



City of Homestead

## COMMUNITY REDEVELOPMENT AGENCY

*Enhancing your Community*

### NOT-FOR-PROFIT GRANT APPLICATION

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#### APPROVAL PROCESS

Grant Proposals will be accepted by the CRA and review for completion. NFP Grants Advisory Committee will evaluate the applications to determine funding and will make recommendations to the CRA Board for final 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. Prepare the written proposal with the following instructions: (a) two pages maximum, (b) double space, and (c) one inch margins.
2. In one (1) paragraph, explain your request amount and the organization's plans to spend the money.
3. In one (1) paragraph, explain how the organization's operation and program effectively correlates with the goals of the CRA Plan.
4. In one (1) paragraph, 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.
5. Prepare a five (5) minutes presentation for the NFP Grants Advisory Committee. This presentation is **MANDATORY**. Only one person from your organization will be allowed to present and answer questions from the Committee.



**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
		Grant Proposal (Two pages maximum)
		Organization's By-Laws
		State of Florida Certificate of Good Standing issued within last 3 months
		IRS Verification of Outstanding Section 501 (c) (3)
		Organization's Total Budget - Homestead Location (FORM CRA-NFP#1)
		List of Administration and Board Members (FORM CRA-NFP#2)
		List of 2017 Accomplishments (FORM CRA-NFP#3)
		CRA Questionnaire (FORM CRA-NFP#4)
		Program/Activity Budget (FORM CRA- NFP#5)
		CRA Plan (FORM CRA- NFP#6)
		Photos of the program (if previously done)
		Property's Lease Agreement or Warranty Deed
		Liability, Property and Vehicle Insurance
		Previous Year Financial Statements
		Written Proposals for Professional Services

**(FOR OFFICIAL USE ONLY)**

Date Application Received: \_\_\_\_\_

COMMITTEE DECISION:                      Approved: \_\_\_\_\_                      Denied: \_\_\_\_\_                      Returned Incomplete: \_\_\_\_\_

Grant Amount Approved: \_\_\_\_\_                      Authorizing Signature: \_\_\_\_\_

City of Homestead



# COMMUNITY REDEVELOPMENT AGENCY

*Enhancing your Community*

## ORGANIZATION INFORMATION

Name of Organization \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Work Telephone ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Physical Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

## 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 (address):

\_\_\_\_\_

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

\_\_\_\_\_ Affordable Housing

\_\_\_\_\_ Arts and Culture

\_\_\_\_\_ Job Creation/Retention

\_\_\_\_\_ Parks/Open Space

\_\_\_\_\_ Historic Preservation

\_\_\_\_\_ Growth and Economic Development

\_\_\_\_\_ Other (Please specify) \_\_\_\_\_



**NOT-FOR-PROFIT AGREEMENT**

The applicant agrees:

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 a progress report after 90 days of receiving the funds.
4. To provide the CRA with an annual report 30 days after completing the activity/program.
5. To accommodate any CRA request for information with respect to the grant.
6. 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.
7. 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.
8. 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.

Organization's Name: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Date

NFP Organization's Name:

Organization's Address:

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Organization's Phone Number:

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Webpage Address:

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Contact Name:

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Contact Address:

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Contact Email Address:

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**Organization's Name:**

Date Prepared:

REVENUES	FY 2017 BUDGET	FY 2018 BUDGET
Grants from Federal Government	\$ -	\$ -
Grants from State of Florida	\$ -	\$ -
Grants from Miami-Dade County	\$ -	\$ -
Grants from City of Homestead	\$ -	\$ -
General Donations	\$ -	\$ -
Other	\$ -	\$ -
<b>TOTAL REVENUES</b>	<b>\$ -</b>	<b>\$ -</b>

EXPENSES	FY 2017 BUDGET	FY 2018 BUDGET
Employees Salary and Fringe Benefits	\$ -	\$ -
Contractual Services	\$ -	\$ -
Insurance	\$ -	\$ -
Office Supplies , Equipment & Furniture	\$ -	\$ -
Marketing	\$ -	\$ -
Advertising	\$ -	\$ -
Travel	\$ -	\$ -
Rent/Lease Costs	\$ -	\$ -
Building Construction & Improvements	\$ -	\$ -
Miscellaneous	\$ -	\$ -
<b>TOTAL EXPENSES</b>	<b>\$ -</b>	<b>\$ -</b>

CRA GRANTS	FY 2017 AWARDED	COMPLETED YES/NO
	\$ -	
	\$ -	
	\$ -	
<b>TOTAL CRA GRANTS</b>	<b>\$ -</b>	



**Organization's Name:**

Date Prepared:

**2017 ACCOMPLISHMENTS**

ACCOMPLISHMENTS	COST	DESCRIPTION / EXPLANATION



# CRA QUESTIONNAIRE

1. Has the organization received grant money from CRA in 2017?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, provide the following information: amount of grant awarded and how the funds were utilized.

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2. In the past three (3) years, has the organization been in default of any agreement with the CRA, City of Homestead, Miami Dade County or State of Florida?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain.

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3. Has the organization ever been disbarred from doing business with City of Homestead, Miami Dade County or the State of Florida?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain.

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4. In the past three (3) years, has the organization 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.

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5. Has your organization received any complaints regarding the development of the program/project?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain.

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**Organization's Name:**

Date Prepared:

<b>CRA GRANT BUDGET</b>	<b>CRA Grant Proposed Budget FY 2018</b>
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	<b>80%</b>	
Consultants		\$ -
Food/Snacks		\$ -
Awards		\$ -
Field Trips		\$ -

	<b>20%</b>	
Advertising		\$ -
Printing Materials		\$ -
Rent/Lease Costs		\$ -
Salaries and Benefits		\$ -
Office & Project Supplies		\$ -
Marketing		\$ -

<b>TOTAL BUDGET</b>		<b>\$ -</b>
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**Organization's Name:**

Date Prepared:

**2018 CRA PLAN**

ACCOMPLISHMENTS	COST	DESCRIPTION / EXPLANATION
Retain, Improve and Expand Community Services and Facilities		
Increase the CITY/CRA Tax Base		
Promote Economic Activity		