

**WEGOTCHU ENTERPRISES NPO, INC. – Wegotchu Salud Wellness Program**

**FY 2024-2025 City Grant Proposal Term Sheet**

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**Grant Recipient:** Wegotchu Enterprises NPO, Inc. (“Recipient”)

**Program Name:** Wegotchu Salud Wellness Program (the “Program”)

**City Funding Request:** \$100,000

**Contract/Grant Term:** October 1, 2024 – September 30, 2025

**Any substantial change to this FY 2024-2025 City Grant Proposal Term Sheet (the “Term Sheet”) or a budget change not within 10% of the attached Program budget line-items will require City Council approval.**

**PROGRAM OVERVIEW:**

Wegotchu Enterprises NPO, Inc. is a community-based organization that helps to provide resources where resources are not available. **Wegotchu™ Salud Health and Wellness Program** was created to spread and raise awareness of the individual struggles from members of the community with the focus on health and wellness. Wegotchu Enterprises, NPO, Inc., a 501(c) 3 (d/b/a Wegotchu Salud Wellness Program) serves as a linkage to medical care facilities in addition to a dedicated community resource center in Duval County that focuses on treating infectious diseases, including HIV/AIDS. We strive in the education, intervention, and prevention for Duval County residents that may have infectious diseases with guidance to a complete wellness plan for life. The funding request for this Program is intended to cover programmatic expenses and capital expenses in FY 2024-2025.

**Operational Plan**

Wegotchu Enterprises NPO, Inc. & Medtown Pharmacy as of April 2023, through the process of joint-venture/partnership have formed a community-based program titled – “Wegotchu Salud” (translation) “Wegotchu Health.”

The short-term plan is to build upon the foundation of the Program while maintaining financial sustainability to operate as an infectious disease clinic.

The long-term plan for Wegotchu Salud Program is and will continue to operate as a modern-day wellness clinic or sexual health clinic (SHC) that focuses on education, prevention, and treatment of infectious diseases.

**Market and Target Audience**

- Service Location: Jacksonville, Florida
- Target Market: Low-income individuals and families who are in need.
- Servicing underserved communities that suffer from high-risk health disparities.
- Focusing on serving undocumented population and newly arrived individuals and families with medical services and essential resources.

**PROGRAM SCOPE OF WORK AND DELIVERABLES:**

- Medical – Provide counseling and treatment for infectious diseases including HIV testing and linkage to care to better assist families and individuals who are in need to alleviate struggles of medical care, high

cost of living, childcare, transportation, employment while providing resources and supportive benefits for families and individuals.

- 90 Day Prep Program – PrEP is a unique HIV prevention strategie for people who are HIV negative but who have a higher risk of acquiring HIV, including sexually active adults at increased risk of contracting HIV, people who engage in intravenous drug use and or are sexually active. Wegotchu Salud Wellness Program emphasizes the important use of medications to prevent the spread of disease in people who have not yet been exposed to a disease-causing agent. This 90 Day Prep program provides the education and intervention along with all available resources that the program has to offer, including linkage to care for Duval County residents who may benefit at NO CHARGE (Free).
- Workforce Development – Members of the 90 Day Prep program along with members of the community who get tested, will receive the education and guidance to accessing a promising career.
- Financial Education – Members of the 90 Day Prep program along with members of the community who get tested, will receive financial education to enhance finances and achieve self-sufficiency.
- Income Support and Benefit Exploration – Members of the 90 Day Prep program along with members of the community who get tested will receive education on ways of how to receive eligible benefits including and not limited to housing, food, and financial social services.

#### **PROGRAM COSTS/PAYMENT TERMS:**

City funds shall be expensed in accordance with the approved budget and only for the benefit of Duval County residents. Funds will be disbursed on a reimbursement basis upon the City’s receipt and approval of required documentation including but not limited to paid invoices, cleared checks and bank statements.

Program Budget includes City funding for:

- Salaries: \$81,050 (Program Director, Medical Director, Registered Nurse, Case Manager and Community Engagement Officer)
- Rent: \$5,000
- Office Expenses: \$3,950
- Direct Client Medical: \$8,000
- Computer & Software (Capital): \$2,000

#### **PROGRAM IMPACT & REPORTING:**

##### **Program Offerings**

Wegotchu™ Salud is a Community-Based Outreach Organization and Infectious Disease Clinic offering primary HIV/AIDS services and resources for individuals who are in need.

Location of Services: 11643 Beach Boulevard, Unit C, Jacksonville, Florida 32246

##### **Objectives:**

- Building upon the foundation of the wellness clinic and Program while maintaining financial sustainability to operate as an infectious disease clinic.
- Provide members of the Program with free education, medication and treatment
- Provide members of the Program with linkage to care and essential resources to meet their individual needs.

- Gather important demographic information to be reported to Florida Department of Health while following Health Insurance Portability and Accountability Act (HIPAA)

**Success Indicators:**

- Allowance for any individual to receive free health care, education, and resources
- Preventing and treatment of sexually transmitted diseases
- Completion of Wegotchu 90 Day Prep Program (Sexual Education and Prevention) for members of the Program who receive linkage to care and resources.
- Validated reporting to Centers for Disease Control and Prevention (CDC) and to Florida Department of Health (CHD) for statistical purposes and to maintain proper guidance of policies and procedures.

The anticipated number of residents to be served by the Program and the projected Program impact on those residents of 32246 and the surrounding communities is 500+ members

Upon completion of the grant term, Recipient shall provide the City with a report detailing the number of individuals served and shall provide the results of a survey evaluating the effectiveness of the Program.

**ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:**

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the *Jacksonville Ordinance Code*, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet or the approved Program budget consistent with the Program's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

**FY2025 City Grant Application**  
**Proposed Funding Period: FY 2024-2025**

**FY 2025 City Grant - Complete Program Budget Detail**

**Lead Agency:**  
**Wegotchu Enterprises NPO, Inc.**  
**Program Name:**  
**Wegotchu Salud Wellness Program**

**Agency Fiscal Year:**  
 2024-2025

**BUDGET**

Categories and Line Items	Prior Year Prg Funding FY 2022-2023	Current Year Prg Budget FY 2023-2024	Total Est. Cost of Program FY 2024-2025	Funding Partners				
				Agency Provided Funding	All Other Program Revenues	City of Jacksonville (City Grant)	Federal/ State & Other Funding	Private Foundation Funding
<b>I. Employee Compensation</b>								
<b>Personnel - 01201 (list Job Title or Positions no names)</b>								
1 Program Director	\$0.00	\$11,800.00	\$11,800.00	\$0.00	\$0.00	\$13,800.00	\$0.00	\$0.00
2 Medical Director	\$0.00	\$24,800.00	\$24,800.00	\$0.00	\$0.00	\$26,800.00	\$0.00	\$0.00
3 Advanced Practice Registered Nurse	\$0.00	\$19,800.00	\$19,800.00	\$0.00	\$0.00	\$21,800.00	\$0.00	\$0.00
4 Case Manager	\$0.00	\$9,800.00	\$9,800.00	\$0.00	\$0.00	\$11,800.00	\$0.00	\$0.00
5 Community Engagement Supervisor	\$0.00	\$4,850.00	\$4,850.00	\$0.00	\$0.00	\$6,850.00	\$0.00	\$0.00
6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotal Employee Compensation</b>	<b>\$0.00</b>	<b>\$71,050.00</b>	<b>\$71,050.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$81,050.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Fringe Benefits</b>								
Payroll Taxes - FICA & Med Tax - 02101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Insurance - 02304	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Retirement - 02201	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Dental - 02301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Life Insurance - 02303	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation - 02401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Unemployment Taxes - 02501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Benefits - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotal Taxes and Benefits</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Employee Compensation</b>	<b>\$0.00</b>	<b>\$71,050.00</b>	<b>\$71,050.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$81,050.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>II. Operating Expenses</b>								
<b>Occupancy Expenses</b>								
Rent - Occupancy -04408	\$0.00	\$15,000.00	\$10,000.00	\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00
Telephone - 04181	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Utilities - 04301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Maintenance and Repairs - 04603	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance Property & General Liability - 04502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Office Expenses</b>								
Office and Other Supplies - 05101	\$0.00	\$1,200.00	\$13,200.00	\$12,000.00	\$0.00	\$1,200.00	\$0.00	\$0.00
Postage - 04101	\$0.00	\$800.00	\$1,800.00	\$800.00	\$0.00	\$800.00	\$0.00	\$0.00
Printing and Advertising - 04801	\$0.00	\$1,000.00	\$2,000.00	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00
Publications - 05216	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Staff Training - 05401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Directors & Officers - Insurance - 04501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional Fees & Services (not audit) - 03410	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Background Screening - 04938	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - Equipment under \$1,000 - 06403	\$0.00	\$950.00	\$950.00	\$0.00	\$0.00	\$950.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Travel Expenses</b>								
Local Mileage - 04021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Parking & Tools - 04028	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Equipment Expenses</b>								
Rental & Leases - Equipment - 04402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Fuel and Maintenance - 04216	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Insurance -04502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Direct Client Expenses - 08301</b>								
Client Rent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Utilities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Food	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Medical	\$0.00	\$8,000.00	\$16,000.00	\$8,000.00	\$0.00	\$8,000.00	\$0.00	\$0.00
Client Educational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Personal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Other (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Other (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Operating Expenses</b>	<b>\$0.00</b>	<b>\$26,950.00</b>	<b>\$43,750.00</b>	<b>\$26,800.00</b>	<b>\$0.00</b>	<b>\$16,950.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>III. Operating Capital Outlay (OVER \$1,000)</b>								
Machinery & Equipment - 06402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Computers & Software - 06427	\$0.00	\$2,000.00	\$4,000.00	\$2,000.00	\$0.00	\$2,000.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Capital Outlay</b>	<b>\$0.00</b>	<b>\$2,000.00</b>	<b>\$4,000.00</b>	<b>\$2,000.00</b>	<b>\$0.00</b>	<b>\$2,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Direct Expenses Total</b>	<b>\$0.00</b>	<b>\$100,000.00</b>	<b>\$118,800.00</b>	<b>\$28,800.00</b>	<b>\$0.00</b>	<b>\$100,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Percent of Budget</b>	-	-	100.0%	24.2%	0.0%	84.2%	0.0%	0.0%

Last Modified: 07/08/2024

All City Grant items listed must be included in the narrative section of the budget.

**Budget Narrative for Selected Items of Cost  
 FY 2025 City Grant Application  
 Program Budget Narrative (Max. 2 Pages)  
 Proposed Funding Period: FY 2024-2025  
 COJ Funding Only**

**Agency:** Wegotchu Enterprises NPO, Inc.

**Program Name:** Wegotchu Salud Wellness Program

**EXPENSES:** Please provide narrative description for all categories listed below for which you are seeking **City Funding Only**.

We have included those required elements in the spaces below. See instructions when listing personnel expenses.

Please feel free to add additional lines as necessary to provide explanations using the line insert feature.

**I. Employee Compensation** - (not related to costs of the office of the governor of a state or the chief executive of a political subdivision)

<b>Salary &amp; Wages</b>	<b>Personnel - 01201</b>
\$ 13,800	Program Director
\$ 26,800	Medical Director
\$ 21,800	Avanced Practice Registered Nurse
\$ 11,800	Case Manager
\$ 6,850	Community Engagement Supervisor

**II. Operating Expenses**

<b>Occupancy Expenses</b>	<b>Rent - Occupancy -04408</b>
\$ 5,000	

<b>Office Expenses</b>	<b>Office and Other Supplies - 05101</b>
\$ 1,200	Office Material - Paper, pens, etc.
\$ 800	Postage- Cost per year to send confirmed test to Tallahassee Department of Health Business Cards
\$ 1,000	Brochures Physical Advertising (Banners/Signage) Digital Advertising (Social Media)

<b>Equipment Expenses</b>	<b>Other - Equipment under \$1,000 - 06403</b>
\$ 950	Personal Protective Equipment (PPE)

<b>Direct Client Expenses</b>	<b>Direct Client Expenses - 08301</b>
\$ 8,000	HIV/AIDS Testing Kits by Sure Check from Chembio

**III. Operating Capital Outlay: Computers & Software - 06427**

\$ 2,000	Advanced MD - Medical Office Software
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