



NON-PROFIT REQUEST FOR FUNDING APPLICATION AND GUIDELINES



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INTRODUCTION:

Gadsden County has established a non-profit program to support local organizations proposing to implement innovative solutions to community needs but lacks the eligibility requirements to participate in the Federal, State, Foundation, and other funding resources grant process.

The County seeks to provide an efficient and effective method for allocating non-profit grant funds. The process has several minimum requirements and operates on a two-year funding cycle. The program is an annual funding opportunity designed intentionally with less stringent requirements and enables nonprofit agencies to strengthen its capacity to compete for Federal, State, Foundation, and other funding resources while receiving funding up to a maximum of two years. Agencies are then required to apply elsewhere for funding. For agencies that are currently receiving funding, this will be your final year of eligibility for this program.

APPLICATION AND APPLICATION CYCLES:

To be considered for funding, the agency must complete an application. The agency may submit only one application for each funding cycle. Applications will be accepted between July 1st and July 31st and evaluated by August 31st. Fund disbursements are made at the beginning of the County’s fiscal year, October 1st.

FUNDING:

The total budget for the program is \$50,000 per year, and an agency can receive up to \$ _____ in a fiscal year.

EVALUATION, AWARDED PROCESS, AND ACTION PLAN:

The Community Review Team (CRT) consists of 5 members appointed by the County Commissioners. Each Commissioner will appoint one person from their District with experience as a community member and specialist who will serve as grant reviewer along with three (3) County Staff. Agencies will be evaluated based on their service delivery model (e.g., potential to provide impactful, innovative services), potential capacity, and ability to eventually meet State, Federal, Foundation, and other potential resource eligibility requirements.

The CRT has the discretion to request presentations, copies of legal documents, additional written responses, or site visits to aid in their ability to evaluate the proposals. Each funding cycle the CRT will complete its review of the applications and determine funding recommendations. The recommendations rendered by the CRT are not subject to appeal.

Each agency will receive a decision letter that includes the funding recommendation.

PROGRAM REPORTING AND EVALUATING SECOND-YEAR AGENCIES:

Funded agencies are required to submit an annual year-end report detailing how the funds granted from Gadsden County were utilized. Agencies that have received funds for one year and are applying for funding for the second year will be held to a higher standard than in the first year of funding. The Committee will evaluate both the agency’s progress toward meeting requirements as well as its overall potential.

A. Minimum Eligibility Requirements

1. The agency is a nonprofit corporation, incorporated in Florida or authorized by the Florida Department of State to transact business in Florida, pursuant to Chapter 617, Florida Statutes.
2. The agency is registered or has completed the registration process to become a 501(c)(3) with the United States Department of Treasury.

3. The agency is authorized by the Florida Department of Agriculture and Consumer Services to solicit funds, pursuant to Chapter 496, Florida Statutes.
4. The agency has obtained a sales tax exemption registration from the Florida Department of Revenue, pursuant to Section 212.08.
5. The agency has a Non-discrimination and Equal Opportunity Policy.
6. The agency has a Dual Check Signing Policy that requires two or more signatures based on certain fiscal thresholds approved by the board of directors. Furthermore, the policy specifies that no agency staff, including the executive director, can sign a check written to themselves or written for cash. The policy also includes specifications and internal safeguards (direct board oversight) regarding making withdrawals from the agency's account.
7. If required by law, the agency has its books and records audited annually by an independent certified public accountant who has no affiliation with the agency and whose examination is made in accordance with generally accepted auditing standards. The audit report must include a management letter and financial statements showing all of the agency's income, disbursements, assets, liabilities, endowment, other funds, and reserves and surpluses during the period under study. The audit report must be consolidated with the statements of any affiliated foundations or trusts.
8. If the audit contains a schedule of findings, the audit includes a corrective action plan.
9. The agency has an IRS Form 990 completed within the last fiscal year or filed an extension with the IRS.
10. The agency has an administrative cost of 25% or less as evidenced by the IRS Form 990 and/or audit.
11. The agency has a local board of directors and/or a local advisory board.
12. The agency has a Records Retention Policy.
13. The agency has a Conflict-of-Interest Policy.
14. The agency has a comprehensive Fiscal Management Policy.
15. The agency has proof of general liability coverage.
16. The agency has not received a program funding award from the Gadsden County Board of County Commissioners.

B. Reporting

Each Non-Profit will provide quarterly financial reports. All agencies are required to submit bi-annual and Year-End Narrative Reports, the reporting period and submission deadlines are outlined below. A template will be provided for the reports.

Quarterly/Year-End Reports	Reporting Period	Report Submission Deadlines
First Quarter	October 1 st through December 31 st	January 25th
Second Quarter	January 1st through March 31 st	April 25th
Third Quarter	April 1st through June 30th	July 25th
Year-end Report	October 1 st through September 30 th	October 31st

APPLICATION FOR NON-PROFITS REQUESTING GRANT FUNDING CHECKLIST:

- _____ Completed Application
- _____ Attachment 1: Most recent Financial Statement
- _____ Attachment 2: Operating Budget for Current Year
- _____ Attachment 3: Current List of Board Members
- _____ Attachment 4: Articles of Incorporation/Charter
- _____ Attachment 5: 501 (c)(3) Certificate or Proof of Pending Application
- _____ Attachment 6: Most recent IRS 990 (If 990 is not required by the organization, please provide a letter explaining why not)

Note: Requested funds cannot be used for administrative costs.

Completed applications should be submitted to:

Gadsden County Board of County Commissioners
Office of Management and Budget
P. O. Box 1799
9 B East Jefferson Street
Quincy, Florida 32351

APPLICATION

I. AGENCY INFORMATION:

Agency Name: _____

Executive Director: _____

Mailing Address: _____

Physical Address: _____

Phone: _____

Email: _____

Person Completing Application: _____

Federal Tax I.D. Number (EIN): _____

Amount Requested: _____

Request purpose: ___ Operations or ___ Capital

II. PROGRAM INFORMATION:

(Describe the general purpose of your organization)

III. CONSTITUENTS:

*(Provide the following information about your clients based on your most recent data).
Information current as of (date)*

Residence of Clients Served Number Served

Municipality _____

Unincorporated Community _____

County-wide _____

IV. PURPOSE OF FUNDING:

(Identify specifically what you seek to accomplish with the requested funding

Describe how this will help your organization achieve its goals:

V. FUNDING:

(List all grants received from the Gadsden County BOCC in the last five years. List all other funding sources received by your organization including the principal source of funding)

Provide the following budget expense information for the current year:

Personnel (Salaries/Benefits)	_____ % of Annual Budget
Operations (rent, utilities, supplies, etc.)	_____ % of Annual Budget
Programs (Activities)	_____ % of Annual Budget
Other	_____ % of Annual Budget

VI. CERTIFICATION:

As the chief executive officer of this agency, I certify that the above information is true and complete to the best of my knowledge and belief; I further certify that this agency shall comply with the following applicable regulations:

President's Executive Order No. 11246 and 11375 which prohibit discrimination in employment regarding race, color, religion, sex, or national origin; Title VI of the Civil Rights Act of 1964; Copeland Anti-Kick Back Act; the Contract Work Hours and Safety Standards Act, Section 402 of the Vietnam Veterans Adjustment Act of 1974; Section 503 of the Rehabilitation Act of 1973; and the Americans with Disabilities Act of 1990.

I further certify that, if this agency is a religious organization, this agency shall not use grant funds to engage in any of the following activities: (1) perform inherently religious activities such as worship, religious instruction, or proselytization; (2) acquire, construct, or rehabilitate structures or properties that shall be used for inherently religious activities, including sanctuaries and chapels; and (3) discriminate against any beneficiary or prospective beneficiary of the grant on the basis of religion or belief.

I further agree that any funds received in response to this grant application will be used for the purposes for which they were requested and that the donor organization will comply with the procedures and requirements set forth in this application. Any donated funds not used for their specified purpose must be returned to the Gadsden County Board of County Commission,

Signature of Executive Director

Date

Signature of Board President or Chairperson

Date



BOARD OF COUNTY COMMISSIONERS

9-B East Jefferson Street / P. O. Box 1799 · Quincy, Florida 32353
OFFICE: (850) 875-8650 · FAX: (850) 875-8655 · www.GadsdenCountyFl.gov

Non-profit and Community Organizations Year-End Narrative

ORGANIZATION'S NAME: _____

PROGRAM SERVICE: _____

TOTAL AMOUNT FUNDED BY BOCC: _____

REPORTING YEAR: _____

Non-profit and Community Organizations Year-End Narrative

Objectively address specific situation, opportunity, problem, issue, need, and the community your program/service addresses. Support your statement with research/evidence to justify the need or problem. Be sure to demonstrate that a relevant, compelling problem or need exists. How were these problems addressed during the past year?

Describe the target population and service area need. Show how your program/service coincides with the Gadsden County's Board missions and objectives.

What impact did your program have on clients served and the community as a whole during the past year?
(Please quantify the impact if possible).



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YEAR END REPORTING

Category	Full Year Budget	Gadsden County Funding (Full Year Actual Expenses)	Other Funding Sources (Full Year Actual Expenses)	Total Expenses (Full Year)
Personnel (Salaries & Benefits)				
Contractual Services				
Equipment (\$500 or more)				
Insurance				
Postage				
Rent				
Utilities				
Travel & Per Diem				
Dues / Membership Fees				
Supplies				
Marketing/Advertising				
Other Expenses <i>(Please provide an explanation below)</i>				
TOTAL EXPENSES	\$ -	\$ -	\$ -	\$ -



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Non-profit and Community Organizations Quarterly Report

ORGANIZATION'S NAME: _____

PROGRAM SERVICE: _____

TOTAL AMOUNT FUNDED BY BOCC: _____

REPORTING PERIOD: _____

QUARTERLY REPORTING				
Category	Full Year Budget	Gadsden County Funding (Actual Expenses)	Other Funding Sources (Actual Expenses)	Total Expenses
Personnel (Salaries & Benefits)				
Contractual Services				
Equipment (\$500 or more)				
Insurance				
Postage				
Rent				
Utilities				
Travel & Per Diem				
Dues / Membership Fees				
Supplies				
Marketing/Advertising				
Other Expenses <i>(Please provide an explanation below)</i>				
TOTAL EXPENSES	\$ -	\$ -	\$ -	\$ -



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Non-profit and Community Organizations

How is the funding from Gadsden County being utilized? *(Please provide detailed explanation)*

How many Gadsden County citizens were served during this time period? (Children/Seniors?)

How has this funding improved the lives of the citizens served? *(Please provide a detailed explanation)*

I hereby certify that the information provide is true and accurate to the best of my knowledge. I understand that falsification or misrepresentation on any question in the application may result in my agency's application being denied for consideration for funding by Gadsden County.

Agency Director (print name)

Agency Director (signature)

Date