



City of St. Cloud
Community Support Grant Application
Fiscal Year 2019-2020
DEADLINE IS 5:00 PM, August 31, 2019

ANNOUNCEMENT: THE CITY OF ST. CLOUD WILL ACCEPT COMMUNITY AGENCY GRANT APPLICATIONS:

BEGINNING - July 1, 2019 - 12:01 AM
DEADLINE - August 31, 2019 - 5:00 PM

Applications may be obtained on the City of St. Cloud website: www.stcloud.org. Non-profit, 501c3, Human Service Agencies may submit more than one application; however, each application and the required components must be submitted separately. A complete application requires one (1) **signed** original application, single sided, in a manila folder (no envelopes), one (1) copy, single sided, of signed original application package in a manila folder (no envelopes) and one (1) electronic copy, single sided, in PDF format via email to grants@stcloud.org. ALL components of the application must be received no later than 5:00 pm on August 30, 2019. Incomplete and late applications will not be accepted. The original completed application and required copy must be mailed or delivered to:

Grants Division
City of St. Cloud
1300 9th Street
St. Cloud, FL 34769

By submission of an application, the submitting agency agrees and understands the following; one and/or both may occur:

- 1. Application may require an in-person presentation to Council.** It is the prerogative of the Council to request specific agencies make a 5 – 10 minute presentation to accompany their application. If requested, an additional notification is sent to those agencies.
- 2. Application may require an in-person visit to the requesting agency.** It is the prerogative of the Council (and/or their designee) to visit any applying agency in order to familiarize the Council with the day to day activities of the agency.

For questions regarding the application you may call 407-957-7352 or email grants@stcloud.org. Florida has a very broad Public Records Law. E-mails to this entity or its employees may be considered a public record. Your e-mail communication, including your email address may be disclosed to the public and media at any time.



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Application Instructions:

Section I – Administrative Information

- Please enter all information as accurately as possible.
- The Executive Director/President name should be the same as the person signing the application on page 1.
- The Application Point of Contact is the name of the individual completing the application and can be reached should any questions arise.
- The mailing address is where any grant forms/agreements/checks will be mailed.
- The office address is the agency's primary physical location.
- Percentage of funds an agency uses for administrative costs versus actual services. **This amount should reflect the Overall position of the agency revenues; the amount used towards actual programs and services versus the amount used for administrative costs to include salaries, benefits, and other operating costs. To determine this go to page 10 of the Form 990 – Statement of Functional Expenses, go to line 25 (total functional expenses) divide column B (program services) by column A (total expenses) then multiply by 100. That percentage is the organizations's spending directly on programs and services.**

Section II – Program Information

Questions 1 – 8 are *specific to the project/program/equipment for which you are requesting funding*. Do not include overall agency data in this section.

Section III – Budget

Question 9, sections A, B & C are *specific to the project/program/equipment for which you are requesting funding*. Provide the budget for the requested funds; only included the budget information for the specific amount of funds requested.

Section IV – Agency Information

Questions 10 – 15 are *questions regarding the overview of the organization as a whole*.

Section V – Attachments

A. Executive Summary should include the following elements regarding the organization's mission and project, labeled Attachment A on your letterhead:

- What are your organization's identity and mission? Identify yourself clearly.
- What is the proposed program/project title, purpose, and who will it help? Describe the specific need you're meeting and objectives.
- Why is the project important?
- What will the project or proposal accomplish?
- Why should **your** organization do this program (as opposed to any other group)?
- How much will the total project cost? How much are you asking from this funder?
- No more than 2 typed pages
- No photos or other items, text only.

B. List all other funding sources received by your agency for your last fiscal year, labeled Attachment B on your letterhead. – Please see question 10 on page 6.



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- C. 501c3 Certification – Please attach a copy of the Organization’s 501c3 certification labeled Attachment C.
- D. Form 990 – Attach a copy of the Agency’s for 990 Department of Treasury Internal Revenue Service Return of Organization Exempt from Income Tax: Part 1 Summary Pages with Signature.
- E. Attach a copy of the most recent
 - a. Statement of Financial Position (Balance Sheet) as filed with the IRS.
 - b. Statement of Activities (profit & loss or Income Statement) as filed with the IRS.**Please do not include a certified financial audit only the requested pages above.*
- F. Other supporting documentation (not listed above) in support of your request. No more than a total of 25 pages for entire application.

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Section I – Agency’s Overall Administrative Information

Agency Name: _____

Mailing Address: *(if awarded, this is where your grant agreement and check will be mailed)*

Office Address (if different than mailing):

Agency Telephone Number: _____

Executive Director/President: _____

Email address: _____

Application Point of Contact (if different from above): _____

Email address: _____ Phone Number: _____

Agency Website (if available): _____

Percentage of Agency Revenues used towards: *This amount should reflect the **overall** position of the agency revenues; the amount used towards actual programs and services versus the amount used for administrative costs to include salaries, benefits, and other operating costs.*

Actual Service: _____% *Administrative Costs:* _____%

Type of Legal Entity: Non-profit For profit Tax ID (FEIN) Number: _____

Inaugural year of organization? _____

Agency’s Fiscal Year: _____ to _____
(mo/day) (mo/day)

Your signature confirms that all required documentation as listed in the application instructions/checklist has been included. Furthermore, any incomplete applications may be considered null and void and are not eligible for funding consideration. By signing you confirm that you/the agency is in agreement with the Community Agency Grants application process and if awarded understand your agency is subject to a visit conducted by the St. Cloud City Council and/or its designee and/or submission of application may require an in-person presentation to Council. In addition, you agree to complete a final summary report detailing the use of any awarded funds and any agency not complying with this requirement will be ineligible to apply for the next funding cycle.

Signed:

_____ Date: _____
Executive Director/President’s signature



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Section II – Program Information

1. Name of Specific program/project/event/equipment for which funding is requested:

2. In a few short sentences please provide the objective for your funding request:

3. Amount Requested for the 2019-2020 budget year:

\$

4. Who will benefit from this grant request: _____

5. Number of individuals this program/project/event for which you are requesting will serve:

# served in Incorporated City of St. Cloud	# served in Unincorporated Osceola County	# served in Incorporated City of Kissimmee	# served outside Osceola County	TOTAL # served for all areas

6. What community needs will this project address?



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7. Other funding sources:

a. Have you applied for other funding sources/grants for this project/program for the 2019/2020 budget year?

Yes No (Please circle)

b. If yes, total of other grant funds/sources requested for this project/program:

\$ _____

8. If your agency received grant funds from this program last year please identify:

- a. How the Community Agency Grant Funds were utilized?
- b. Were they used for purpose in which they were awarded?
- c. If not, please indicate why not.



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9. Provide the budget for the requested funds; only included the budget information for the specific amount of funds requested.

A. Salaries and Fringe Expenses:

Title	Salary Per Hour	Number of Hours	FICA	Benefits/ Fringe	Total Salary and Benefits	Amount of funds requesting
Salary & Fringe Totals	\$	\$	\$	\$	\$	\$

B. General and Administrative Expenses: (intangibles)

QTY	Item Description	Price per each	Subtotal
Total Administrative Expenses		\$	\$

C. Equipment, materials, supplies expenses: (tangibles)

QTY	Item Description	Price per each	Subtotal
Total Equipment, Materials, Supplies Expenses		\$	\$

D. Other Expenses not included in above:



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QTY	Item Description	Price per each	Subtotal
	Total Other Expenses	\$	\$

Salary & Fringe Expenses	\$
Administrative Expenses Total	\$
Equipment, Material & Supplies Expenses Total	\$
Other Expenses Total	\$
Grant Request	\$



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10. Please provide total amount of ALL grants/funding sources received by the Agency last fiscal/annual year. Please list all funds (donations, other grant awards, fundraisers, sponsorships etc.) on a separate sheet as attachment B. \$ _____ TOTAL

11. Number of Paid Employees: _____

12. List the titles, names and salary of the top five (5) paid employees of your Agency; please provide a grand total:

Employee Name	Title	Salary
	Salary Total	

13. Names and title of Board of Directors: (If more space needed please continue on back of page)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____
- 13) _____
- 14) _____
- 15) _____



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14. Agency’s Board approved Mission Statement:

Section V - Attachment Attachments *(Please Read Carefully)*

A. **Executive Summary** – On your letterhead, provide an Executive Summary of your program; as an attachment no more than 1 page. **Be sure to label as attachment A* (Initial) _____

B. **Other funding Sources** - On your letterhead list all other funding sources from item #10 on page 2 for the last fiscal/annual year including: donations, other grant awards, fundraisers, sponsorships etc. (Initial) _____

C. **501c(3) Certification** (Note: If a Public School Agency, you must provide the Certificate and Umbrella # of the school or the application will not be considered) (Initial) _____

D. **Form 990** Pages 1 (signature page) and Page 10 Statement of Functional Expenses

If you do not file a Form 990, please provide the following:

Current Financial Statements to include:

- a. Statement of Financial Position (Balance Sheet) as filed with the IRS.
 - b. Statement of Activities (profit & loss or Income Statement) as filed with the IRS.
- *Please do not include a certified financial audit only the requested pages above.*

(Initial) _____

E. Other supporting documentation (not listed above) in support of your request (Initial) _____



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Application Checklist

1) Must return all six (8) pages of application, including this page and required attachments (see page 7).
(Initial) _____

2) **Completed submission** must include the following:

- One (1) **signed** original, single sided, application in a manila folder (no envelopes)
- One (1) copy, single sided, of complete application package in a manila folder (no envelopes)
- One (1) electronic copy, single sided, in PDF format via email to grants@stcloud.org.
- **DO NO USE:** cover pages, staples, paper clips, binder clips, report covers, presentation binders of any kind, cover pages/sheets or separator sheets. (Initial) _____

All application components must be received no later than **5:00 pm, August 31, 2019**. Applications may be mailed or delivered to:

**Grants Division
City of St. Cloud
1300 9th Street
Bldg. A, 2nd floor
St. Cloud, FL 34769**

All attached documentation must be labeled with corresponding letter (A- E) as listed under ‘Supporting Documentation’. All submissions must include items A-D, attachment E is optional; completed application is limited to a maximum of 20 pages. (Initial) _____

- **All attached documents must contain the non-profit agency ‘header’** indicating the agency name or printed on letterhead. (Initial) _____
- **Do not remove the heading/ Do not change any wording** on the application or attachments. All forms and questions are the same for each applying agency. Any changes to the verbiage may cause the application to be null and void. Additional lines may be inserted for each section as necessary. (Initial) _____
- If awarded funds, agencies will be required to complete a final summary report of the use of funds. These reports must be submitted no later than June 30, 2020. The Project must be complete and all funds utilized along with a submitted final summary to be eligible for application in the next funding cycle. (Initial) _____
- By submission of an application, the applying agency agrees and understands the following; one and/ or both may occur:
 - a. **Application may require an in-person presentation to Council.** It is the prerogative of the Council to request specific agencies make a 5 – 10 minute presentation to accompany their application. If requested, an additional notification is sent to those agencies. (Initial) _____
 - b. **Application may require an in-person visit to the requesting agency.** It is the prerogative of the Council (and or their designee) to visit any applying agency in order to familiarize the Council with the day to day activities of the agency. (Initial) _____