

A. Organization Information

Completed by hello@coastalwellnesspt.com on 12/26/2024 8:10 AM

Case Id: 31253

Name: Coastal Wellness and Physiotherapy, LLC - 2024

Address: 1128 S 7th St, 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

Coastal Wellness and Physiotherapy, LLC

A.2. Mailing Address

1128 S 7th St Fort Pierce, FL 34950

A.3. Physical Address

1128 S 7th St Fort Pierce, FL 34950

A.4. Contact Person

Leah Sweat

A.5. Title

Owner

A.6. Best Contact Phone Number

(772) 206-0709

A.7. Email Address

leahsweat@coastalwellnesspt.com

A.8. Website Address

www.coastalwellnesspt.com

B. Organization History

Completed by hello@coastalwellnesspt.com on 12/29/2024 2:00 PM

Case Id: 31253

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Address: 1128 S 7th St, Fort Pierce, FL 34950

B. Organization History

Please provide the following information.

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

Coastal Wellness and Physiotherapy is a mobile full service physical therapy practice, consisting of two licensed therapists that provide treatments in client's homes. Our mission is to help the active Treasure Coast Community reach health, fitness and sport goals by optimizing movement, becoming pain free naturally. We feel passionately about keeping healthy adults in the gym/ sport that they participate in, and most importantly strengthening the aging population, building resiliency, and decreasing the impacts of comorbidities, allowing for a long and rich quality of life.

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

Coastal Wellness and PT was founded in 2020 by Dr. Leah Sweat, PT in response to noticing a need for high level active adults to be provided with quality physical therapy in order to keep them active and participating in life. At that time, Leah Sweat, PT, DPT had been practicing for 9 years and realized that MDs were giving advice to athletes/ active adults with pain to rest, chose another sport, and learn to live with the pain... essentially stop doing what they love! She began seeing patients on a part time basis, and has grown over the past 4 years to a full time practice, and was able to add an assistant.

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

As a physical therapist, we provide a variety of interventions to treat, rehabilitate, and pre-habilitate injuries, chronic conditions, delays in child development gross motor milestones. The interventions include soft tissue mobilization, stretching, joint mobilizations, exercise technique, body mechanics education, strengthening progressions, home exercise completion, functional activity and balance training (i.e. how to squat and pick up a case of water safely). We address pain, chronic illness including MS/ RA/ failed surgeries, acute injuries or post surgical patients, restore strength to the deconditioned, and provide extensive amounts of education on lifestyle, sleep, stress habits and how they impact the body's ability to heal. The therapists are certified in lymphedema treatment, LSVT for Parkinson's, and are well versed in spinal injuries, child development, neurological disorders, musculoskeletal injuries, and endurance athlete needs.

An evaluation is performed on the first session, taking into consideration all patient's needs, complaints, goals, and current health status; the therapists and patient discuss realistic potential outcomes and how we will achieve them, focusing on patient accountability to promote self management and healing through the facilitation of therapist intervention, and finally, create a plan for frequency and duration for scheduling.

We provide all the treatments in the comfort of the client's home, allowing for a full one-on-one hour session, maximizing results due to decreased interruptions in treatment session, full attention of therapist on patient performance and questions.

B.4. List all previous grants awarded by the City of Fort Pierce to YOU or any organization(s) you were previously or

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are currently associated with. If None, write N/A below.

Program Year	Amount	Purpose
2023-24	\$0.00	NA
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

NA

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

Coastal Wellness and Physiotherapy operates on a budget of approx \$142,000 annually.

We are funded on a fee for service basis via cash pay clients, Medicare reimbursements, and out of network insurance benefits.

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.

Other local physical therapy clinics are in operation and provide PT services, however do not provide mobile and one-on-one services. Coastal Wellness and PT utilizes similar interventions and techniques/ exercises that other local PT providers offer. We differ in providing mobile and on site (patient's office, gym, track, park) services to best meet the scheduling needs of the client. Patient's are able to maximize their time by not needing to factor drive time, waiting room time, therapist attention to get feed back or ask questions, and every session is catered to the patient's needs for that day. Interventions are geared toward the patient's level, and not a general program for all clients in the room. In a traditional setting, clinics are filled with various types of patients, multiple patients are seen at the same time, exercises are given to patient and the therapist walks away, etc. Physical therapy with Coastal is completely patient focused.

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

Coastal Wellness and PT Fitness Services Expansion

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:

Coastal Wellness and PT hopes to reach local active adult community members that are motivated to keep up an active lifestyle but are limited in their ability due to physical impairments, fear of additional injury, lack the knowledge to develop safe progressive activities for strength, balance, and function.

Targeted marketing strategies will be utilized including social media, handouts to be left with patients, placed in club houses in communities in Fort Pierce (i.e. High Point, various condos, etc), and distributed to various organizers for sport (pickle ball, golf, cycling).

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.arcgis.com)

As mobile therapists, we serve all of St. Lucie County, so the project will benefit all residences. However, with the expansion utilizing additional therapeutic equipment, Coastal Wellness will focus on fitness classes in the 34950 zip code, and providing opportunities for neighboring areas to join.

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.

Coastal Wellness hopes to reach 25-100 people per week with guided fitness classes, building the program to offer 2-3 classes per day for 5- 6 days per week. As a participant in our classes, income level will not be calculated by our facility, however use of Silver Sneakers program to allow for lower/ fixed income seniors to participate through their current insurance coverage. For potential participants without financial ability or insurance benefits, financial hardship forms will be provided and considered on a case by case basis.

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

Adults with disabilities, i.e. musculoskeletal impairments, neurological disorders i.e. Parkinson's/ CVA

D. Project Description

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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.

Our current health care model promotes reliance upon doctor visits to prescribe physical therapy interventions to patient's that have an injury or impairment; physical therapy performed will allow patient to return to daily function, but often does not challenge patient enough to achieve higher level function and prevention of future injury. Therefore, our active aging population, at best, struggles to maintain their activity level.

When illness or injury occurs, patients once again enter the cycle by visiting MD, heading back to PT and only reaching minimal daily goals; as both practitioners advise rest, and slowing down. This same population dreams of returning to the golf course, playing with their grandchildren, getting outside to work in their garden; but are afraid of reinjury, worsening their condition, or do not have the knowledge of how to progress safely to meet their physical goals.

Our community lacks the bridge between sickness and wellness, allowing patients to have guidance in progressing their resilience by improving balance, strength, endurance, capacity, and returning to thriving with enjoying their favorite activities. Patients are afraid to enter gyms and fitness centers due to the lack of knowledge on what is safe for their individual needs, they cannot afford personal trainers, and they are intimidated on the wealth of knowledge on the internet as to what does and doesn't apply to their condition. Patient's become bored with performing the same exercises at home by themselves, they lack community and encouragement that comes with community fitness and promoting wellness, and they end up becoming non-compliant and returning to the sickness model (MD>PT clinic)

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

By increasing Coastal Wellness and Physiotherapy's equipment supply, we will be able to promote wellness to a higher level within the patient homes, as well as expand to offering group fitness classes with a focus on clients that are seemingly caught in the current sickness model. The therapists at Coastal will be able to enhance their offerings in the home by guiding patients through high level strengthening, balance and coordination activities to promote longevity, return them to the fitness/ life activities they enjoy, and encourage long term compliance to prevent injury, decrease illness associated with multiple comorbidities, and improve overall quality of life. When additional equipment is available, licensed therapists will be able to guide in group fitness classes, allowing for modifications, education, patient comfort and compliance, improving safety to allow for clients to reach additional physical goals. In addition, specialty classes will be able to be offered including Parkinson's focused on LSVT/ kick boxing, balance focused, spine safety, etc.

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)

As mobile practitioners, the equipment will be utilized in each client's homes throughout Fort Pierce, St Lucie County and neighboring communities. Coastal's expansion to provide fitness classes will tentatively be held downtown Fort Pierce at Team Carvalho (113 Orange Ave, Fort Pierce, FL 34950), and potentially at Museum Point Park to promote outdoor activities (weather dependent).

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

This project will be measured by depth of individual patient success as outlined in their plan of care determined on evaluation, including objective PT outcomes like 30 sec or 5x Sit to Stand Test, Timed Up and Go test, Dynamic Gait Index Test, and BERG balance test (all indicators of strength and balance); in which all goals are to achieve lowest possible risk factor for falling, or perform as a normal community dwelling adult, generally set for a 6 week course of PT intervention from date of evaluation. The number of patients being seen per week is 50 for the clinic, and the fitness classes goal is more than 5, 1x per week, and adding an additional class on another each quarter; totaling 4 classes by Oct 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.)

The number of patients seen per week as well as the objective measures are tracked Coastal Wellness' documentation system, as required by medical records keeping. For the fitness classes, members will need to sign in, using name/ phone/ email in order to track attendance.

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.)

Our measurements will be based on number of unduplicated senior citizens new evaluations performed, number of sessions that each patient completes, and number of unduplicated participants in fitness classes each week.

E. Grant Request Information

Completed by hello@coastalwellnesspt.com on 1/4/2025 7:25 AM

Case Id: 31253

Name: Coastal Wellness and Physiotherapy, LLC - 2024

Address: 1128 S 7th St, Fort Pierce, FL 34950

E. Grant Request Information

Please provide the following information.

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

\$4,990.38

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

\$0.00

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

\$0.00

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

\$4,990.38

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:

The items will be purchased on an as able basis with slowly adding equipment as funds allow; the fitness class program will be paused until the equipment is purchased.

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?

NA

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

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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:

By enhancing the level of care of current and future patients, as well as providing safe progressive strengthening for community members, aging adults have the opportunity to improve their health, lifestyle, and participate in outdoor activities that Fort Pierce has to offer.

The goal of Coastal Wellness and PT is to heal patient's disability without use of prescription medication, to assist people in reducing pain level naturally and promoting ability to reduce use of pain medication (if already prescribed) with help of MD for changing dosage. Opioids are a common first defense in pain management, extensive education and promoting alternate activities to control pain so that opioids are not required, as the dangers significantly outweigh the benefits.

F. Project Specifics

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F. Project Specifics

Please provide the following information.

F.1a. Provide project initiation date below:

02/03/2025

F.1b. Provide planned project completion date:

12/31/2025

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

Patients that are on caseload that have insurance benefits to cover the treatment and possible fees associated with the private pay PT, and

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?

Coastal Wellness and PT serves all community members in need of physical therapy, maintenance therapy, etc; all clients are welcomed and treated equally no matter 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?

NA

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

Advertising will be available via Social media, small businesses downtown, various community clubhouses, select MD offices.

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")
bumper plates (2 sets) amazon	\$799.98	\$0.00	
exercise balance pad (2 pads) amazon	\$59.98	\$0.00	
aqua ball- adjustable water filled sphere (qty 2) amazon	\$68.88	\$0.00	
tidal tank classic- aqua bag with water (qty 2) amazon	\$138.00	\$0.00	
Medicine Ball- 10lbs (qty 2) amazon	\$79.98	\$0.00	
Medicine Ball- 6lbs (qty 2) amazon	\$68.78	\$0.00	
Medicine Ball- 8lbs (qty 2) amazon	\$103.98	\$0.00	
Hex Dumbbell Set- 5, 10, 15, 20 lbs (qty 2) amazon	\$239.98	\$0.00	
Kettlebell- 8kg (qty 2) amazon	\$89.98	\$0.00	
Kettlebell- 4kg (qty 2) amazon	\$62.78	\$0.00	
Resistance bands amazon	\$26.99	\$0.00	
Kettlebell- 12kg (qty 2) amazon	\$116.50	\$0.00	
Hex Dumbbell Set- 25lb (qty 2) amazon	\$139.98	\$0.00	
Squid Bands amazon	\$32.99	\$0.00	
Kettlebell- 6kg (qty 2) amazon	\$45.98	\$0.00	
Foam Soft Plyo Boxes- 4, 6, 20 in set (qty 2) amazon	\$929.98	\$0.00	
Foam Soft Plyo Boxes- 6, 12 in set (qty 2) amazon	\$559.98	\$0.00	
Flat Weight Bench (qty 4)	\$172.00	\$0.00	

amazon			
BOSU Core Sliders (qty 4) amazon	\$27.96	\$0.00	
TRX GO Suspension Trainer System (qty 2) amazon	\$279.90	\$0.00	
Barbell 6 ft (qty 3) amazon	\$389.97	\$0.00	
Slant board for knees over toes (qty 2) amazon	\$99.98	\$0.00	
Stretching Yoga Strap (qty 6) amazon	\$35.94	\$0.00	
Adjustable step (qty 2) amazon	\$95.98	\$0.00	
Pilates Ball 9 in (qty 4) amazon	\$39.96	\$0.00	
Yoga Block- 2 pack (qty 2) amazon	\$27.98	\$0.00	
Foam Roller- 12 in (qty 3) amazon	\$28.02	\$0.00	
Foam Roller- 36 in (qty 3) amazon	\$56.07	\$0.00	
Yoga 1 inch mat (qty 4) amazon	\$159.28	\$0.00	
Use of studio space- Team Carvalho- teamcarvalhotc@gmail.com	\$0.00	\$2,600.00	Use of weekly space (estimated at \$50/ week) for fitness classes at Team Carvalho downtown
	\$4,977.76	\$2,600.00	

G. Required Documents

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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:

List of Board of Directors, Board of Director's authorization- NA, no board of directors in organization

Most recent audit report- no audits performed to date

Copy of Advertisement- none yet for this project, as Coastal will need to hold project until funding available- can provide general advertisement for Coastal, if needed

Documentation

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

Federal Tax-Exempt determination letter and Employee Identification Number
ein_confirmation.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
WellsFargo_Oct.pdf
WellsFargo_Nov.pdf

WellsFargo_Dec.pdf

Annual budgets for 2024-2025

Coastal Yearly Budget.pdf

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

***No files uploaded*

Matching funds and In-Kind Services commitment documentation

Carvalho_letter.pdf

Three (3) Letters of Support for this project

Cangianelli_letter.pdf

Mock_letter.pdf

Moore_letter.pdf

Copy of advertisement for program

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

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Screen Shot 2025-01-04 at 7.44.02 AM.pdf

Screen Shot 2025-01-04 at 7.44.10 AM.pdf

Screen Shot 2025-01-04 at 7.44.18 AM.pdf

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Screen Shot 2025-01-04 at 7.45.10 AM.pdf

Screen Shot 2025-01-04 at 7.45.28 AM.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.

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[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.](#)

***No files uploaded*

Submit

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Submit Application

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

Applicant's Signature:

leah m sweat

Electronically signed by hello@coastalwellnesspt.com on 1/4/2025 7:53 AM

Date

01/04/2025

Admin Documents

No data saved

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Admin Documents

Please provide the following information.

Documentation

Application Approval and/or Denial Letters

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Flood Zone Documents

***No files uploaded*

City/County Land Parcel documents

***No files uploaded*