

CITY OF LAKELAND
PUBLIC SERVICE GRANT
APPLICATION

I. APPLICANT INFORMATION

AGENCY NAME:

STREET:

MAILING:

TELEPHONE:

EMAIL:

DIRECTOR:

PRESIDENT or
CHAIRPERSON:

AMOUNT OF FUNDS REQUESTED: \$

TYPE OF AGENCY:

Community-Based Start-Up/Grass Roots (operating less than 2 years) -- up to \$5,000

Experienced (operating 2 years or more) -- up to \$30,000

TYPE OF ACTIVITY TO BE FUNDED BY THIS REQUEST: **(Choose only 1 (one)):**

Child Care

Homeless Citizens Service

Drug Abuse Counseling/Treatment

Public Safety Service

Education

Recreation

Fair Housing Counseling

Senior Citizens Service

Health Care

Special Need (physically/mentally challenged)

CERTIFICATION BY AUTHORIZED AGENCY OFFICIALS:

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 Applicant is a 501c(3) non-profit organization and the agency's Board of Directors 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. The project budget (complete Section IV of this application or provide as an attachment)
- b. A copy of the IRS 501c(3) non-profit approval letter

2) Provide five (5) copies of the original application only. (Pages 1-8)

3) Attach one set only of the agency's financial statements for previous two-year period.

NOTE: Up to two (2) additional blank pages may be attached at the end if more space is required (one-sided only).

Please do not modify original application. Application must be complete, on time, and signed appropriately.

For technical assistance, please contact the Housing Programs Supervisor at (863) 834-3360 or email to annie.gibson@lakelandgov.net or adena.kniss@lakelandgov.net.

Deadline for filing is 4:00 p.m. on Friday, March 26, 2021

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. Articles of Incorporation and Bylaws
3. List of Board of Directors and Officers of the Agency
4. Personnel Policies and Procedures Manual
5. Organization/Staffing Plan and Position Descriptions
6. Pay Plan for all Positions
7. Financial Procedural Manual
8. Current Health & Safety Inspection Certificates, if applicable
9. Interagency Agreements Pertinent to this Project, if applicable
10. Financial Records of Agency and/or Project.
11. Audit Financial Report if federal funding is \$500,000 or more.
12. Board Minutes and Attendance Records.
13. Appropriate Florida Department of Revenue Consumer's Certificate of Exception.
14. Homeless Management Information System (HMIS) Reports for funding.
HMIS participation is mandatory for homeless service providers.

II. ORGANIZATIONAL INFORMATION

A. Agency Mission Statement:

III. PROJECT INFORMATION

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

B. Summary of Project

Project Title:

New

Existing

Project Timeline:

Project Summary (in 1 sentence):

Target population:

Number to be served:

C. Describe the Project objectives and how funds will be used.

D. Describe the need for the project and how it will complement those provided by the City of Lakeland or other local agencies (reference the results of a needs assessment performed by a local, federal or private organization).

E. Indicate target areas, by census tract, where the proposed project will be undertaken. Explain how it will primarily benefit low and moderate income persons and include an estimate of the number of persons or households to be served, using a breakdown by age and activity location.

F. Indicate all sources of other funding for this project, including "in-kind" services (list values and dollar amount on Project Budget page). Attach copies of letters of commitment.

G. Describe the impact the requested funding will have, such as a change in the level of service, character of service, or the project itself.

H. Is the organization currently receiving cash or in-kind services from the City of Lakeland? If so, describe the services and provide the actual or estimated value of the cash/service.

IV. PROJECT BUDGET (list all projected expenses for the proposed project)

| Expense CATEGORY | Expense DESCRIPTION | City Grant AMOUNT | Other Funds ORGANIZATION NAME | Other Funds AMOUNT | PROJECT TOTAL |
|------------------|---------------------|-------------------|-------------------------------|--------------------|---------------|
| Printing | | | | | |
| Postage | | | | | |
| Prof. Fees | | | | | |
| Salaries | | | | | |
| Salaries | | | | | |
| Salaries | | | | | |
| Salaries | | | | | |
| Supplies | | | | | |
| Supplies | | | | | |
| Supplies | | | | | |
| Supplies | | | | | |
| Travel | | | | | |
| Other | | | | | |
| Other | | | | | |
| Other | | | | | |
| Other | | | | | |
| Other | | | | | |
| | | \$ | | \$ | |

NOTE: 'Other Funds' would include donations (cash or in-kind), United Way allocations, fund raising, investment income, and other federal and state grants. Please attach additional detail for items listed, if necessary.