

TO: Grant Applicants

FROM: Don Lanham, Leon County
Pat Holliday, City of Tallahassee

SUBJECT: Basic Needs/Emergency Services Grant Guidelines

Leon County and the City of Tallahassee have made available funding for the express purpose of addressing basic needs and emergency services within our community. Basic needs are described as: Direct services providing longer-term relief for the most basic needs such as clothing, food, shelter, and utilities assistance. Emergency services are described as: direct services providing temporary, emergency relief to clients and/or the community at-large.

A committee of volunteers will consider grant proposals from any private 501(c)(3) or public tax exempt health and human service organization for programmatic funding. The agency applying must meet the following legal requirements or be in the process of obtaining them:

- 1) Registration with the U.S. Department of Treasury, Section 501(c)(3), Internal Revenue Code, holding tax-exempt status (required so the agency does not pay income taxes on donated money).
- 2) Registration with the Florida Department of Agriculture and Consumer Services, pursuant to Chapter 496 (required so that the agency may solicit funds in the state of Florida), unless the agency is exempt, as provided for in section 496.606, F.S. or if the agency is automatically excluded, pursuant to Section 496.403, F.S.
- 3) Registered as a nonprofit corporation with the Florida Department of State pursuant to Chapter 617, F.S.
- 4) Registration with the Florida Department of Revenue pursuant to Chapter 212.08, F.S.

Guidelines for allocation of grants funds are that requests should be no more than \$25,000, the maximum single grant award to a program.

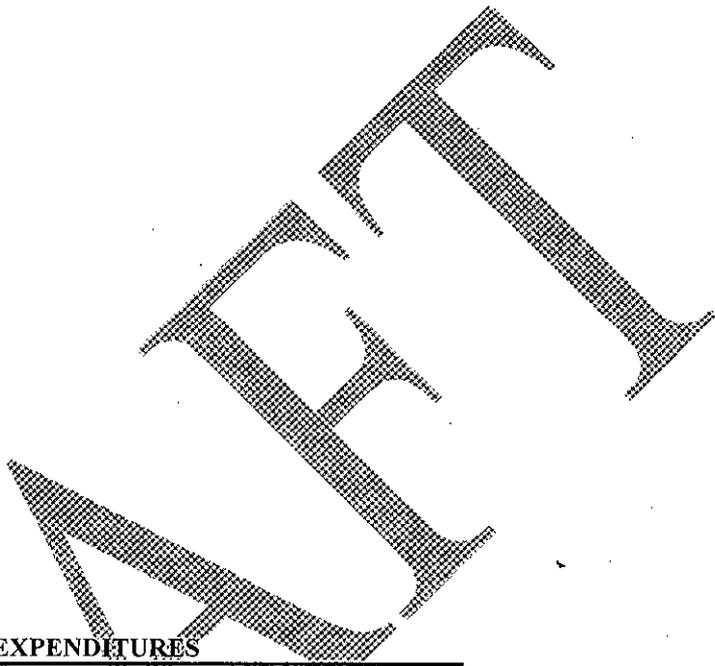
Leon County/City of Tallahassee
2010/2011 BASIC NEEDS/EMERGENCY SERVICES GRANT APPLICATION

Name of Organization: _____
Address: _____
Phone: _____ FAX: _____ E-Mail Address _____
Name of Project: _____
Agency Executive Director/President _____
Other Contact Person/Title _____
Requested Grant Amount \$ _____

1. PROJECT SUMMARY *(Include target population, need for the project, time frame, goals/outcomes, numbers to be served, how project will enhance services already provided, etc.) Continue on additional sheet if needed.*

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2. **PROGRAM DESIGN** *Continue on additional sheet if needed*



3. **PROPOSED BUDGET**

REVENUE

EXPENDITURES

Revenue Source	Budget (entire project)	Expense	Budget (entire project)
Basic Needs Grant		Salaries	
CHSP Allocation		Benefits	
City		Supplies	
County		Travel	
State		Meetings	
Federal		Telephone	
Donations		Postage/Shipping	
Fundraising		Rent	
Space		Taxes	
In-Kind		Training	
Other		Insurance	
Other		Space	
Other		Misc.	
TOTAL REVENUE	\$	TOTAL EXPENSES	\$

Budget Narrative (explanation of costs not self explanatory):

4. **PROJECT IMPACT:** *Quantify and characterize expected results.*

5. **DESCRIBE ANY COLLABORATIVE EFFORTS IN PROJECT DEVELOPMENT.**

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6. DESCRIBE ANY EFFORTS USED TO SECURE CLIENT INPUT INTO PROJECT DEVELOPMENT.

7. DESCRIBE EVALUATION COMPONENT AND ATTACH COPIES OF ANY AVAILABLE INSTRUMENTS TO BE USED. *Continue on additional paper if needed*

8. PLEASE DESCRIBE PROJECT CONTINUATION PLANS BEYOND THE PROPOSED TIME FRAME.

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