financial and transportation barriers for our patients. In addition to providing direct primary care services through our mobile unit (our bus), we branched out during the pandemic to provide services on the street and in homeless camps through our Street Medicine Program. We created a telehealth program, and staffed numerous after hours vaccine and COVID-19 testing events throughout the city. We are the largest safety-net clinic in terms of free care provision and thousands of city residents would have significant difficulty receiving non-emergency medical care without our clinic. Since the pandemic, we have adjusted our program to help meet the needs of Gainesville residents. Specifically, we have provided logistics and man power to the Alachua County Health Department and Community Support Services in order to serve our low-income, minority and homeless communities.

At the beginning of the pandemic in March 2020, we were the only safety-net clinic to keep our doors open with no interruption in services. We shifted the majority of our visits to telehealth and created safety protocols for continuing to see patients on site and in person who could not access telehealth services. We also started a street outreach in order to help Community Support Services test, quarantine and eventually vaccinate unsheltered homeless persons while also delivering food and hygiene supplies to these individuals. Furthermore, we developed a protocol for assessing the medical needs and checking in on all of the homeless persons who were being isolated in the Econolodge with COVID-19. This effort required frequent telehealth check-ins as well as in person evaluations for those with concerning symptoms. We also collected and distributed medications and hygiene supplies for those isolated in the motel. None of these services existed prior to the pandemic, and the Mobile Outreach Clinic stepped in to fill the void without charging the City, County or any other partner a single dime. We also partnered with DOH to conduct 11 mass testing events, provided bi-weekly testing to Peaceful Paths and monthly testing at GRACE Marketplace. We organized 20 mass vaccination events in community locations targeting underserved populations in East and SW Gainesville. So far during the pandemic, we have conducted 3556 clinic visits and 1200 telehealth visits, monitored 80 patients in COVID isolation, tested over 1300 people in community events and have given 585 vaccines in underserved areas.

Board Chair or Authorized Person First Name*

David

Board Chair or Authorized Person Last Name*

Christie

Board Chair or Authorized Person Title*

Associate Vice President & COO, University of Florida Foundation, Inc.

Hub Profile*

Please provide link to verified profile from The Philanthropy Hub.

<https://www.givegab.com/nonprofits/university-of-florida-mobile-outreach-clinic>

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.

\$53,263,000.00

Operating Revenue*

Organization's operating revenue for the last completed fiscal year

\$53,263,000.00

Operating Expenses*

Organization's operating expenses for the last completed fiscal year

\$56,213,000.00

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.

We made a significant shift in priorities in order to support the county's public health infrastructure and emergency needs related to COVID + individuals. As alluded to earlier, we stepped up to support testing and vaccination events that DOH was not able to staff due to their own constraints. We had never managed large scale testing or vaccination events in the past and had to coordinate with local policy makers, GPD, DOH and GRACE Marketplace staff and community faith leaders to set up clinic sites, recruit dozens of volunteers and provide direct medical supervision to numerous events throughout the county. All of these additional duties were conducted outside of running our normal clinic 4 days/week and telehealth clinic one day/week. We also supported the needs of Alachua County Community Support Services by managing multiple quarantine/isolation facilities and doing street based outreach to unsheltered homeless persons. Again, these were brand new activities for our organization and were a direct response to the needs of local government. To facilitate these specific activities, we had to dedicate large amounts of time from our clinic nurse and medical director to coordinate communication with infected individuals and do outreach activities to locate hard to reach individuals who needed testing. These were/are weekly activities requiring 8-10 hours of time from MOC staff during the entirety of the pandemic up until now. We continue to provide consultation and support to vaccination campaigns and have continued to grow the Street Medicine outreach program in order to meet the needs of the unsheltered homeless. All of these additional duties are unlikely to go away in the future, and our staff has worked far beyond their scheduled hours to accommodate.

The pandemic has deepened health disparities in the communities that we serve and placed greater focus on the needs of populations in East Gainesville and SWAG. The economic and health crises of the pandemic have led to job losses and loss of insurance coverage for many vulnerable people, therefore acutely increasing the need for free clinic services like ours. We have also come to realize the critical role that culturally sensitive communication from trusted community sources plays in raising awareness of pandemic-related information and health-related information as a whole. Therefore, we have also prioritized the need for CHWs to provide the link in that chain of communication in order to better serve the most underserved populations and we intend to find ways of recruiting, training and funding CHWs to help better prepare our patients to manage current and future health problems.

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.

Our staff has had major increases in logistics around scheduling and coordinating services. As mentioned, we have branched out to new forms of service including telehealth and street medicine as well as new duties in terms of managing public health interventions like mass vaccination, testing and quarantine monitoring. Stepping up to manage these new activities has created significant strain on existing staff resources. Our

clinic nurse had to take on administrative duties related to managing the telehealth program as well as duties related to prepping for street outreach. Our schedulers stepped in to help coordinate staffing for the additional community events that supported our cities public health service. Every new partnership required the development of communication protocols and strategies for dealing with medical emergencies that arose in novel environments (telehealth encounters, quarantine motels, street based settings and public health outreach events). Ensuring that proper medical care can be delivered to individuals in this variety of settings requires substantial planning and flexibility. Our drivers had to learn how to help run a vaccine clinic. The staff responsible for managing our care coordination program had to function as liaisons to the Health Department in order to make sure service figures from community events were properly counted and reported. Our medical providers had to learn how to deliver care from backpacks on street corners and in homeless camps. We have evolved tremendously during the pandemic, and the demand for these new services is only increasing with time.

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.

Given the increase in demands for health outreach in our most vulnerable areas in Gainesville, we have had to stretch our staff extremely thin and add help where possible. We have struggled at times to be able to maintain the necessary staffing for our street medicine outreach, and desperately need an additional medical provider/director for that initiative. We have had increased demand for other community-based health outreach events specifically related to Covid such as vaccination, testing and monitoring. We expect these demands to remain with the likelihood of endemic coronavirus and new variants. We need an additional program assistant to help manage the scheduling and administrative duties that allow these additional events to run smoothly. We have a new smaller, mobile unit that is well suited to support these events, but again need the additional staff and provider hours in order to meet the demands. Our nurse has to return to strictly clinical duties in order to maintain the quality of care we demand from our program which will again require staffing support to help fill in the gap for the administrative duties she has been covering since the start of the pandemic. We also need to expand the hours of our existing Advanced Practice Providers (ARNP/Physician Assistant) to cover requests from other locations outside of our current rotation of stops.

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 services are specifically directed to low-income, uninsured individuals living in the highest health disparity zip codes including 32609, 32641 and 32601. Most of our patients identify as black or hispanic.

Disparity*

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

Our program directly addresses health disparities by providing free healthcare but our care-coordination program also targets income, education and housing disparities through program referrals

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.

The Mobile Clinic is a program under the umbrella of UF Foundation. So while UFF has gross revenue over \$1 million as entered in the prior questions, the Mobile Clinic has annual revenue of well under \$1 million.

Number of individuals served*

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

We usually serve between 1500-2000 individuals per year, but expect to expand this number to between 2000-2500 individuals per year given increasing demands

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.

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.

[MOC CFNF ARPA Grant-Budget.xlsx](#)

Sustainability*

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

We continually seek out long-term grant opportunities to maintain and expand our program. We have a new partnerships with Direct Relief and Catholic Charities that we hope to leverage into long term funding sources and we will continue to use established programs like FAFCC, CHOICES and CAPP to support our personnel and operational costs.

Request Information

Purpose of Request*

One sentence describing the purpose of your request

Our request will allow us to meet the increasing medical and social service needs of the populations in Gainesville with the highest health, income and housing disparities.

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.

\$638,355.00

Total Program Cost*

\$1,475,355.00

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.

\$273,581.00

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.

\$364,774.00

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.

3 Year_Budget to Actuals_MOC.pdf

Balance sheet*

Please upload your most recent balance sheet.

3 Year_Balance Sheet_MOC.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?

The Mobile Outreach Clinic functions as a program within the umbrella of the The University of Florida Foundation, therefore UFF governance structure and financials are detailed in this proposal as required. The University of Florida Foundation Inc. is a non-profit, 501(c)(3) organization (59-0974739) that receives, invests and administers private support for the University of Florida — also serves as fiduciary, taking care of the gift assets to ensure they are used in accordance with our donors' wishes. The UF Foundation has an annual external audit, and the University audits the UF Foundation's oversight for each restricted fund to ensure the proper use as the donor intended. In addition, we are able to utilize the fiscal team in the Community Health and Family Medicine Department in the UF College of Medicine. They assist with the daily oversight of MOC funding and assuring we are following the University of Florida, UF Foundation, grantee and foundations rules, regulations and deliverables.

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

Jonathan Grant Harrell

Date Signed*

03/17/2022

For Evaluators

CFNCF Comment on Diversity*

Are diversity policies included in board recruitment? Yes

Board Demographics

African American/Black

0

Asian American/Pacific Islander

0

Caucasian

6

Hispanic/Latino

0

Native American/American Indian

0

Not Specified

Female

3

Male

3

Not Specified

0

Board Diversity Comments

File Attachment Summary

Applicant File Uploads

- MOC CFNF ARPA Grant-Budget.xlsx
- 3 Year_Budget to Actuals_MOC.pdf
- 3 Year_Balance Sheet_MOC.pdf

ARPA Coronavirus Nonprofit Recovery Fund

Organization Name: _____

| 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 | |
| .2 FTE Assistant Medical Director | \$ 121,405.00 | | | \$ - | 121,405 |
| .75 FTE Advanced Practitioner (ARNP/PA) | \$ 294,337.00 | | | \$ - | 294,337 |
| 1.0 Program Assistant | \$ 167,215.00 | | | \$ - | 167,215 |
| Program Operational Cost - Bus (Maintenance, Fuel) | \$ 12,500.00 | | | \$ - | 12,500 |
| Program Operational Cost - Clinic (Medical Supplies) | \$ 12,500.00 | | | \$ - | 12,500 |
| Administration | \$ 30,398.00 | | | \$ - | 30,398 |
| | | | | \$ - | - |
| | | | | \$ - | - |
| | | | | \$ - | - |
| | | | | \$ - | - |
| | | | | \$ - | - |
| | | | | \$ - | - |
| | | | | \$ - | - |
| | | | | \$ - | - |
| TOTAL | \$ 638,355.00 | \$ - | \$ - | \$ - | 638,355 |

| 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

Budget to Actuals Report

YTD Feb 2022

Mobile Outreach Clinic

| | YTD | YTD | YTD |
|-----------------------------|-----------------|----------------|-----------------|
| | Actual | Budget | Variance |
| Cash / Donations | 188,649 | 119,324 | 69,324 |
| Contracts | 69,079 | 120,479 | (51,400) |
| Total Revenue | 257,727 | 239,803 | 17,924 |
| Salary Expense | 237,739 | 213,043 | (24,695) |
| Non-Salary Expense | 37,286 | 34,176 | (3,109) |
| Total Expenses | 275,024 | 247,220 | (27,804) |
| Revenue Less Expense | (17,297) | (7,417) | (9,880) |

Budget to Actuals Report

Fiscal Year 2021

Mobile Outreach Clinic

| | YTD | YTD | YTD |
|-----------------------------|----------------|----------------|-----------------|
| | Actual | Budget | Variance |
| Cash / Donations | 310,466 | 195,704 | 114,761 |
| Contracts | 105,514 | 149,004 | (43,490) |
| Total Revenue | 415,979 | 344,708 | 71,271 |
| Salary Expense | 340,369 | 305,301 | (35,068) |
| Non-Salary Expense | 78,131 | 39,951 | (38,180) |
| Total Expenses | 418,500 | 345,252 | (73,248) |
| Revenue Less Expense | (2,521) | (544) | (1,977) |

Budget to Actuals Report

Fiscal Year 2020

Mobile Outreach Clinic

| | YTD | YTD | YTD |
|-----------------------------|----------------|----------------|-----------------|
| | Actual | Budget | Variance |
| Cash / Donations | 340,086 | 230,827 | 109,260 |
| Contracts | 87,715 | 168,783 | (81,068) |
| Total Revenue | 427,801 | 399,610 | 28,191 |
| Salary Expense | 322,606 | 330,595 | 7,989 |
| Non-Salary Expense | 102,884 | 69,033 | (33,851) |
| Total Expenses | 425,489 | 399,628 | (25,862) |
| Revenue Less Expense | 2,312 | (18) | 2,329 |

CHFM Mobile Outreach Clinic**Balance Sheet****2/28/2022****Assets**

| Current assets: | Current Year |
|-----------------------------|---------------------|
| Cash | 336,753.00 |
| Inventories | 5,000.00 |
| Contracts | 121,577.00 |
| Other | - |
| Total current assets | 463,330.00 |

| Fixed assets: | Current Year |
|-------------------------------|---------------------|
| Property and equipment | 100,000.00 |
| Leasehold improvements | - |
| Equity and other investments | 51,539.00 |
| Less accumulated depreciation | (100,000.00) |
| Total fixed assets | 51,539.00 |

| Other assets: | Current Year |
|---------------------------|---------------------|
| Goodwill | - |
| Total other assets | - |

Total assets **514,869.00****Liabilities and owner's equity**

| Current liabilities: | Current Year |
|----------------------------------|---------------------|
| Accounts payable | 24,789.00 |
| Accrued compensation | 313,541.00 |
| Other | - |
| Total current liabilities | 338,330.00 |

| Long-term liabilities: | Current Year |
|------------------------------------|---------------------|
| Mortgage payable | 120,000.00 |
| Total long-term liabilities | 120,000.00 |

| Owner's equity: | Current Year |
|-------------------------------|---------------------|
| Investment capital | 51,539.00 |
| Accumulated retained earnings | 5,000.00 |
| Total owner's equity | 56,539.00 |

Total liabilities and owner's equity **514,869.00****Balance** **-**

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City of Gainesville ARPA Aid to Nonprofits Program : Evaluation Summary

University of Florida Mobile Outreach Clinic

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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 services provided by the UF Mobile Outreach Clinic directly address the ongoing COVID pandemic, and are eligible under the following expenditure codes:

- 1.1 COVID-19 Vaccination
- 1.2 COVID-19 Testing
- 1.5 Personal Protective Equipment
- 1.6 Medical Supplies

Is Your Review Complete?*

Chris Polischuck: Yes