

## SECTION ELEVEN: GENERAL INSTRUCTIONS FOR SUBMISSION OF APPLICANT PACKET AND CHSP CONTACT PERSONS



**PLEASE CAREFULLY REVIEW THE DIRECTIONS NOTED BELOW:**

- ✓ **Eighteen (18) unbound, collated, three-whole punched grant applications** must be submitted to the CHSP joint staff person shown on page 23 no later than 5:00 p.m., on Tuesday, February 23, 2010.
- ✓ **All grant application deadlines are final.** No extensions shall be granted.
- ✓ **Use the exact forms provided in the 2010/2011 grant application;** you are not allowed to modify any CHSP forms. Failure to utilize the exact forms included in the 2010/2011 CHSP application may result in the rejection of the application.
- ✓ **Each application must include all forms listed in the 2010/2011 CHSP Grant Application, including a complete copy of the agency's most recent 990 (or 990EZ) and audit (along with the Management Letter and all written responses/correspondence applicable to the audit).**
- ✓ **Special Note: If your agency is requesting placement on more than one Citizens Review Team,** please provide complete sets of the application (18 copies) for each team. For further clarification, please call one of the staff contacts listed on the following page.
- ✓ **Please do not attach brochures, flyers, letters of support, etc.** These items will be discarded when the notebooks are assembled. However, you can distribute such materials at the site visit.



**IN ADDITION, PLEASE PROVIDE TWO (2) COPIES OF EACH DOCUMENT LISTED BELOW AND SEPARATE THE 2 COPIES FROM THE FUNDING APPLICATION:**

1. Agency's current **by-laws**.
2. Agency's most **current IRS Form 990**.
3. Agency's **most current annual audit (the entire audit, including the Management Letter and all written responses/correspondence applicable to the audit)**. Audits must be conducted by an independent Certified Public Accountant using the audit guide of the American Institute of Certified Public Accountants.
4. Agency's registration letter with the **U. S. Department of Treasury, Section 501 (c) (3)**, Internal Revenue Service Code, for exempt status.
5. Agency's registration letter with the **Florida Department of Agriculture and Consumer Services**, pursuant to Chapter 496, F.S. If your organization is exempt, as provided for in sections 496.403 and 496.406, F.S., submit three copies of the agency's exemption letter.
6. Agency's proof of registration as a non-profit corporation with the **Florida Department of State, Division of Corporations** pursuant to Chapter 617, F.S., (which can be obtained by accessing sunbiz.org).
7. Agency's registration letter with the **Florida Department of Revenue** pursuant to Chapter 212.08 F.S. **State Sales Tax Exemption**.
8. The agency's proof of **liability insurance**.
9. Agency's **statement of non-discrimination and its equal opportunity policy** for employees, volunteers and clients.

10. If the agency's program(s) requires **licensing by local, state or federal agencies**, please attach three copies of the licenses required (i.e., occupancy licenses, Health Department license, coverage needed for operation, DCF certifications, etc.).



**Applications must be submitted by 5:00 p.m. on Tuesday, February 23, 2010 to:**

**Thomas Jones, Human Services Analyst**

(Direct: line: 891-6561 or switchboard: 891-6500)

The City of Tallahassee

Department of Economic & Community Development

435 North Macomb Street, The Renaissance Building (3<sup>rd</sup> floor)

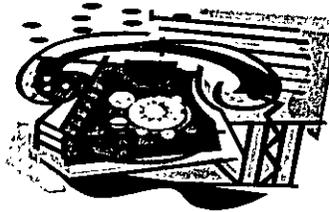
Tallahassee, Florida 32301

(Located in the historic Frenchtown Community)

**(Please note, the Renaissance building closes precisely at 5:00PM)**

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**CHSP STAFF PERSONS CAN BE REACHED AT THE FOLLOWING CONTACT NUMBERS:**



**Arnold McKay**, United Way of the Big Bend

Switchboard: 414- 0844

Fax Number: 414- 0852

**Pat Holliday**, The City of Tallahassee

Direct line: 891- 6524 or

**Thomas Jones**: 891- 6561

Switchboard: 891- 6500

Fax Number: 891- 6592

**Don Lanham**, Leon County

Direct Line: 606-5300

Fax Number: 606-5301