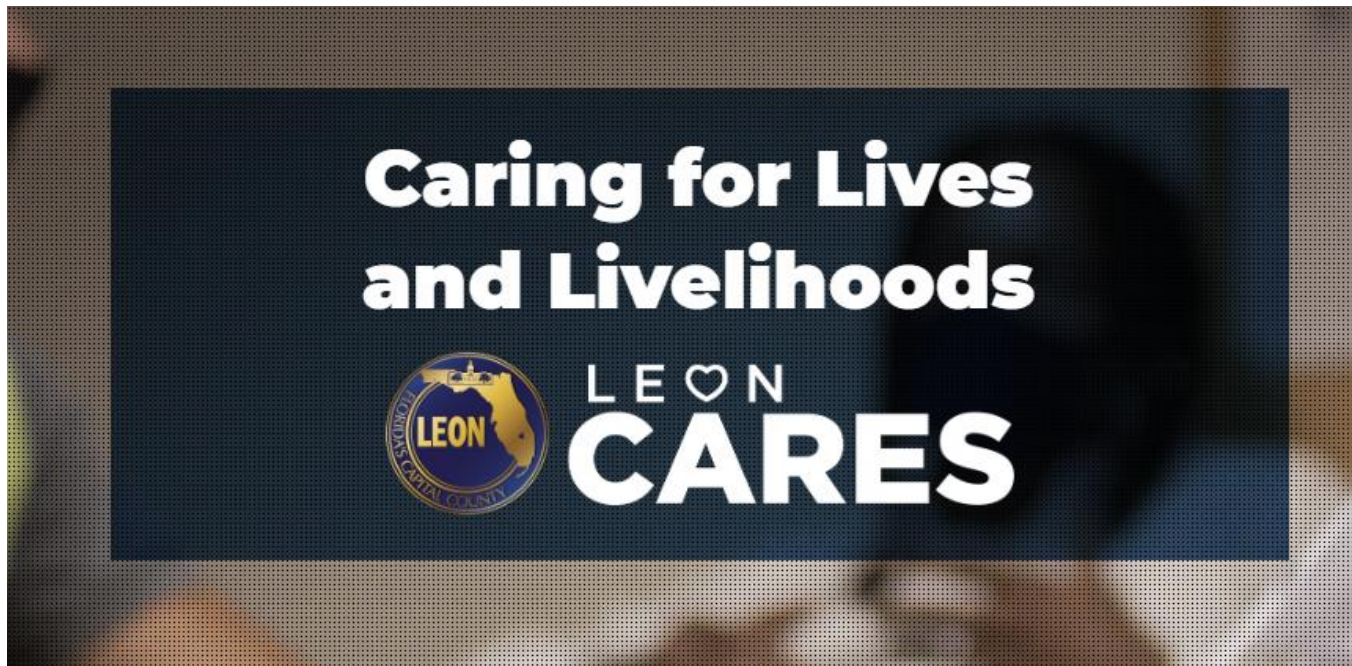




Tallahassee-Leon County Nonprofit
Services Grant Program Portal
Instructions



To access the Program Portal, go to: www.LeonCountyCARES.com



HOW TO ACCESS THE APPLICATION PORTAL:

- Once at www.LeonCountyCARES.com, you can access the Tallahassee-Leon County Nonprofit Services Grant Program application portal by scrolling down and clicking the **“Start My Application” Link**:
- While you’re there, be sure to check out the **Program Overview/Application Guide**



Tallahassee-Leon County Nonprofit Services Grant Program

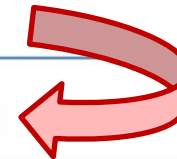
Application opens Monday, July 26 at 8:30 a.m.

Eligible nonprofits may receive up to \$20,000 of one-time assistance to provide human services and/or programming to Leon County residents impacted by COVID-19.

Please see the following links for more information about the program as well as answers to frequently asked questions:

- [Program Overview](#)
- [Application Guide](#)

Start My Application



HOW TO REGISTER TO APPLY FOR ASSISTANCE:

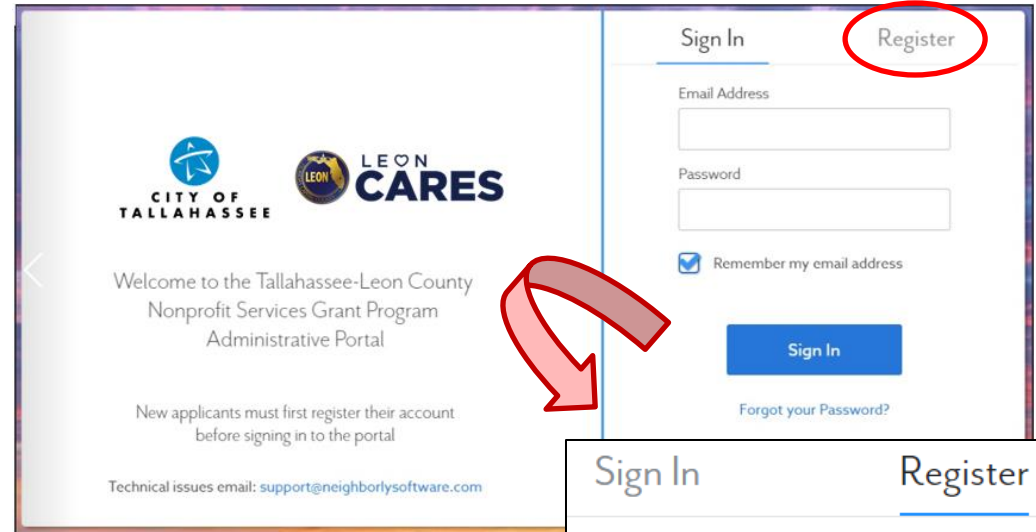
- Once on the portal homepage, applicants will be required to register an account in order to apply for assistance
- Click the **“Register”** link on the top right of the log-in screen
- Simply provide your email address and password to register an account

- **Please note:**

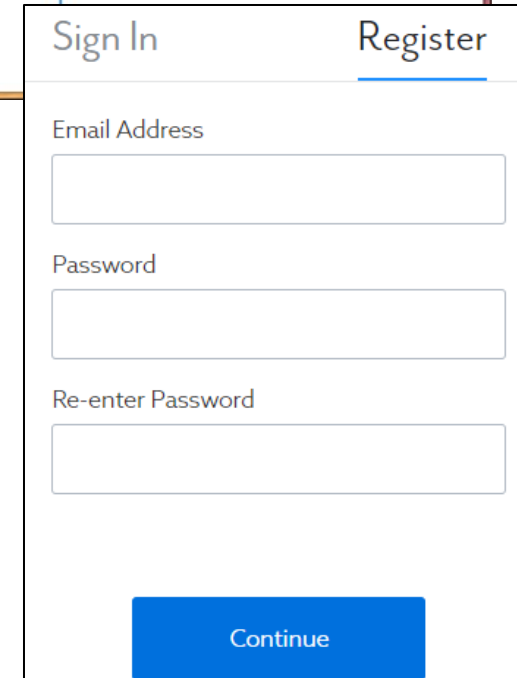
Password must be at least 8 characters.

AND

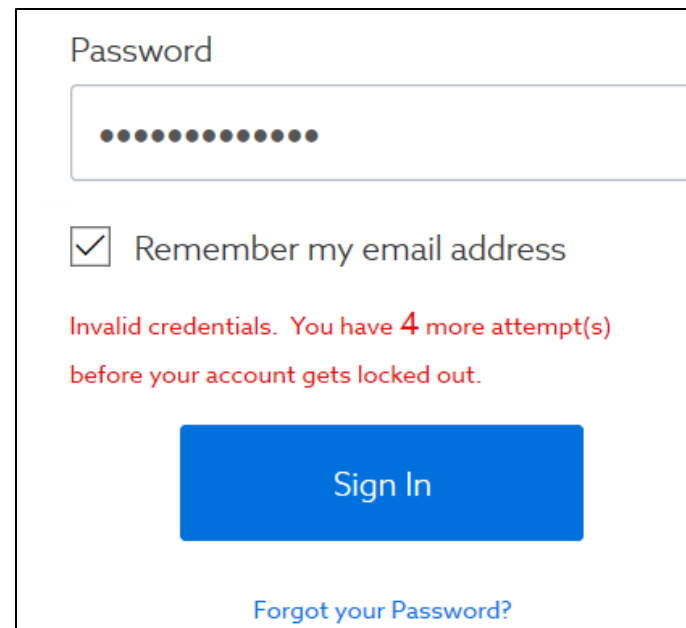
- You only have five attempts to sign-in with an incorrect password before getting locked out of your account (click the **“Forgot your Password”** link before this happens)



The screenshot shows the portal homepage for the City of Tallahassee and Leon Cares. The page features the logos for the City of Tallahassee and Leon Cares. The main heading reads "Welcome to the Tallahassee-Leon County Nonprofit Services Grant Program Administrative Portal". Below this, it states "New applicants must first register their account before signing in to the portal" and provides a technical issues email address: support@neighborlysoftware.com. On the right side, there is a "Sign In" section with a "Register" link circled in red. The "Sign In" section includes fields for "Email Address" and "Password", a "Remember my email address" checkbox, and a "Sign In" button. A red arrow points from the "Register" link to the "Register" section below.



The screenshot shows the "Register" form. It has a "Sign In" link on the left and a "Register" link on the right. The form includes fields for "Email Address", "Password", and "Re-enter Password". There is a "Continue" button at the bottom.



The screenshot shows the "Sign In" form. It has a "Password" field with a masked password (represented by dots). Below the field is a "Remember my email address" checkbox. The form displays an error message: "Invalid credentials. You have 4 more attempt(s) before your account gets locked out." Below the error message is a "Sign In" button and a "Forgot your Password?" link.

HOW TO START A NEW APPLICATION:

- After you're logged in, you can start a new application by clicking the **"Click here to start a new application"** link

Start a New Application



Tallahassee-Leon County Nonprofit
Services Grant Program

The Tallahassee-Leon County Nonprofit Services Grant Program seeks to provide direct assistance to support Leon County's local nonprofit community to continue to meet the immediate demand for essential human service needs. Eligible non-profit trust, corporation (501(c)(3)) and (501)(c)(19)) organizations based in Leon County, including those located within the City of Tallahassee, can apply to receive one-time to provide human services/programming to Leon County residents impacted by COVID-19.

[Click here to start a new application](#)

SECTION #1: QUALIFYING CRITERIA

- Use the buttons to select “Yes” or “No” for each question to confirm that your organization meets the program eligibility criteria
- Additional instruction/information are available beneath select question fields
- **Please note:** Your organization must meet all the program eligibility and submit uploads for the required documentation in order to proceed with completing the application
 - *Reminder: Your organization must be an active, tax-exempt nonprofit 501(c)(3) or 501(c)(19) (with proof) based in Leon County and established prior to December 31, 2020.*

1. Qualifying Criteria

The Tallahassee-Leon County Nonprofit Services Grant Program, established by the City of Tallahassee and Leon County Government, is providing direct assistance to support local nonprofit organizations that are providing or will provide human services to Leon County residents impacted by COVID-19. Organizations must be a currently established 501(c)(3) or 501(c)(19) with the U.S. Department of Treasury and authorized to provide services in the State of Florida.

FIRST, A FEW QUICK CHECKS.

1. Is your organization a currently established 501(c)(3) or 501(c)(19) with the U.S. Department of Treasury and authorized to provide service in the State of Florida?


- Yes
- No

Churches, associations, political, and for-profit organizations are not eligible. However, churches under a current contract with either the City of Tallahassee or Leon County to provide human services are eligible for purposes of supporting the continued provision of such services.

Proof of 501(c)(3) or 501(c)(19) status from the U.S. Department of Treasury ***Required**

Upload File 

Proof of registration as an active nonprofit corporation in the State of Florida ***Required**

Upload File 

2. Was your organization established prior to December 31, 2020?

If your organization was established on or before December 31, 2020, your organization is eligible.

- Yes
- No

3. Is your organization based in Leon County (main physical location)?

If your organization is located within the boundaries of Leon County, including a defined municipality in Leon County, your organization is eligible.

- Yes
- No

4. Was your organization awarded any of the following grant opportunities? (Please check all that apply):

The award and/or receipt of the grant opportunities listed below WILL NOT make an organization ineligible. However, organizations that were not awarded any of the listed grant opportunities will be prioritized for review and award July 26, 2021 – August 8, 2021.

Leon CARES Human Services Grant Program (2020)

OEV/Blueprint Local Emergency Assistance for Non-Profits (LEAN) Program (2020)

Leon CARES Non-profit Assistance Grant Program (2020)

PLEASE NOTE: YOUR ORGANIZATION MUST MEET ALL OF THE ABOVE CRITERIA TO QUALIFY FOR THE TALLAHASSEE-LEON COUNTY NONPROFIT SERVICES GRANT PROGRAM.

No save history


Save

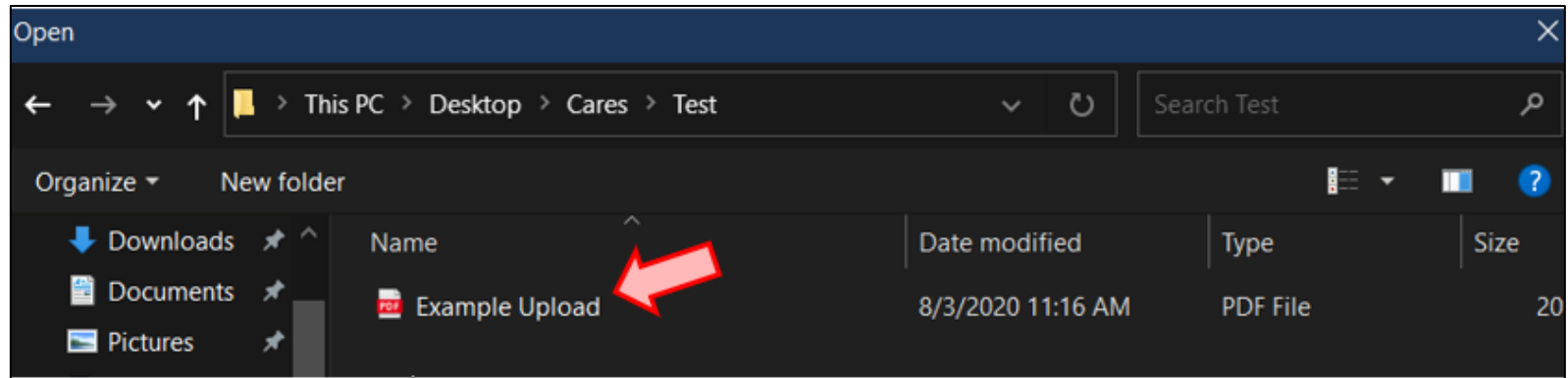
Complete & Continue

HOW TO UPLOAD DOCUMENTS:

- Click the “**Upload File**” link to select the file to upload from your computer



Proof of 501(c)(3) or 501(c)(19) status from the U.S. Department of Treasury
*Required

[Upload File](#) 



- Once the file has been uploaded successfully, it will appear in the field with a green check icon

Proof of 501(c)(3) or 501(c)(19) status from the U.S. Department of Treasury

 Application.docx (44k) 

[Add Another File](#)


SECTION #2: BASIC INFORMATION


- Section 2 provides fields to submit your organization's identifying and contact information
- **Please note:** The organization name entered for Question A.1. must match the name of your organization on file on Sunbiz.org

2. Basic Information

Great, looks like your business meets the qualifying criteria. Let's talk details:

ORGANIZATION INFORMATION

A.1. Organization name
This needs to match the name on file on [Sunbiz.org](https://www.sunbiz.org). 

A.2. Organization address 
Address Line 1

Address Line 2

City Zip
A.3. Employer Identification Number (EIN)

A.4. Organization Website

A.5. Year the nonprofit was established as a 501c3 or 501c19
If your organization was established on or before December 31, 2020, your organization is eligible.

PRIMARY CONTACT INFORMATION

A.6. First Name **A.7. Last Name**
A.8. Phone Number
A.9. Email Address

SECTION #3: AWARD ELIGIBILITY


- Section 3 includes questions to determine your organization's funding award eligibility
- **Please note:** applicants will be required to complete and upload a W-9 form. A blank copy of the form is provided in the link under question B.1.
- Applicants will also need to provide a brief description of how they plan to utilize the grant funding in B.4., if awarded

3. Award Eligibility

Thanks. Just a few more specific questions:

B.1. Please complete and upload the W-9 form for your organization. (Click [here](#) for a blank copy)

W-9 Form *Required

Upload File 

B.2. Provide your organization's mission statement. (1000 characters remaining)

B.3. What service(s) does your organization provide? (1000 characters remaining)

B.4. Provide a description of use of funds for COVID-19 related Project/Program and/or Services. (1000 characters remaining)

SECTION #3: AWARD ELIGIBILITY (continued)

- Applicants will also need to provide a budget for proposed funding
- **Please note:** Total amounts exceeding \$20,000 will automatically be DENIED funding.

B.5. Include Budget for proposed funding. TOTAL AMOUNTS EXCEEDING \$20,000 WILL AUTOMATICALLY BE DENIED FUNDING.	
Personnel	<input type="text"/>
Rent/Mortgage	<input type="text"/>
Utilities	<input type="text"/>
Supplies/Equipment	<input type="text" value="\$ 0.00"/>
Capital	<input type="text"/>
Other* Explanation is required in the text box below the table.	<input type="text"/>
Total TOTAL AMOUNTS EXCEEDING \$20,000 WILL AUTOMATICALLY BE DENIED FUNDING.	<input type="text" value="\$ 0.00"/>
*If amount indicated under "Other", please explain.	
<input type="text"/>	

SECTION #3: AWARD ELIGIBILITY (continued)

- **Please note:** The following questions (B.6. – B.8.) will not impact your organization’s request for funding.

SUPPLEMENTAL QUESTIONS

ANSWERING THE FOLLOWING QUESTIONS (B.6 - B.8) WILL NOT IMPACT YOUR ORGANIZATION'S REQUEST FOR FUNDING.

B.6. Is the organization minority-led or founded?

Minority= Race and/or Gender Identity

- Yes
- No

B.7. Please check the box(es) if your organization is a member or funded by the following:

- United Partners for Human Services (UPHS)*
- Council on Culture & Arts (COCA)*
- Institute for Nonprofit Innovation and Excellence (INIE)*
- United Way of the Big Bend (UWBB)*

B.8 Staffing - please input the following:

Enter 0 if applicable.

Number of full-time paid staff

Number of part-time paid staff

Number of unpaid staff

SECTION #4: CONFIRMATION

- Section 4 outlines confirmation statements that must be confirmed by an applicant in order to submit an application
- To confirm, simply check the boxes next to each statement and provide your signature at the bottom
- **Please note: you will not be able to revisit your application once it has been submitted**

4. Confirmation

You're done! Time to submit.

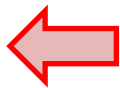
Please note: once an application is submitted, it can not be revised by an applicant.

By submitting your application, you confirm the following:

- I certify the information listed on this application is complete and accurate to the best of my knowledge. I understand that withholding information or giving false information may result in denial of funding.
- I certify that my organization will use this funding to address a human service need in the community resulting from the effects of COVID-19 and the subsequent economic crisis as authorized under Section 603(c)(1)(A) of Title VI of the Social Security Act and the rules promulgated thereunder.
- I shall cooperate fully, as and to the extent requested by the City of Tallahassee and/or Leon County, in connection with any audit or report required under Title VI of the Social Security Act and the rules promulgated thereunder and with any other audit or reporting requirements under federal, state, or local law. Subject to Section 119.0701, Florida Statutes, such cooperation shall include the retention and provision of records and information reasonably relevant to any such report or audit and making employees available to provide additional information and explanation of any service provided pursuant to this grant.
- I acknowledge that any grant funding is contingent on the execution of an agreement consistent with the requirements and guidelines of the American Rescue Plan Act.
- I acknowledge that my organization will complete any additional reporting documentation upon receipt of funding, if requested.
- I acknowledge that my organization is not utilizing and will not utilize funds for any ineligible activities and/or expenses, including alcohol, tobacco, firearms and/or illegal drugs, or those prohibited by local, state and federal law.
- I understand that if the TOTAL AMOUNT of assistance requested EXCEEDS \$20,000 this application WILL BE AUTOMATICALLY DENIED FUNDING AND I MAY NOT BE ABLE TO REAPPLY.**

Signature

[Click here to electronically sign](#)



**ONCE AN APPLICATION IS SUBMITTED, YOU WILL NOT BE ABLE TO REVISE IT.
TO RETAIN A COPY FOR YOUR RECORDS, PLEASE PRINT BEFORE SUBMITTING.
YOUR APPLICATION WILL BE VERIFIED BY AN ADMINISTRATOR. PLEASE CHECK YOUR EMAIL FOR REQUESTS FOR ADDITIONAL INFORMATION.**