

# Pleasant Street Social Justice and Cultural Arts Center Inc. Proposal

*Pricing is sealed*

## CONTACT INFORMATION

Company

Pleasant Street Social Justice and Cultural Arts Center Inc.

Email

pleasantstreet@pleasantstcrca.org

Contact

Gerard Duncan

Address

429 NW 4TH STREET

Gainesville, FL 32601

Phone

(352) 283-2185

Website

N/A

Submission Date

Jun 19, 2023 2:09 PM

## ADDENDA CONFIRMATION

☒ Addendum #1

*Confirmed Jun 16, 2023 11:40 PM by Gerard Duncan*

☒ Addendum #2

*Confirmed Jun 16, 2023 11:40 PM by Gerard Duncan*

☒ Addendum #3

*Confirmed Jun 16, 2023 11:40 PM by Gerard Duncan*

## QUESTIONNAIRE

**1. Provide your Employer Identification Number (EIN)\***

☒ Pass ☐ Fail

Do not include dashes

*Maximum response length: 9 characters*

87152382

***Please Note:*** Responses to this question may be publicly displayed after the due date has passed.

**2. Provide physical address in Alachua County\***

☒ Pass ☐ Fail

429 NW 4TH STREET GAINESVILLE, FL

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**3. Provide a mailing address\***

☒ Pass ☐ Fail

Maximum response length: 200 characters

429 NW 4TH STREET GAINESVILLE,FL

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**4. Does your agency have a 501(c)(3) status?\***

☒ Pass ☐ Fail


If yes, provide your certification in the question below, Failure to provide required documentation may deem your proposal non-responsive.

Yes

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**5. Upload your agency's IRS 501(c)(3) designation\***

☒ Pass ☐ Fail

 CP575Notice\_1625533071422\_(3).pdf

**6. Responsible Agent Designation\***

☒ Pass ☐ Fail

The Consultant shall designate a responsible agent and alternate as necessary, for all dealings, communications, or notices or contracts between the County and the Consultant by completing and returning this Responsible Agent Form. Any notice or communication to or from the responsible agent shall be deemed to be a communication to the Consultant.

RESPONSIBLE AGENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ALTERNATE RESPONSIBLE AGENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

RESPONSIBLE AGENT: Gerard Duncan

ADDRESS: 429 NW 4TH STREET GAINESVILLE

PHONE NO.: 3522832185

EMAIL ADDRESS: pleasantstreet@pleasantstcrca.org

RESPONSIBLE AGENT: VIOLA BROWN

ADDRESS: 602 NW 1ST GAINESVILLE,FL

PHONE NO : 3522151320

EMAIL ADDRESS: pleasantstreet@pleasantstcrca.org

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

7. Project Name:\*

☒ Pass ☐ Fail

One Community Health Prescription Pharmacy Food

8. Amount of funds being requested\*

☒ Pass ☐ Fail

Maximum of \$50,000

Maximum response length: 7 characters

49,500

Please Note: Responses to this question may be publicly displayed after the due date has passed.

9. Does your proposed project benefit residents of Alachua County living at or below 150% Federal Poverty Level?\*

☒ Pass ☐ Fail

Yes

Please Note: Responses to this question may be publicly displayed after the due date has passed.

10. Does you proposed project fit into one of the BoCC’s approved funding category?\*

☒ Pass ☐ Fail

Adequate Food

Please Note: Responses to this question may be publicly displayed after the due date has passed.

11. Has your agency been operational, providing proposed program service(s) in the funding category at least one full year prior to the date of application?\*

☒ Pass ☐ Fail

Yes

Please Note: Responses to this question may be publicly displayed after the due date has passed.

12. Please describe the proposed project, and quantify the anticipated benefits to residents of Alachua County living at or below 150% Federal Poverty Level:\*

☒ Pass ☐ Fail

Maximum response length: 2500 characters

Pleasant Street Civil Rights and Cultural Arts Center Inc. operates in Gainesville, Florida, Alachua County. Our work focuses on combating inequality and injustice in the various areas, including food insecurity, wellness, and health. Our Pharmacy Prescription "food as medicine" program and dietary delivery for patients who have cardiovascular diseases and transportation challenges or are homebound using a combination of telehealth with physicians and dietician's referral as well community health workers to deliver healthy blood pressure lowering medically tailored food to their residence and/or provide transportation to grocery stores to purchase such items. Our goal will be 8-10 person participants through primary care physicians referrals and will be engaged with specific input into the intervention strategy. We will evaluate the feasibility, acceptability, appropriateness and effectiveness of a CHW-led implementation strategy to engage participants through community engagement to help improve consumption of healthy foods and ultimately reduce LDL cholesterol triglycerides and consequently CV risk. Participants will be provided with access to healthcare resources including personalized guidance through CHW involvement and food as medicine through our Pharmacy Food Pantry. Providing personalized culturally appropriate fruits and vegetables into their dietary routine will be a specific focus as this is a well known strategy for improving one's lipid and cardiovascular profile. We will adapt CHW education (tailored information on food benefit programs, healthy eating strategies and motivation to improve lipid levels and cardiovascular health with more advanced navigation implementation strategies (transportation to grocery stores, synchronous and asynchronous education on shopping at grocery stores and practice cooking healthier meals.

Please Note: Responses to this question may be publicly displayed after the due date has passed.

13. Please describe how your project will enhance effectiveness and/or efficiency of your agency’s service delivery:\*

☒ Pass ☐ Fail

Maximum response length: 2500 characters

The funding for this project will help the organization with specific metrics and goals that will keep the project functioning and working effectively with implementing a food as medicine program that will provide medically tailored food for participants as well provide healthy food and nutrition classes. Develop a community of practice through disseminating education on CV risk reduction, including CHW lead nutritional interventions and increasing knowledge of access points for healthy food and strategies for

incorporating healthy foods into culturally appropriate cuisine. Maintaining effective partners that provide services and goods to help bring more resources to our focus group. Successfully provide quality and quantity of goods and build marketing and promotional strategies that help the project generate new leads and build its scalability. This project will also contribute to working towards mobilizing communities with health and wellness education and recommending best practices and policies that ensure future food sustainability while reducing health care cost.

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**14. List all the budget items for which grant funds will be used and the dollar amount anticipated for each:\*** ☐ Pass ☐ Fail

If your budget has more than five line items, you have the option to download and fill the SPACE Budget Template provided, and upload in the next question.

*Maximum response length: 2500 characters*

Program Coordinator \$13000

Community Health Worker \$10,000

Community Health Worker \$10,000

Transportation \$5000

Participant Incentive \$11,500

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**15. Upload SPACE Budget Template**

*No response submitted*

**16. Describe the timeline and anticipated milestone dates for the project:\*** ☒ Pass ☐ Fail

*Maximum response length: 2500 characters*

Timeline/milestones Month 1-2 Recruitment and training / Baseline and community engagement Month 3-4 Education/guidance/support/organization / Mid-term evaluation Month 5-6. Closure/transition and /Final Performance and Outcome Evaluation Deliverables and outcomes - Increased awareness of lipid levels - Reduction in LDL cholesterol and triglycerides - Increased levels of patient activation - Inception of the first Black-led Health and wellbeing partnership and COP in Alachua County - Systematization of best principles and practices for a community lead food as medicine program. Increase awareness of individual lipid profiles and the cardiovascular risks associated with lipid disorders by calculating ASCVD risk for each participant. Approach: We will perform POC lipid testing for all participants as baseline, 3months and 6 months and incorporate education on lipid lowering behavioral strategies through CHW-lead interventions. All participants will receive POC lipid testing and calculation of ASCVD risk with explanation of what this risk represents. All participants will receive bi-weekly free groceries and access to all programming such as, health and wellness classes, cooking classes, exercise classes and medically tailored delivered meals.

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**17. Describe measurable outcomes for the project:\*** ☒ Pass ☐ Fail

*Maximum response length: 2500 characters*


We will adapt healthy food implementation strategies to the local community by conducting focus groups among families affected by food insecurity who live in selected underserved zip codes in East Gainesville that also have higher rates of cardiovascular morbidity and mortality. Participants will inform the design of CHW-assisted implementation strategies aimed at increasing skills and motivation to obtain healthy foods. Encourage habit forming and reduce transportation barriers. Goal: 8-10 person focus group participants will be engaged with specific input into the intervention strategy. Evaluate the feasibility, acceptability, appropriateness and effectiveness of a CHW-led implementation strategy to improve consumption of healthy foods and ultimately reduce LDL cholesterol triglycerides and consequently CV risk. We will implement this project amongst food insecure adults who are also at increased risk for hyperlipidemia and dyslipidemia. Participants will receive lipid monitoring at baseline 3 and 6 month intervals as well as surveys assessing the acceptability and appropriateness of the intervention as well as individual patient activation levels (as measured by the validated PAM tool). Average reduction in LDL cholesterol of 10% and average reduction in Triglycerides of 25%. Increase in PAM score of 30%.

Develop a community of practice through disseminating education on CV risk reduction, including CHW lead nutritional interventions and increasing knowledge of access points for healthy food and strategies for incorporating healthy foods into culturally appropriate cuisine.

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**18. Upload any supplemental documentation that is relevant to your project.**

☒ Pass ☐ Fail

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**19. Acknowledge that you have reviewed all Addendum(s) issued with this solicitation.\***

☒ Pass ☐ Fail

☒ Confirmed

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**20. Conflict of Interest\***

☒ Pass ☐ Fail

The bidder certifies that to the best of his knowledge or belief, no elected/appointed official or employee of the County is financially interested, directly or indirectly, in the purchase of the goods or services specified on this order. ( Select yes, if there is no conflict of interest)

☒ Confirmed

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**21. Drug Free Workplace\***

☒ Pass ☐ Fail

In accordance with §287.087, Florida Statute

Do you certify that you meet the following:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 1893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Yes

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

**22. Corporate Resolution Granting Signature\***

☒ Pass ☐ Fail

The response must be submitted by an officer of the business who is legally authorized to enter into a contractual relationship in the name of the bidder. An authorized representative who is not an officer may sign the proposal, but must attach or upon request provide a corporate resolution granting authorization to the representative to execute on behalf of the business. Are you authorized to submit this RFA?

☒ Confirmed

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.

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**23. By submitting this application, we acknowledge that we are aware that the information contained in this funding application is public record. We further certify that this Request for Funding is consistent with our organization's mission, Articles of Incorporation and Bylaws, and that this application for funding was authorized by the agency's Board of Directors.\***

☒ Confirmed

☒ Pass ☐ Fail

**Please Note:** Responses to this question may be publicly displayed after the due date has passed.