



**COMMUNITY GRANT PROGRAM (CGP)**

**FISCAL YEAR 2013-2014 APPLICATION**

**Application Instructions**

- Complete the entire packet and answer all questions.
- Do not leave any questions blank or unanswered.
- If a question is not applicable to your organization, write “N/A”.
- If you need more space than provided, attach additional pages.
- Submit one original and nine (9) copies (a total of 10 applications).

**Section 1: Organization Information**

Name of Organization	
Name/Title of Organization Director	
Physical Address	
Mailing Address, including ZIP Code (if different)	
Telephone #	
Fax #	
Email Address	
Website Address	
In what year did your organization begin operating?	
In what year did the program(s) and/or service(s) for which you are requesting funding begin operating?	
Do you have any affiliations or partners (national, state and/or local)? If yes, please attach a list.	

Please attach the following, **if applicable:**

- 501(c)(3) Letter from the IRS;
- Current Consumer's Certificate of Exemption from the FL Dept. of Revenue, or other information from the State of Florida confirming that your organization is currently a Florida Registered Nonprofit Organization;
- Current Not-For-Profit Corporation Annual Report to the State of Florida;
- Current Business Tax Receipt;
- List of the Names of the Board of Directors;
- Articles of Incorporation;
- By-Laws;
- Organization Mission Statement;
- The Organization's current fiscal year operating budget;
- The Organization's audited financial statements for the most recent completed fiscal year including the organization's auditor's report signed by the external auditors, OR one of the following alternatives:
  1. If audited financial statements are not available, submit the financial statements reviewed by the organization's external auditors for the most recent completed fiscal year.
  2. If neither audited, nor reviewed, financial statements are available, submit the compiled financial statements for the most recent completed fiscal year endorsed by two signing officers of the organization's Board of Directors.
  3. If none of the above are available, submit financial statements for the most recent completed fiscal year, endorsed by two signing officers of the organization's Board of Directors.

## **Section 2: Contact Person Information**

Name/Title of Contact Person (overseeing grant for this program)	
Telephone #	
Fax #	
Email Address	
Mailing Address (if different)	

### **Section 3: Program Description**

1) Provide a brief summary of the program or service for which you are requesting CGP funding. **[Please address sections a); b) and c) below, as applicable]:** \_\_\_\_\_

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a) Does your program or service have a healthcare component?

Yes  No. If yes, please attach a detailed list of services.

b) Does your program or service have an educational component?

Yes  No. If yes, please attach a detailed program curriculum.

c) Is your organization faith based?

Yes  No. If yes, please see Section 7, #8.

2) Is your organization aware of any community residents opposing your program or service?  Yes  No.

If yes, please tell us how your organization responded (attach additional sheet, if necessary): \_\_\_\_\_

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### **Section 4: Statement of Need**

1) Identify the issue or need that this program or service will address in the City of Gainesville: \_\_\_\_\_

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2) Identify the residents you plan to serve through this program or service (check all that apply):

a.  Homeless Persons/Families

b.  Needy Individual/Families

c.  Youth

d.  Other (please specify): \_\_\_\_\_

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## **Section 5: Funding Request/Proposed Program Budget**

Please use the table below to complete your organization's funding request and proposed program budget:

<b>Proposed Program Budget/Funding Request</b>				
<b>Service</b>	<b>Units of Service</b>	<b>(A) Maximum \$ Reimbursed per Unit of Service</b>	<b>(B) Proposed Units</b>	<b>(C) Total Maximum \$ Reimbursed Per Service (Equals A x B)</b>
<b>Meals/Food Distribution</b>	Meals Served	5		
<b>Temporary Housing</b>	Person-nights	20		
<b>Health Care</b>	Visits to a Dr., Dentist, Nurse or Therapist	25		
<b>Transportation</b>  Note: (CGP funds cannot be used in conjunction with, or as a match for, any discounted or subsidized RTS bus pass program)	Car and/or Van Trips	5		
	Monthly, Full-Fare, RTS Bus Passes	35		
<b>Utility Payment Assistance (one time per year)</b>	Individual/Family	200		
<b>Youth Programs</b>	Person-sessions	10		
<b>ESOL</b>	Person-sessions	10		
<b>Veterinarian Care</b>	Visits to a Veterinarian	20		
<b>TOTAL (must not be more than \$3,000)</b>				

NOTE: Grant recipients must maintain & submit logs of services provided. The grant recipient logs must record the name and address of who was served, when they were served and where they were served.

**Section 6: Projected Residents Served (City Residents Only)**

Does your organization plan to use other funding sources to expand programs and/or services listed in Section 5 above?

Yes  No. If yes, please provide the approximate number of City residents that will be served with these expanded programs and/or services.

<b>Program/Services</b>	<b>Residents Proposed to be Served with CGP Funds (insert numbers from Column B of Proposed Program Budget, in Section 5)</b>	<b>Residents Proposed to be Served with Other Funds</b>	<b>Total Residents Projected to be Served</b>
Meals/Food Distribution			
Temporary Housing			
Health Care			
Transportation (car/van trips)			
Transportation (bus passes)			
Utility Payment Assistance			
Youth Programs			
ESOL			
Veterinarian Care			
<b>TOTAL</b>			

## **Section 7: Certification**

I certify that the information provided in this Community Grant Program Application is true and accurate. Additionally, I certify that I have read and understand the requirements of the Community Grant Program; and I agree that the applying organization, which I represent, will abide by those requirements, including, but not limited to, the following:

1. Prior to the disbursement of funds, grant recipients must certify, through a signed acknowledgement, that they are complying with the program requirements.
2. The City reimburses the grant recipient based on actual services provided, up to the awarded amount. All grant recipients must submit a reimbursement request for services provided.
3. All services must take place within the City and are intended for City residents.
4. Grant recipients cannot charge for services funded by the grant.
5. Funds are to be used for services, not capital improvements.
6. Grant recipients must comply with Title VII of the Civil Rights Act of 1964 and the City's Discrimination Ordinance, Chapter 8 of the City's Code of Ordinances, to assure that no person is excluded from participation or denied the benefits of any program or service on the basis of race, color, gender, age, religion, national origin, marital status, sexual orientation, disability or gender identity.
7. The organization must be in compliance with all local, federal and state laws and also in good standing with any loan agreements, zoning requirements and payments for Gainesville Regional Utilities services.
8. Grant funding may only be used to assist in provision of the identified services. Grant recipients may not use those funds to promote the religion of the provider or any other religion, or provide religious indoctrination or engage in any religious ritual as part of, or related to, the services funded by the grant.
9. Community Grant Program funds may be used to expand existing eligible programs, but shall not be used to replace or substitute for existing City funding.
10. Organizations must re-apply each year. There is no guarantee of on-going funding for services.

**Date:**

**Organization Name:**

**Name:**

**Title:**

**Signature:**

**NOTE: Applicants must be approved by the applicant/agency's board of directors (if applicable) and signed by an authorized representative.**