

UR Cares

*City of Gainesville ARPA Aid to Nonprofits
Program*

Upper Room

Mr. Karl D. Anderson
3575 NE 15th Street
Gainesville, FL 32609

revk00@gmail.com
O: 352-339-3851
M: 352-339-3851

Mr. Karl D. Anderson

3575 NE 15th Street
Gainesville, FL 32609

revk00@gmail.com
O: 352-339-3851
M: 352-339-3851

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
- Human & Social Services
- Senior Services

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.

UR Cares

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).

Upper Room has provided services to citizens throughout the City of Gainesville since the year 2015. Since our facility is located in the Northeast section of Gainesville, our goal was to assist those citizens more specifically in neighborhoods in the 32609 and 32641 zip codes. At the time we started providing services the schools in the area were graded as "C" and "F" schools, gang were becoming more prevalent among our youth and families were in need of more assistance. Our goal was to provide services that met the needs of children, youth, adults and seniors that would impact and enhance their lives. We started several programs simultaneously to make a difference to low income individuals/families, marginalized/under-served citizens and to those persons with disabilities and many others of all ages that needed assistance by providing food and clothing. The food and clothing distributions were far reaching as many children and other family members were impacted. We would serve between 100-200 families on a weekly basis. We requested nothing from these individuals. They just needed to come and be served. We also provided mentoring and tutoring to 50-75 children, teens and young adults in the community throughout the year. These enrichment programs were geared to promote behavior/response modeling, life management skills, self-esteem building and educational monitoring to facilitate learning. For these youth, we would provide tutorial services and monitor improvements in grades and involvement in school activities during the school year and continue service throughout the Summer to keep the students engaged. These services were provided multiple days/times weekly. We have seen many of these students attend college and become successful citizens. We also provided a pre-vocational skills program for 25 teens/young adults. Services for this program was designed to provide training through role play, educational lectures, speaker bureaus and experiential learning. We provided this program during times when students were out of school for the Summer, Spring Break and holidays. The program has shown great success in assisting students to become employed and maintain employment. We also have provided services to at least 25 Seniors through our "Widow Wings". This was a support group for Seniors who have lost their spouse and in some cases are lonely and have special needs. Support services were provided and their needs examined in order to assist the Seniors. Mentors were assigned to reach out to the Seniors on a daily/weekly basis and engage them in social outings at least once per month. Another priority of our organization was to provide support and referral services for individuals with substance use disorders and mental health issues. Provided meeting space and had meetings

at least 2 times weekly. Individuals needing treatment services were referred to our local treatment providers. We provided services to over 16,000 citizens (some duplicated).

Board Chair or Authorized Person First Name*

Karl

Board Chair or Authorized Person Last Name*

Anderson

Board Chair or Authorized Person Title*

CVT

Hub Profile*

Please provide link to verified profile from The Philanthropy Hub.

<https://www.thephilanthropyhub.org/organizations/upper-room>

Organization Type*

Public/State Controlled Institution of Higher Education

Tax Form Information*

Please select the tax form your organization most recently filed.

Our organization is exempt from filing.

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.

\$200,960.78

Operating Revenue*

Organization's operating revenue for the last completed fiscal year

\$-29,027.22

Operating Expenses*

Organization's operating expenses for the last completed fiscal year

\$229,988.00

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.

Our organization closed all facilities during the initial phase of the COVID pandemic, thereby suspending all program operations. We immediately changed our priorities from providing direct in person services to the safety of the staff and persons we were serving. All persons we were serving and our staff were sent home and not allowed in the facility. We became immobilized and had to review priorities and goals. We began to strategize on how we could continue to serve those in need, as we were committed to assisting persons we were serving prior to the pandemic and others that were in need of services as a result of the pandemic. We had to determine what was important as we looked to preserve services based on our pre-pandemic priorities and goals. We recognized that we still wanted to provide services, but was not sure how we would be able to do this based on the impact of the pandemic in our city. We were able to formulate operational changes that could assist in re-establishing services as we moved out of the initial phases of the pandemic. With the exception of providing services to our Seniors (who were at risk or challenged by preexisting illnesses), our goals and priorities remained the same. We determined that we would not be able to continue Senior services until we had more clarity on the pandemic. Our operational service modifications included (1) Changing the focus on safety strategies to help maintain the health and safety of the people we serve; (2) Formulation of different ways to provide services while maintaining the safety of staff; (3) Revisions in the number of services, reduction in days for services and overall service array; (4) Modifications in the curriculum to provide services while still achieving initial goals; (5) Deciding what to do with staff with health risk factors who could not continue to provide services; (6) Ways to reconnect with the persons we were serving to re-engage them in continuing to participate in services and (7) Create a drive through system for food distribution.

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.

After we received some clarity from local City and County officials, we again started to provide food and clothing to the marginalized/under-served, disabled and low income individuals/families. We operated outside the facility with masks and sanitizing stations, distributing the food and clothing in a drive through system. Items were boxed and placed in the trunks of the vehicles. We were no longer able to get into our facility to provide rental space and indoor services so service delivery had to change. We had to purchase equipment to be able to provide Zoom and TEAMS sessions. We used conference lines, ZOOM and TEAMS links to attempt to reengage our students in the Pre-vocational and other programs we were providing before

the COVID pandemic. We purchase additional equipment and monitors to provide services outdoors in accordance with CDC guidelines. We purchased hand sanitizer stations, thermometers, masks and utilized a testing company on-site to test staff and others from the community so we could attempt to provide services to the children and youth that we provided prior to the pandemic. Our organization is currently focused on the safety and health of individual that we provide services. We have pared down the length and array of services. We minimize any face-to-face direct contact. We have not yet reestablished any direct contact with our Seniors. We are still attempting to engage them through the telephone conference lines and Zoom for those who have that capability.

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.

Our organization continues to be impacted by the COVID pandemic. As the pandemic begins to subside, we have had to pay for food items we were accustomed to getting from our local Food Bank without cost. We were informed that based on increases in labor and fuel charges, we would no longer receive these items without cost. We are now required to pay a \$250 dollar weekly charge to obtain the food products and for them to drop off the food products to our facility. Based on COVID, we have had to readjust our facility setting and set-up to ensure social distancing and the health and safety for everyone. We have had to purchase additional technology equipment to provide programmatic services and adjust to losses in revenue based on shutdowns and the lack of ability to hold fundraising events. Additionally, as we continue to stay vigilant with the safety precautions, we are constantly using and purchasing hand sanitizer, masks, gloves, disinfectant wipes and the sanitizing system to ensure that the persons attending in person will remain safe. We still have not returned to pre-pandemic programming. We are limiting face-to-face contact. We are not using a full curriculum and we have not opened back fully for services. We still have not regained all of our staff and there are individuals with extreme fears concerns about rejoining in-person services. We are attempting to regain better communications with the schools. We are also meeting with staff and parents in the neighborhoods to heighten interest and increase the number of persons to be served.

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)

Race, Gender, geography and income

Disparity*

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

Disparity is exemplified through income losses, educational needs for students, mental health and substance abuse, lack of services in the geographical area and the lack of support based on the impact of COVID

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.

12,000 citizen

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.

Copy of Lost-Revenue-Calculations-2 Upper Room-rev.xlsx

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.

ARPA Grant-Budget-Upper Room.xlsx

Sustainability*

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

We intend to continue to maintain focus on our priorities and goals past the end of the grant period. In order to sustain this, we will complete applications for other grant sources based on the number served and success of this project through this funding. We will make personal appeals to community members and churches to assist with funding this project. Additionally, we will partner with other organizations to assist with volunteers and provide other resources to continue this project.

Request Information

Purpose of Request*

One sentence describing the purpose of your request

Purpose of this request is to restore and fund UR Cares services to marginalized/underserved, low income children, youth, adults and seniors to pre-pandemic levels and pay for expenses incurred during the pandemic.

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.

\$397,345.75

Total Program Cost*

\$397,345.75

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.

\$84,836.00

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.

\$198,672.88

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.

\$198,672.88

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.

Copy of Upper Room Operating Budget 2020-02-2022.xlsx

Balance sheet*

Please upload your most recent balance sheet.

Upper Room Balance Sheet 2021.xlsx

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 Board reviews the budget at our meetings through expenditure reports, review of balance sheets and monthly reports and bank statements. A review takes place on cash on hand and expenses. We currently use a software program called ChurchSoft to record all incoming revenue and expenses. We have had a difficult time creating reports from ChurchSoft software. Because of this, the Board is recommending that we change our accounting software to Quickbooks so we can maintain better controls and ensure that we can request needed reports on demand.

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

Karl D. Anderson

Date Signed*

03/17/2022

For Evaluators

CFNCF Comment on Diversity*

Are diversity policies included in board recruitment?
Yes

Board Demographics

African American/Black

5

Asian American/Pacific Islander

0

Caucasian

0

Hispanic/Latino

0

Native American/American Indian

0

Not Specified

0

Female

2

Male

3

Not Specified

0

Board Diversity Comments

We reflect the community we serve

File Attachment Summary

Applicant File Uploads

- Copy of Lost-Revenue-Calculations-2 Upper Room-rev.xlsx
- ARPA Grant-Budget-Upper Room.xlsx
- Copy of Upper Room Operating Budget 2020-02-2022.xlsx
- Upper Room Balance Sheet 2021.xlsx

Organization Name:

Upper Room

Calculation	
Base Year Revenue <i>(General Revenue for FY19)</i>	\$ 274,541
Growth Adjustment <i>(Average growth over FY17, FY18, & FY19 OR 4.1%, whichever is greater)</i>	4.1%
n <i>(Number of months between end of FY19 and December 21, 2020: Choose from dropdown 18 for June end, 15 for October end, or 12 for December end)</i>	12
Actual Generated Revenue <i>(Actual general revenue from the last 12 month period before calculation date)</i>	\$ 200,961
Eligible Revenue Loss	\$ 84,836

ARPA Coronavirus Nonprofit Recovery Fund

Organization Name: Upper Room

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	
Food Bank for food and drop off	\$ 39,000.00			\$ -	39,000
Curriculum and Books @ \$98.00 per manual per student (75)	\$ 22,050.00			\$ -	22,050
2 FTE-Staff @ \$20.00 hrly	\$ 83,200.00			\$ -	83,200
Facility Costs-\$600 X 52 X 3	\$ 93,600.00			\$ -	93,600
Technical and Equipment (COVID Related)	\$ 21,249.75			\$ -	21,250
Supplies-PPE COVID-related	\$ 25,000.00			\$ -	25,000
Administrative Cost	\$ 28,410.00			\$ -	28,410
				\$ -	-
				\$ -	-
				\$ -	-
				\$ -	-
				\$ -	-
				\$ -	-
				\$ -	-
TOTAL	\$ 312,509.75	\$ -	\$ -	\$ -	312,510

Sources of Other Funds	Status of Funding	Amount
N/A		
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

Upper Room Church of God in Christ									
Operating Budget									
	January-December		January-December		January-YTD				
	2020		2021		2022				
	Projected	Actual	Projected	Actual	Projected	Actual			
Receipts:									
Contributions	\$ 200,000	\$ 125,142	\$175,000.00	\$143,964.64	\$180,000.00	\$29,601.25			
Programs & Rallies:									
Concessions	\$ 25,000	\$ 20,101	\$30,000.00	\$44,296.14	\$40,000.00	\$9,073.50			
Gator Concessions	\$ 8,000	\$ 3,197	\$0.00	\$0.00	\$0.00	\$0.00			
Rental Income	\$ 10,000	\$ 2,150	\$12,000.00	\$12,700.00	\$15,000.00	\$4,295.00			
Total Income	\$ 243,000	\$ 150,590	\$217,000.00	\$200,960.78	\$235,000.00	\$42,969.75	\$0.00	\$0.00	\$0.00
Disbursements:									
Mortgage Loan Payment	\$ 140,643	\$ 121,553	\$113,876.88	\$113,876.88	\$113,876.88	18,979.48			
Utilities & Telephone	\$ 27,000	\$ 31,109	31,100.00	\$31,388.79	33,000.00	5,676.42			
Personnel & Honorariums	\$ 20,000	\$ 15,499	\$ 20,000	\$21,697.41	25,000.00	3,450.00			
Travel, Gifts, & Reimbursements	\$ 8,000	\$ 128	500.00	\$864.49	1,000.00	32.49			
Insurance	\$ 10,000	\$ 10,303	\$ 10,000	\$11,846.22	12,000.00	1,680.98			
District, State, & Natl Assessments & Honorariums	\$ 10,000	\$8,560.00	\$ 11,000	\$8,326.00	12,000.00	1,321.00			
General & Administrative	\$ 17,000	\$19,022.49	20,000.00	\$18,704.05	24,000.00	1,756.70			
Building Maintenance/COVID Supplies	\$ 13,000	\$25,397.94	12,000.00	\$17,541.72	20,000.00	1,950.98			
Technical & Equipment for COVID		\$21,479.75							
Other Expense	\$ 2,000	\$9,414.94	4,000.00	\$5,742.06	6,000.00	3,589.74			
Total Disbursements	\$ 247,643	\$ 262,466	\$ 222,477	\$ 229,988	\$ 246,877	\$ 38,438	\$ -	\$ -	\$ -

UR Cares

City of Gainesville ARPA Aid to Nonprofits Program : Evaluation Summary

Upper Room

Mr. Karl D. Anderson
3575 NE 15th Street
Gainesville, FL 32609

revk00@gmail.com
O: 352-339-3851
M: 352-339-3851

Mr. Karl D. Anderson

3575 NE 15th Street
Gainesville, FL 32609

revk00@gmail.com
O: 352-339-3851
M: 352-339-3851

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: It is unclear whether the services the Upper Room provides qualifies for an ARPA award. While several of their services (food, substance use, mental health) may qualify, the fact that they do not screen for income makes it difficult to determine if their service recipients are disproportionately impacted by the pandemic, although they are serving an area considered low income. More information is needed to determine exactly what the eligible services are, their portion of the budget, and the income data of the clients they serve in order to determine ARPA eligibility.

However, since the agency demonstrated an income loss of \$84,836 on the submitted lost revenue worksheet, they are eligible for an award of up to that amount under expenditure code -

2.10 Aid to nonprofit organizations

Is Your Review Complete?*

Chris Polischuck: Yes