



City of Homestead

COMMUNITY REDEVELOPMENT AGENCY

Enhancing your Community

NON PROFIT GRANT POLICIES AND PROCEDURES

APPROVAL PROCESS

Grant Proposals will be accepted by the CRA and reviewed on a first-come, first-serve basis. CRA Staff or designated committee will evaluate the Grant Proposals to determine funding and will make recommendations to the CRA Board for approval. Funding will be assigned to complete proposals based on the following four (4) categories:

1. qualifications of the organization to complete the project
2. if the organization' objective meets the goals of the CRA Plan
3. the need for the proposed project within the community
4. the anticipated impact of the project in the area

GRANT PROPOSAL REQUIREMENTS

To be considered for CRA funding please submit your organization's proposal and adhere to the following guidelines:

1. Illustrate the history of your organization by including the following: the beginning of the organization, list of current officers, directors, board members, background of the organization's leadership, 2010 completed projects and, actual/future plans.
2. Explain the organization's mission and operation and how this program effectively correlates with the goals of the CRA Plan.
3. Describe the needs of this project in the area based on your current work; analyzed data; existing community plans; or any other additional information that will support your request.
4. Explain how you currently fund the organization's activities and how the organization plans to use the CRA Grant funds. List any additional funding you are currently receiving and/or requesting from other entities. Provide a list of grant or loan funding sources and amounts received the past three (3) years.
5. Illustrate the organization past accomplishments and success of the program and initiatives.



CHECKLIST OF DOCUMENTATION TO BE PROVIDED

REQUIRED INFORMATION

(Failure to provide the following information may render the applicant's grant application incomplete)

| YES | NO | DESCRIPTION |
|-----|----|---|
| | | Completed grant application. |
| | | Detailed grant proposal that conforms to the objectives of the City. |
| | | Provide a list of key organizational staff, including titles and functions. |
| | | Verification of tax-exempt status under Section 501 (c) (3) of the IRS Code. |
| | | Photographs of the location or the planned program or activity. |
| | | If grant funds are to be utilized for physical improvements to a leased property, please provide a copy of the lease agreement. |
| | | For rehabilitation projects, provide a copy of the Property Insurance Policy. |
| | | Provide one (1) copy of audited financial statements for FY 2011. |
| | | Detailed budget for the proposed project or program and organization's current year operations budget. |

(FOR OFFICIAL USE ONLY)

Date Application Received: _____

COMMITTEE DECISION: Approved: _____ Denied: _____ Returned Incomplete: _____

Grant Amount Approved: _____ Authorizing Signature: _____



ORGANIZATION INFORMATION

Name of Entity (if applicable) _____ Contact Name _____
Fictitious Name (if applicable) _____ Title _____
Work Telephone () _____ Alternate Telephone () _____
Facsimile () _____ Email Address _____
Physical Address _____ Mailing Address _____
City, State, Zip Code _____ City, State, Zip Code _____

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1. Has the applicant previously received a grant from the CRA?
YES _____ NO _____ If yes, provide the following information: date of grant awarded, amount and how the funds were utilized.

 2. In the past three (3) years has the applicant been in default of any agreement with the CRA, The City of Homestead, Miami Dade County or the State of Florida?
YES _____ NO _____ If yes, please explain.

 3. Has the applicant ever been disbarred from doing business with the City of Homestead, Miami Dade County or the State of Florida? YES _____ NO _____ If yes, please explain.

4. In the past three (3) years, has the applicant received loans, grants, and/or other subsidies from other public organizations or governmental entities?

YES _____ NO _____ If yes, please state the date and purpose for the loan, grant and/or subsidy received.

5. Has your organization received any complaints regarding the development of the program/project? YES _____ NO _____ If yes, please explain.

GRANT FUNDING REQUEST

(The completion of the following information does not satisfy the applicant's obligation to submit a detailed budget.)

Requested Grant Amount: \$ _____ Total Project Cost: \$ _____

Identify the project/program location:

How will the grant funds be utilized? (Check all that apply)

Affordable Housing

Job Creation/ Retention

Infrastructure Improvement

Commercial Improvements

Growth and Economic Development

Historic Preservation

Arts and Culture

Parks/ Open Space

Other *(Please specify)* _____

APPLICANT AGREEMENT

The applicant agrees to:

1. To comply with all federal, state and local rules and regulations with respect to the use of the grant funds.
2. To cooperate fully with the CRA in implementing the terms and conditions of any subsequent agreement, if awarded.
3. To provide the CRA with an annual report.
4. To accommodate any CRA request for information with respect to the grant.
5. To review the conflict of interest laws of the City of Homestead, Miami Dade County, and the State of Florida and agrees that it will fully comply in all respects with the terms and said laws and any future correspondence.
6. Applicant declares that no person or entity under its employ, presently exercising functions or responsibilities in connection with this grant application, has personal financial interests, direct or indirect, with the City of Homestead or the Community Redevelopment Agency.
7. Applicant declares that, in the performance of this Grant, no person or entity having such conflicting interest was utilized in respect to the Grant. Any conflict of interest(s) on the part of applicant, its employees and associated parties with respect to this grant application must be disclosed in writing to the CRA.

By signing, I certify that the information contained herein is true, complete and accurate to the best of my knowledge. Should any of the representations made herein change, I hereby acknowledge my obligation to immediately notify the CRA and update those representations.

Applicant's Signature

Date

Print Name:

Title