

# NOTICE OF GRANT FUNDING

## CITY OF HALLANDALE BEACH and HALLANDALE BEACH COMMUNITY REDEVELOPMENT AGENCY (HBCRA) FY 2017-2018 COMMUNITY PARTNERSHIP GRANTS PROGRAMS

The City of Hallandale Beach and Hallandale Beach Community Redevelopment Agency (HBCRA) through the **COMMUNITY PARTNERSHIP GRANTS PROGRAMS** has grant funds available to support programs and services as identified and recommended by the City Commission and the HBCRA Board of Directors. The intent of this funding is to allocate resources to community based organizations who will address a *Priority Area* identified by the City or HBCRA.

### PRIORITY AREAS

Non-Profit Organizations meeting the below set forth criteria are eligible to apply for **ONE** Community Partnership Grant. Programs and services provided must benefit the residents of Hallandale Beach. ***Programs will be funded in the form of reimbursements for units of services provided, when possible.***

City of Hallandale Beach Priority Areas:	HBCRA Priority Areas:
<ul style="list-style-type: none"> <li>• Education</li> <li>• Recreation, Cultural Arts and Activities</li> <li>• Health and Wellness</li> <li>• Law Enforcement/Criminal Justice</li> </ul>	<ul style="list-style-type: none"> <li>• Affordable Housing Attainability</li> <li>• Workforce Development/Employment Opportunities/Training for Local Residents</li> </ul>

### GRANT ELIGIBILITY

Eligible Applicants	Programs not eligible for funding
<ul style="list-style-type: none"> <li>• Must be a registered 501(c)(3) non-profit organization with the IRS* or a political subdivision under the State of Florida;</li> <li>• Must have active corporate status with the State of Florida;</li> <li>• Must be current on all financial obligations (including taxes) with the City and HBCRA; and</li> <li>• Must certify operation of a Drug Free Environment.</li> </ul>	<ul style="list-style-type: none"> <li>• Capital campaigns</li> <li>• Fundraising events</li> <li>• Programs/services promoting religion</li> <li>• Political activities</li> <li>• Honorariums for guests</li> <li>• Emergency funding</li> <li>• Funding for other organizations</li> <li>• Building construction and repairs</li> <li>• Land and land improvements</li> <li>• Expenses related to staff attendance at seminars, workshops, symposiums, or conferences</li> </ul>

## **GRANT OPPORTUNITIES**

The City awards grants under two (2) categories. Mini Grant funds are yearly awards for requests up to \$10,000. HCBRA and City Grants are multiyear (three year) funding for requests in excess of \$10,000.

Only ONE application may be submitted per organization under the program.

	City or HBCRA Grants	Mini-Grants
Funding cycle	3 year cycle (subject to availability of funds)	Yearly (subject to availability of funds)
Award Amount	Greater than \$10,000/ year	Less than \$10,000/year
Priority Areas	City or HBCRA	City
Contract Term	Oct. 1, 2017 – Sept. 30, 2020	Oct. 1, 2017 – Sept. 30, 2018
Total Yearly Program Budget	City: \$285,000 HBCRA: \$123,450	City: \$43,000

## **GRANT REQUIREMENTS**

- ❖ Only one (1) grant will be awarded to an organization within an annual period. Do not submit multiple applications. If an agency is not awarded funds, they may apply again the next distribution date.
- ❖ The organization's Board Chairperson, CEO, or School Principal must sign the Application.
- ❖ Applicants will be required to make a presentation to a Grant Review Committee.
- ❖ Funded agencies will be required to submit Monthly Reports for Payment and a Final Report Summary within thirty (30) days upon completion of the program.
- ❖ The grant cycle for grants greater than \$10,000 is October 1, 2017 until September 30, 2020.
- ❖ The grant cycle for mini-grants less than \$10,000 is October 1, 2017 until September 30, 2018.
- ❖ If you apply for a Mini Grant you will not be eligible for other grant funding.
- ❖ Award funding will be made available after October 1, 2017 **and** upon execution of an Agreement with the City.

## **APPLICATION**

**Applications will be available Tuesday, April 25, 2017**, online at [www.cohb.org/humanservices](http://www.cohb.org/humanservices) or at the following locations:

Austin Hepburn Center  
1000 NW 8th Avenue  
Hallandale Beach, FL 33009

Cultural Community Center  
410 SE 3rd Street  
Hallandale Beach, FL 33009

**A Program Guidelines/Pre-Application Workshop will be held on May 10, 2017, 11:00 am at the Cultural Community Center, 410 SE 3rd, Hallandale Beach, FL 33009 to provide information on the program, application and Grant Guidelines.**

## **TIMELINE**

Application Release	April 25, 2017
Pre-Application Workshop	May 10, 2017 - 11:00 AM
<b>Application Deadline</b>	<b>May 31, 2017 - 4:00PM</b>
Oral Presentations	July 11, 12, 13, 2017
Notice of Committee Recommendation	July 14, 2017
City Commission Meeting/Contract Award	September 20, 2017

Deliver Application packages by mail or in person.     **May 31, 2017, 4:00PM**

Austin Hepburn Center  
1000 NW 8<sup>th</sup> Avenue  
Hallandale Beach, Florida 33009  
ATTN: Community Partnership Grant Program  
(NO FACSIMILES OR EMAIL ACCEPTED)

## **PROGRAM/GRANT GUIDELINES**

The Community Partnership Grants program is governed by the Grant Guidelines. The Grant Guidelines provides the framework and guidelines for organizations wishing to participate in the Program. It sets forth the criteria, eligibility, process to request and apply for funding, application evaluation, award, contract, reporting and payment requirements. A copy of the Grant Guidelines can be viewed at [www.cohb.org/humanservices](http://www.cohb.org/humanservices)

**CITY OF HALLANDALE BEACH  
FY 2017-2018  
COMMUNITY PARTNERSHIP GRANTS  
GRANT FUNDING**

**APPLICATION INSTRUCTIONS**

**Applications must be typewritten, single spaced, using twelve (12) point fonts, one sided on 8.5 X 11 paper.** You must adhere to the number of pages allowable for each section of the Application. Submit One (1) original and six (6) copies of the Application. The original application should also contain all Attachments as required.

**NO FACSIMILES OR E-MAILS ACCEPTED.  
MAIL OR HAND DELIVER APPLICATIONS TO:**

**Austin Hepburn Center  
1000 NW 8th Avenue  
Hallandale Beach, Florida 33009  
ATTN: Community Partnership Grant Program**

**Applicants are responsible for mailing or hand delivering the Applications, so that they are received by the Deadline. No exceptions will be considered. Confirmation of Application receipt will be e-mailed to the contact person listed on the Application.**

**The complete Application consists of the following:**

- 1. COVER PAGE**
- 2. GRANT APPLICATION**
- 3. APPLICATION CHECKLIST**
- 4. ATTACHMENTS**
  - a. Copy of Organization Non-Profit Status Letter from IRS**
  - b. List of Board Members, Director/Agency Head, Titles and Addresses**
  - c. Evidence of Incorporation for State of Florida ([www.sunbiz.org](http://www.sunbiz.org))**
  - d. Evidence of Financial Soundness (990 form) and documentation from a Financial Institution showing last three (3) months of operating expenses**
  - e. Letters of Support for the project (limit to three (3)) and proof of Leveraging of Funds (if applicable).**
  - f. Memorandum of Understanding/s if partnering with any organization/s**
  - g. Key Staff Resumes**
  - h. Certificate of Insurance or Letter of Indemnity**



**CITY OF HALLANDALE BEACH  
FY 2017-2018  
COMMUNITY PARTNERSHIP GRANTS PROGRAM  
GRANT APPLICATION CHECKLIST**

**Agency:** \_\_\_\_\_

		YES	NO
1	<b>Cover Page (Completed)</b>		
Comments:			
2	<b>Copy of Organization Non-Profit Status Letter from IRS</b>		
Comments:			
3	<b>Non-Profit Status Active with IRS</b>		
Comments:			
4	<b>List of Board Members, Director/Agency Head, Titles and Addresses</b>		
Comments:			
5	<b>Evidence of Incorporation for State of Florida is ACTIVE (<a href="http://www.sunbiz.org">www.sunbiz.org</a>)</b>		
Comments:			
6	<b>Evidence of Financial Soundness (990 form) AND documentation from a Financial Institution showing last three (3) months of operating expenses</b>		
Comments:			
7	<b>Letters of Support for the project (limit to three (3))/Proof of leveraging (if applicable)</b>		
Comments:			
8	<b>Memorandum of Understanding/s if partnering with any organization/s</b>		
Comments:			
9	<b>Key Staff Resumes</b>		
Comments:			
10	<b>Certificate of Insurance and/or a Letter of Indemnification</b>		
Comments:			
11	<b>Grant Request does not exceed \$10,000</b>		
Comments:			
12	<b>Original Grant Application</b>		
Comments:			
13	<b>Six Copies of Grant Application</b>		
Comments:			



**CITY OF HALLANDALE BEACH  
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**COVER PAGE**

**Organization Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Name of Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**ORGANIZATION INFORMATION**

Is the organization incorporated? Yes ☐ No ☐ FEIN#: \_\_\_\_\_

Does the organization have 501(c)(3) Tax Exemption Status? Yes ☐ No ☐

Does the organization have a Board of Directors? Yes ☐ No ☐

If yes, provide a list of your current board members with your application.

Total # of Board Members: \_\_\_\_\_ # of Staff: \_\_\_\_\_ # of Volunteers: \_\_\_\_\_

Does your organization carry Liability Insurance? Yes ☐ No ☐ Amount: \_\_\_\_\_

**PROPOSAL INFORMATION**

Program/Project Name: \_\_\_\_\_

List Specific City Priority Area that will be addressed if funded: \_\_\_\_\_

Target Age Group: \_\_\_\_\_ # of Residents To Be Served: \_\_\_\_\_

Agency Annual Budget: \_\_\_\_\_ Amount of Request \$: \_\_\_\_\_ Total Program Cost: \_\_\_\_\_

Source(s) of Current Funding: \_\_\_\_\_

Has your organization received previous funding from the City: Yes ☐ No ☐.

If yes, please List Amount:

Funded \$: \_\_\_\_\_ Year: \_\_\_\_\_ # of Residents Served: \_\_\_\_\_

Please provide a brief summary of the Previous Project Funded: \_\_\_\_\_

Authorized Signature of Organization Representative: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**CITY OF HALLANDALE BEACH  
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COMMUNITY PARTNERSHIP GRANTS PROGRAM**

**1. ORGANIZATION BACKGROUND INFORMATION (no more than 1 page)  
(Up to 5 points)**

- Give an overview of the agency's mission and history. Include years of operation, mission statement and primary services provided.

**2. PROJECT DESCRIPTION (no more than 2 pages) (Up to 25 points)**

- Give a general overview of the project by answering the following questions:
  - A. What is the project intent
  - B. How many clients are expected to be served?
  - C. What are the types of services to be delivered?
  - D. Why is the project needed? (This question should include city, school, racial/ethnic, socioeconomic characteristics, income level, age and/or neighborhood statistics regarding the identified issues, as well as any existing resources and gaps)
  - E. Who is the target population and how do services provided to the anticipation population address the needs of the program?
    - Identify the number and/or percentage of Hallandale Beach residents to be served.
  - F. How will the community benefit from your project?
  - G. How will the services address the city's priority area that was selected?
  - H. Are there any fees for services and/or scholarships/waivers available?
  - I. Other agencies or organizations involved in the project?



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**3. METHOD OR STRATEGY FOR IMPLEMENTATION (no more than 1 page) (Up to 20 points)**

**A. Describe the activities to achieve objectives and method of service delivery:**

Service Name and Description, e.g., (Intake and Assessment, etc.)	Method of Service Delivery, e.g., (all participants will be assessed at intake to determine their individual strengths, barriers and abilities, etc.)

**B. Who will be responsible for the overall project?**

**C. What staff will be involved (Please list all staff and provide resumes for key staff as attachments)?**

# of Staff	Position	Duties

**D. What is the time frame/work plan for implementing the project?**

Service Name/Work Task	Estimated Start-Up Date	Estimated Date of Completion

**E. Where will the services be held? (Note: Please submit a Principal Authorization Letter for programs proposing to operate on a school site.)**

Site	Street Address	City	Zip Code

**F. Describe the time of day and days of the week that services are provided. Describe the rationale as to why the days and times of operation were selected.**

Dates	Time Start	Time End



#### 4. EVALUATION OF THE PROJECT (no more than 1/2 page) (Up to 15 points)

Describe how you will measure success or benefits of your program using the Results Based Accountability (RBA) model. Results Based Accountability (RBA) is a tool used to measure program goals and objectives in order to provide evidence of better results. RBA points out that the most important measure is not how much a program does, but whether people served through programs are any better off because of the service provided (e.g. have the people served by a particular program gained increased skills, capacities, and knowledge as a result of their participation?). Performance accountability helps communities, program, and funding stakeholders see the linkage between an agency's work, its performance, and the results achieved for the people served by the agency's program.

- How will you measure whether the chosen target population is better off after participation in your program (i.e., surveys, pre and post- tests, report cards etc.)?
- How will you measure if services were provided well and as expected?
- What are you proposing to do to bring about the desired change?
- What are the goals, performance measures, and/or outcomes of the project?
- Performance Measure: The measure of how well a program, agency, or service system is working. This is measured at three level: How much did we do? How well did we do it? Is anyone better off (the results)?

The following is an example of how to assess how much and how well services are performed and whether anybody is better off for receiving those services. This can be a useful tool in determining your desired performance measures.

How Much Did We Do?				
Performance Measure	Target Goal	Actual	Evaluation Tool	Administration Schedule
# of Hallandale Beach students served	130 Students	120 students participated in the program	Client Data Tracking Sheet	Analyzed Monthly
How Well Did We Do It?				
Contract Utilization	100% overall contract utilization	95% overall contract utilization	Monthly Invoices	Analyzed Monthly
Services Monitoring	100% units met	100% units met	Site Visits	Analyzed Quarterly
Is Anyone Better Off?				
% of students who increased their knowledge and skills in Reading and Writing	80%	85%	Skills Test	Analyzed Quarterly
% of students who graduated to the next grade level	80%	85%	Report Cards	Analyzed Annually
% of student satisfaction with the services provided	80%	85%	Survey	Analyzed Quarterly



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**5. SUSTAINABILITY (no more than 1 page) (Up to 5 points)**

- A. If you receive 50% of the amount requested, how will you provide services?
- B. If you do not receive funding, will you still provide services?
- C. Have you been funded or received a commitment letter for funding? Please specify who and how much funding.
- D. What is your organization's Sustainability Plan for the next three (3) years?

**6. LEVERAGING OF FUNDS (no more than 1/2 page) (Up to 5 points)**

- Describe other resources that are in place to match the City's requested funding in order to implement the proposed program. Such resources may include organization funds, other grant funds, in-kind donations or any combinations thereof.

**7. PARTNERSHIPS/COLLABORATIONS (no more than 1/2 page) (Up to 5 points)**

- Describe any existing Partnerships/Collaborations currently in place with other non-profits organizations that provide a common goal.



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**8. BUDGET INFORMATION (Up to 20 points)**

A. Please fill in information as requested.

<b>PROPOSED PROJECT BUDGET</b>			
<b>ITEM</b>	<b>GRANT REQUEST</b>	<b>OTHER FUNDS/INKIND</b>	<b>JUSTIFICATION</b>
Personnel			
Consultants			
Supplies			
Other/specify			
<b>TOTAL</b>			

**ADMINISTRATIVE COST**

The intent of funding is to provide direct services to residents; therefore, Administrative Cost should be kept to a minimum. Please provide the amount or percentage of Administrative Costs for this budget: \$\_\_\_\_\_.



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**APPLICATION CHECKLIST**

**Please initial below as confirmation that each of the required documents has been submitted with the Application for review.**

- \_\_\_\_\_ **COVER PAGE**
- \_\_\_\_\_ **APPLICATION CHECKLIST**
- \_\_\_\_\_ **Copy of Organization Non-Profit Status Letter from IRS**
- \_\_\_\_\_ **List of Board Members, Director/Agency Head, Titles, Addresses, Phone Numbers.**
- \_\_\_\_\_ **Evidence of Incorporation for State of Florida ([www.sunbiz.org](http://www.sunbiz.org))**
- \_\_\_\_\_ **Evidence of Financial Soundness (990 form) and documentation from a Financial Institution showing last three (3) months of operating expenses**
- \_\_\_\_\_ **Letters of Support for the project (limit to three (3)) (OPTIONAL)**
- \_\_\_\_\_ **Proof of Leveraging of Funds (if applicable)**
- \_\_\_\_\_ **Memorandum of Understanding/s if partnering with any organization/s**
- \_\_\_\_\_ **Key Staff Resumes**
- \_\_\_\_\_ **Copy of the organization's Certificate of Insurance and/or a Letter of Indemnity**
- \_\_\_\_\_ **Grant request does not exceed \$10,000 (Mini-Grants Only)**
- \_\_\_\_\_ **Grant Application**

**CERTIFICATION**

**I certify that the information contained in this Application, including Budget and Attachments (supporting materials) are true and correct to the best of my knowledge. I understand that if information contained in this Application is found to be false or incorrect it may be cause for disqualification.**

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**



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**ATTACHMENTS**

Please include with the Proposal one copy of the following:

1. **APPLICATION CHECKLIST**
2. **ATTACHMENTS**
  - Copy of Organization Non-Profit Status Letter from IRS
  - List of Board Members, Director/Agency Head, Titles, Address & Phone Number
  - Evidence of Incorporation for State of Florida ([www.sunbiz.org](http://www.sunbiz.org))
  - Evidence of Financial Soundness (990 form) and documentation from a Financial Institution showing last three (3) months of operating expenses
  - Letters of Support for the project (limit to three (3)) (optional)
  - Proof of Leveraging of Funds (if applicable)
  - Memorandum of Understanding/s if partnering with any organization/s
  - Key Staff Resumes
  - Certificate of Insurance or Letter of Indemnity
3. **GRANT APPLICATION**

Remember to submit one (1) original and six (6) copies of the grant application package. Please, do not use binders. Staple all documents securely.

**SUBMIT GRANT REQUESTS VIA IN PERSON OR BY MAIL ONLY TO:**

City of Hallandale Beach  
Austin Hepburn Center  
1000 NW 8<sup>TH</sup> Avenue  
Hallandale Beach, Florida 33009

Attn: **COMMUNITY PARTNERSHIP GRANT PROGRAM**

**DEADLINES AND NOTIFICATION**

1. **Application deadline is at 4:00PM on WEDNESDAY, MAY 31, 2017. NO EXCEPTIONS!**
2. A Grant Workshop will be held on Wednesday, May 10, 2017, from 11:00 am – 12:00 noon at the Community Cultural Center, 410 SE 3<sup>rd</sup> Street, Hallandale Beach, Florida. Please call to register at 954-457-1460.
3. Notification of Awards for funding will be made in July of 2017. No phone calls accepted. Notification of Award will be made via mail.
4. Commission Awards will be made in September 2017 and funding will be given after October 1, 2017.
5. All grant recipients will enter into a contract, also known as a Grant Agreement with the City. Upon receipt of the Grant Agreement from the City of Hallandale Beach, the grantee will have thirty (30) days to return the documents to the City.