

A. Organization Information

Completed by mplot09@gmail.com on 12/26/2024 7:47 AM

Case Id: 31250

Name: Margaret Lott - 2024

Address: 850 S 21st ST, Suite M, Fort Pierce, FL 34950

A. Organization Information

Please provide the following information.

Eligible Applicants:

Small Businesses with 5 or fewer employees – including part-time located in target areas within city limits to the citizens of Fort Pierce.

Applicants can only apply for ONE grant per funding cycle.

A.1. Organization Legal Name

Amandla Wellness Center, LLC

A.2. Mailing Address

850 S 21st ST Suite M Fort Pierce, FL 34950

A.3. Physical Address

850 S 21st ST Suite M Fort Pierce, FL 34950

A.4. Contact Person

Margaret Lott

A.5. Title

MD, Founder, CEO

A.6. Best Contact Phone Number

(772) 708-0273

A.7. Email Address

info@amandlawellnesscenter.com

A.8. Website Address

amandlawellnesscenter.com

B. Organization History

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Case Id: 31250

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B. Organization History

Please provide the following information.

B.1. Describe your organization and list your Mission Statement.

We are Amandla Wellness Center and we provide quality & affordable Internal Medicine & Pediatric medical care to the Fort Pierce community. Our mission is to empower our patients to improve their health & overcome chronic diseases like Diabetes, Obesity & High blood pressure.

B.2. Describe your organization's history and prior experience.

We were founded in July 2024 by Dr. Margaret Lott. Dr. Lott completed medical school at the University of Pittsburgh School of Medicine and residency at the University of Miami/Jackson Health System. She went on to work in Federally Qualified Health Centers for 3 years prior to opening Amandla Wellness Center. Dr. Lott has a passion for helping people of all ages achieve wellness through health education and developing healthy habits.

B.3. Please include a description of the programs and projects provided by your organization.

We offer a wide range of Primary Care services for Adults & Children including physical exams, chronic disease management, weight loss counseling and management, well child checks, school physical exams, sexually transmitted disease testing & treatments, birth control prescription and counseling. At this time we are not accepting health insurance and offer visits at an affordable price of \$40 per visit. This allows health care visits to be more accessible to patients who do not have insurance.

The standard office visit with a medical provider is 15 minutes which often does not allow the healthcare provider time to address all of the medical concerns a patient may have. Additionally, these quick visits often do not allow time for counseling on nutrition or healthy lifestyles which is crucial to help prevent and overcome some of the major chronic diseases affecting our community such as Diabetes, Heart disease, Obesity and High blood pressure. Our visits are 30 minutes to allow time for counseling and to address patient's concerns more thoroughly.

B.4. List all previous grants awarded by the City of Fort Pierce to YOU or any organization(s) you were previously or are currently associated with. If None, write N/A below.

Program Year	Amount	Purpose
2023-24	\$0.00	
2022-23	\$0.00	
2021-22	\$0.00	

Please Note: Organizations/Applicants who have received funding for three consecutive years WILL NOT RECEIVE PRIORITY to provide funding for newer activities.

B.5. If you have received funding from the City of Fort Pierce for Small Business projects in the past, please explain HOW the program/project described in the grant application is NEW OR EXPANDED

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No I have not

B.6. What is your organization's annual budget? Describe how your organization is currently funded.

At this time we just opened without a business loan so we are operating on limited funds of about \$1600. Our practice is funded when patients pay for a visit to see the doctor.

B.7. Does the City of Fort Pierce and/or local organizations in Fort Pierce provide the same or similar services? If you answered Yes, how are your services complimentary to those offerings and explain how your services are differed.

Yes, we are one of many health clinics in the area including Florida community health centers, Americare Health centers to name a few. We are different in that we offer extended visits, our visits are 30 minutes in duration to allow for patients to have counseling and not to feel rushed while addressing their health concerns. We focus on nutrition and lifestyle change to help people prevent and overcome disease, not just take medication for their condition. We also help to fill a huge need for timely medical care, as the wait times for appointments at the current facilities can be months.

B.8. Project Name (please be concise):

C. National Objectives

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C. National Objectives

The City of Fort Pierce is required to present program documentation to our Grantors – U.S. Department of Housing and Urban Development to ensure compliance with all program activities.

C.1. Does this program and/or project benefit the following demographics listed below?

- Benefit low to moderate-income persons.
- Help in the prevention of slums or blight; and/or
- Meet other community needs having a particular urgency because other financial resources are not available to meet such needs

C.2a. Who are the intended beneficiaries of this program/project? Describe how the project will ensure that the intended beneficiaries are being served and the target population will be reached, including how beneficiaries are identified, and any outreach performed:

We offer affordable visits at \$40 so this is a benefit to my intended population who are uninsured or low to moderate income individuals in Fort Pierce. I am also in the process of credentialing with medicaid and medicare to expand my services to this vulnerable population as well. We are going to churches in the Fort Pierce area, we would like to send out our information through Direct mail to individuals in the 34947, 34950 zip codes and through putting flyers at various businesses to inform them of our affordable medical services. We would like to offer a variety of programs to benefit this population such a reach out at read where we provide books to Pediatric patients and health promotion activities such as health talks and group exercise events.

C.2b. If the project will provide an “Area Benefit”, please clearly define the geographic area to be served by the proposed activity. Include a map, if necessary. [Know Your Jurisdiction \(arcgis.com\)](https://www.esri.com/arcgis/learn/arcgis-learn-arcgis-com)

We would really like to serve individuals in the Lincoln Park community as many of these residents do not currently have a primary care doctor and would benefit from access to quality and affordable primary care services.

C.2c. If the project will benefit “Limited Clientele”, list the approximate number and percentage of the total persons assisted through this project/program. State whether those participants have Low to Moderate Income (LMI) and how their income level will be determined.

I will be able to see 75 patients per month and 900 patients per year. Because we are not currently credentialed with insurance companies most of these individuals are uninsured and in the low to moderate income category. We are also credentialing with medicaid which would further extend our services to low to moderate income individuals. We can create a question on our intake asking patients average yearly income.

C.2d. Please identify the intended beneficiaries of your project participant(s):

- Abused Children

- Illiterate Adults
- Lower Income Senior Citizens
- Migrant Farm Workers
- Elderly
- Persons with HIV/AIDS
- Homeless
- Severely Disabled Adults
- Lower Income Youth
- Severely Disabled Children/Youth
- Other

If other, please explain

D. Project Description

Completed by mplot09@gmail.com on 12/26/2024 8:18 AM

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D. Project Description

Please provide the following information.

D.1. Describe the existing challenges or needs to be addressed by this program/project.

One of the challenges since we just opened 6 months ago is letting the community know about our affordable services and getting them to trust me as a medical provider. However, access to quality & affordable primary care is a major need which will be addressed. Also increasing health literacy and providing information on nutrition and healthy lifestyles to prevent many of these chronic diseases is another need which is addressed.

D.2. Describe your proposed project's activities and how they will address the challenges/needs listed in question D1.

We offer a wide range of Primary Care services for Adults & Children including physical exams, chronic disease management, weight loss counseling and management, well child checks, school physical exams, sexually transmitted disease testing & treatments, health screenings, birth control prescription and counseling. These services will help to address the need stated above.

D.3. List the physical addresses of your proposed project activities (listed in D.2 above) and where they will take place.

Please be sure to use street addresses within the City Limits of Fort Pierce. [Know Your Jurisdiction \(arcgis.com\)](https://www.arcgis.com)

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D.4. List this project's measurable goals and objectives, as well as the date(s) when each will be met.

Goal #1- to increase awareness of our services to at least 50% Fort Pierce community through community engagement and advertising 4/1/2025

Goal #2- to increase utilization of our services to see at least 20 patients per month 3/1/2025

Goal #3- to provide community health education to the through giving lectures at local church or library once per month 2/1/2025

D.5. How will you track the results of these goals and objectives? (This information will be required with your monthly status reports.)

Goal #1- I will keep a record of outreach events attended and create an email list of people we have engaged with at local events. I keep a list of business I have placed my flyers in.

Goal #2- I will use my electronic medical record to keep track of patient who have booked and completed their appointments.

Goal #3- I will keep a list of places at which community lectures have been performed.

D.6. Briefly describe measurements of outcomes for each of the activities listed in D.2. (Examples - number of unduplicated low/moderate income youth served, number of unduplicated senior citizens served, number of unduplicated Veterans served, number of unduplicated adults served, number and/or percentage of project outcomes, etc.)

Goal #1- Reach at least 20,000 people through marketing and community engagement activities

Goal #2- Service at least 20 low/moderate income children, adults or senior citizens per month.

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Goal #3- Providing community health education to at least 40 low to moderat income adults and seniors per month who attend lectures at churches, community centers or library

E. Grant Request Information

Completed by mplot09@gmail.com on 12/26/2024 8:24 AM

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E. Grant Request Information

Please provide the following information.

E.1a. Amount of Grant Funds requested in this application:

\$5,000.00

E.1b. Amount of other funds secured for this program/project:

\$1,500.00

E.1c. Amount of other funds earmarked for the program/project:

\$0.00

E.1d. Total amount needed to complete this program/project:

\$6,500.00

E.2. Describe your contingency plan in the event this grant request is not fully funded, or not funded at all by the City of Fort Pierce:

I will continue to provide services at our current capacity and upgrade equipment and signage when possible. I will continue current marketing efforts using what we currently have in funds and what we receive from patient visits.

E.3. If this is a multi-year project, how will you continue to implement this project if City grant funds are not available in future years?

I will use funding we receive from patient visits and look for additional grant resources through state and national entities.

E.4. Select every qualifier below that best describes your project.

- Improves or enhances education opportunities.
- Improves or enhances job training opportunities.
- Improves or enhances employment opportunities.
- Promotes cultural diversity.
- Promotes outdoor activities and a healthy lifestyle.
- Encourages interest, engagement, and participation in neighborhood improvement activities.
- Promotes citizen participation while leveraging resources to revitalize low and moderate-income neighborhoods.

- Establishes partnerships between City Hall, residents and other community organizations that will result in projects and activities that benefit a community.
- Fosters community pride and participation with the city's residents.
- Promotes neighborhood beautification and revitalization.
- Promotes activities that protect the environment.
- Discourages adverse activity such as crime, drug use, and vandalism.
- Inspires and supports the healthy development of the City of Fort Pierce's youth.

E.5. Write an explanation below of how your project will perform each qualifier you selected above:

We plan to promote health education and healthy lifestyle by offering community health talks and group exercise classes. We provide primary care services to youth and in those services we counsel them on healthy lifestyle such as eating, exercise and avoiding alcohol and drug use. We can also give talks to schools and the Boys & girls club. Similarly we can provide outreach at the Council on Aging to seniors though giving health talks and bringing in people to do gentle group exercise classes with the seniors. These activities will engage youth, adults and seniors in the Fort Pierce community and bolster community pride and participation.

F. Project Specifics

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F. Project Specifics

Please provide the following information.

F.1a. Provide project initiation date below:

12/26/2024

F.1b. Provide planned project completion date:

12/26/2025

F.2. Describe any participant fees that will be required as part of this project/program.

Participants will attend health talks and group exercise classes for free. If we need to charge a fee for the exercise classes it would be \$5. To use our medical services it is \$40 per visit.

F.3. Applicants must demonstrate that the selection of participants is an objective process and Grant Recipient may not limit participation based on race, gender, nationality, ethnicity, religion, creed, or disability. How will your project comply with this expectation?

We will offer our services to all individuals regardless of race, gender, nationality, ethnicity, religion, creed, or disability

If this project is sponsored by a church or religious group, participation may not be limited to members of the church. What efforts will you make to ensure that the community at-large is aware of this project and the opportunity for participation?

Not church or religious related

F.4. List the locations throughout the community, as well as online, where your program is advertised:

We have our facebook and instagram page. We have given our flyer out at Friendship missionary baptist church and calvary compassion church. We have placed flyer at Habitat for humanity store and various businesses in the community.

F.5. Provide a COMPLETE, detailed budget for THIS project in the budget chart below. List proposed City grant funds and other committed funds and 'in-kind contributions', donated professional services, fees and other resources that will be used to complete the project. List a detailed breakdown of individual items. Use specific descriptions, not broad categories. Remember, committed funds and/or in-kind services must equal at least 25% of your grant request.

Be sure to include verification documentation of all funds listed below as 'Committed' or 'In-Kind'. Commitments listed in the budget below that lack documentation will not be counted as commitments.

NOTE: Volunteer Hours may be calculated at \$12/hour.

Please provide at least one (1) quote for each item listed that you would purchase with this grant award in the above Budget under 'Expense/Description'. Each quote should list vendor/company with contact information

Program/Project Expense/Description	City Grant	Other Committed Funds and/or \$\$ Amount or In-Kind	Source of Other Committed Funds or In-Kind Services (Please provide written verification of Every in-kind service listed here from the "Source")
Medical exam table	\$900.00	\$0.00	
Scale with height rod	\$300.00	\$0.00	
EKG machine	\$1,350.00	\$0.00	
Desktop computer	\$380.00	\$0.00	
Computer desk with drawers	\$200.00	\$0.00	
Audiometer	\$800.00	\$0.00	
Chairs for patient	\$105.00	\$0.00	
Printer/Fax/Scanner	\$60.00	\$0.00	
Computer ink	\$45.00	\$0.00	
Infant Scale	\$50.00	\$0.00	
Vital signs monitor on wheels	\$640.00	\$0.00	
Flyers	\$100.00	\$0.00	
Signage	\$70.00	\$0.00	
	\$5,000.00	\$0.00	

G. Required Documents

Completed by mplot09@gmail.com on 12/26/2024 9:21 AM

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G. Required Documents

Please attach **ALL** the documents listed below to your application. Include a written explanation for EACH document not included:

Written explanation for missing documents:

No Board of Directors, Letters of Rec will send reference, No audit or fund donation

Documentation

Articles of Incorporation and By-Laws or Sunbiz.org copy [Division of Corporations - Florida Department of State](#)
Sunbiz.pdf

Federal Tax-Exempt determination letter and Employee Identification Number
EIN.pdf

List of Board of Directors with contact information
***No files uploaded*

Organizational Chart for your Organization
Organizational chart.pdf

Board of Director's authorization to apply for this grant
***No files uploaded*

Last three month's bank statements
combinepdf (5).pdf

Annual budgets for 2024-2025

Annual Budget 2024.pdf

Most recent audit report (if this is not available, provide written explanation)

***No files uploaded*

Matching funds and In-Kind Services commitment documentation

***No files uploaded*

Three (3) Letters of Support for this project

LOR.pdf

Copy of advertisement for program

Flyer.pdf

Pictures, Videos, Newspaper articles, and Thank-You letters, etc., as available, for your organization's work within the City of Fort Pierce.

png2pdf.pdf

Section 9-part B, under General Terms and Conditions, of your grant contract states that: The Subrecipient agrees to maintain racial, ethnic, gender, head of household, household income, and household size data showing the extent to which these categories of persons have participated in, or benefited from the project, and submit this information to the City in the monthly report.

Section 9 agreement.pdf

[Should your application be approved, your W-9 is required to ensure remittance of payment to your organization. Please fill out this form upon approval of your application.](#)

W9.pdf

Submit

Completed by mplot09@gmail.com on 12/26/2024 9:22 AM

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Submit Application

Once an application is submitted, it can only be "Re-opened" by an Administrator.

Applicant's Signature:

Margaret Lott, MD

Electronically signed by mplot09@gmail.com on 12/26/2024 9:21 AM

Date

12/26/2024

Admin Documents

No data saved

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Name: Margaret Lott - 2024

Address: 850 S 21st ST, Suite M, Fort Pierce, FL 34950

Admin Documents

Please provide the following information.

Documentation

Application Approval and/or Denial Letters

***No files uploaded*

Flood Zone Documents

***No files uploaded*

City/County Land Parcel documents

***No files uploaded*