



## DIGITAL DIVIDE SURFLAKELAND GRANT PROGRAM

### APPLICATION

PROGRAM YEAR 2019-2020

#### I. AGENCY INFORMATION:

AGENCY NAME:

STREET ADDRESS:

MAILING ADDRESS:

TELEPHONE:

EMAIL:

DIRECTOR:

PRESIDENT or  
CHAIRPERSON:

AGENCY MATCH:

\$

Recommended; but not required

I have examined the information included in this application and hereby certify that, to the best of my knowledge and belief, the contents are true, accurate and complete. The Agency is a 501c(3) non-profit organization and the agency's Board of Director approved this application for submission

\_\_\_\_\_  
Executive Director

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Board President/Chairperson

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



## GENERAL INSTRUCTIONS

- 1) Submit one **(1) original** application to include the following:
  - a. A copy of the IRS 501(c)(3) non-profit approval letter
- 2) Provide four **(4) copies** of the **original** application only.
- 3) Attach **one set** only of the agency's financial statements for previous year period.

**Deadline for filing is 4:00 p.m. on Friday, January 10, 2020.**

### CERTIFICATION OF AVAILABILITY OF DOCUMENTS

The above signed hereby certifies that the following documents are on file in the administrative offices of the Applicant and will be available for inspection by the City of Lakeland and its authorized representatives at any time during the term of this project. The City of Lakeland reserves the right to audit the financial records applicable to the project and/or agency.

1. Certificate of Incorporation (currently active)
2. List of Board of Directors and Officers of the Agency
3. Personnel Policies and Procedures Manual
4. Organization/Staffing Plan and Position Descriptions
5. Financial Procedural Manual
6. Interagency Agreements Pertinent to this Project, if applicable
7. Financial Records of Agency and/or Project.
8. Appropriate Florida Department of Revenue Consumer's Certificate of Exception.



**II. ORGANIZATIONAL INFORMATION**

A. Agency Mission Statement Summary:

**III. PROJECT INFORMATION**

A. Staff Person who will administer the Project (name, title, phone and email):

B. Describe the location and facility or facilities proposed for SurfLakeland installation:

C. Describe the Organization's clients (by age and income); those that will be served by SurfLakeland WiFi:



D. Estimate the weekly number of SurfLakeland users expected:

E. What is the Agency's proposed use and reach of SurfLakeland WiFi:

F. Indicate Agency's additional financial commitment to the project, if any: