

**2020-2021
Public Service Grant Opportunity
Application**



Application Open Date – January 11, 2021

Application Due – 3:00pm, February 5, 2021

Grant Amount Requested: \$ _____



Date and Time Stamp

(Do Not Write in This Box)

2020-2021 PUBLIC SERVICE GRANT APPLICATION

Organization Legal Name: _____

Mailing Address: _____

Physical Address: _____

Contact Person: _____ Title: _____

BEST CONTACT Phone Number: _____ Email Address: _____

Website Address: _____

LEGAL STATUS OF ORGANIZATION:

() Incorporated, Not-for-Profit - Month and Year of incorporation/creation: _____

INCLUDE COPY OF CURRENT 501(c)(3) DOCUMENTATION FROM INTERNAL REVENUE SERVICE.

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Person Authorized to Sign on Behalf of this Organization. Signature Must Be Notarized.

_____ Today's Date: _____

Signature

Print Name: _____ Title: _____

Telephone Number: _____ Email Address: _____

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NOTARY STATE OF FLORIDA, COUNTY OF ST. LUCIE

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgements, personally appeared _____, who is personally known to me or produced _____, as identification, and acknowledged he/she executed the forgoing Agreement for the use and purposes mentioned in it and that the instrument is his/her act and deed.

IN WITNESS OF THE FORGOING, I have set my hand and official seal in the State and County aforesaid in this _____ day of _____, 20____.

NOTARY PUBLIC _____

My Commission Expires: _____

PLEASE SUBMIT ONE COMPLETE SCANNED APPLICATION via email to: grantsadministration@cityofortpierce.com



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PLEASE NOTE: INFORMATION MUST BE LEGIBLE.

1. Describe your organization and list your Mission Statement.

2. Describe your organization’s history and prior experience, including a description of programs/projects similar to the one you are applying for in this application.

3. 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:

<u>Program Year</u>	<u>Amount</u>	<u>Purpose</u>
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2019-20

2018-19

2017-18

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

4. If you have received funding from the City of Fort Pierce for Public Service projects in the past, please explain **HOW** the program/project described in this grant application is **NEW OR EXPANDED:**

5. What is your organization’s annual budget? Describe how your organization is currently funded.

6. Do the City of Fort Pierce and/other local organizations in Fort Pierce provide services similar to your agency?
If you answered Yes, how do your services compliment their offerings? If yes, explain.
How are your services different?

7. Project Name (please keep it short): _____



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Department of Housing and Urban Development (HUD) 2020 Income Limits								
Number of People Living in Household	1	2	3	4	5	6	7	8
Extremely Low Income	14,600	17,240	21,720	26,200	30,680	35,160	39,640	44,120
Very Low Income	24,350	27,800	31,300	34,750	37,550	40,350	43,100	45,900
Low Income	38,900	44,450	50,000	55,550	60,000	64,450	68,900	73,350

8. U.S. Dept. of Housing & Urban Development (HUD) National Objective Activities: (check one)
- Area benefit** activity (the activity benefits/is open to everyone in a particular low-income neighborhood or geography)
 - Limited Clientele** activity (particular individuals or households receive a benefit, and the majority of them qualify as low income)
 - Presumed Benefit** activity (the activity benefits a group of individuals presumed by HUD to qualify for a benefit: battered spouses, homeless, elderly, severely disabled adults, abused children, illiterate adults, persons with HIV/AIDS, or migrant farm workers)
9. Which National Objective(s) shown below does your project/program(s) meet?
- 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.
10. Beneficiaries from National Objective Activities (#8 Above)
- A. 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:
 - B. 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.
 - C. If the project will benefit **“Limited Clientele”**, list the approximate number and percentage of total persons assisted through this project/program who will be Low to Moderate Income (LMI) and how their income level will be determined.



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D. If a project will provide a “**Presumed Benefit**”, please identify the group(s):

- | | |
|---|---|
| <input type="checkbox"/> Abused Children | <input type="checkbox"/> Illiterate Adults |
| <input type="checkbox"/> Lower Income Senior Citizens | <input type="checkbox"/> Migrant Farm Workers |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Persons with HIV/AIDS |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Severely Disabled Adults |
| <input type="checkbox"/> Lower Income Youth | <input type="checkbox"/> Severely Disabled Children/Youth |
| <input type="checkbox"/> Other _____ | |

11. Describe the existing problems or needs to be addressed by this program/project.

12. Describe your proposed project’s activities and how they will address the problems/needs you listed in #11 above.

13. List the physical addresses where your proposed project activities (listed in #12 above) will take place. Use street addresses within the City limits of Fort Pierce.

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

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

16. Briefly describe measurements of outcomes for each of the activities listed in #12. (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, etc.)



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17. Amount of Grant Funds requested in this application: _____
Amount of other funds secured for this program/project: _____
Amount of other funds earmarked for the program/project: _____
Total amount needed to complete this program/project: _____
18. 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:
19. 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?
20. Select every qualifier below that best describes your project.
- Improve or enhance education opportunities
 - Improve or enhance job training opportunities
 - Improve or enhance employment opportunities
 - Promote cultural diversity
 - Promote outdoor activities and a healthy lifestyle
 - Spur interest and participation in neighborhood improvement activities
 - Encourage citizen involvement and leverage resources to revitalize low and moderate-income neighborhoods
 - Encourage partnerships between City Hall, residents and other community organizations that will result in projects and activities that benefit a community
 - Instill and foster community pride
 - Promote neighborhood beautification and revitalization
 - Promote activities that protect the environment
 - Discourage adverse activity such as crime, drug use, and vandalism
 - Inspire and support the healthy development of youth



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21. Write an explanation below of **how** your project will perform **each** qualifier you selected above:
22. Date project to begin: _____
Date project to be completed: _____
23. Describe any participant fees that will be required as part of this project/program. Please see “New for Program Year 2020-2021” on Page 4 of the Grant Guidance.
24. Applicants must demonstrate that the selection of participants is an objective process and Grant Recipient may not limit participation on the basis of race, gender, nationality, ethnicity, religion, creed, or disability. How will your project comply with this expectation?
25. 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?
26. List the locations throughout the community, as well as online, where your program is advertised:



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26. 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 will 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 <u>Every</u> in-kind service listed here from the “Source”)
TOTALS	\$	\$	
(use more lines/pages as necessary)			



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27. Organization Staff and Volunteers

Please complete the information listed below for ***each person*** in your organization who will work on **THIS** project and the percentage of time they will dedicate to the project, including all volunteers.

Name #1
Telephone Number
Email Address
Organization Position
City of Residence
Qualifications
Professional Licenses
Role in Project
% of Time Dedicated to Project

Name #2
Telephone Number
Email Address
Organization Position
City of Residence
Qualifications
Professional Licenses
Role in Project
% of Time Dedicated to Project

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

- Articles of Incorporation and By-Laws or Sunbiz.org copy
- Federal Tax-Exempt determination letter and Employee Identification Number
- List of Board of Directors with contact information
- Organizational Chart for your Organization
- Board of Director's authorization to apply for this grant
- Last three month's bank statements
- Annual budgets for 2020-2021
- Most recent audit report (if this is not available, provide written explanation)
- Matching funds and In-Kind Services commitment documentation (Budget, #26)
- Three (3) Letters of Support for this project
- Copy of advertisement for program
- Newspaper articles, and Thank-You letters, etc., as available, for your organization's work within the City of Fort Pierce.

END OF 2020-2021 PUBLIC SERVICE GRANT APPLICATION