



# NSB HOMELESS AND DISADVANTAGED GRANT APPLICATION

210 Sams Avenue, New Smyrna Beach, FL 32168

## Introduction

In FY 2016-2017, the New Smyrna Beach City Commission approved a pilot program to provide new services or the expansion of existing services to the City’s homeless/disadvantaged individuals and families. This new application extends the program for an additional fiscal year: 2017-2018. All previous grantees must reapply to be considered for this grant. The program utilizes City funds and is made available to 501c3 organizations on a grant application and City Commission approval. No more than 5 eligible organizations and or programs will be chosen for grants of up to \$5,000 each.

A copy of the grant application is online at [www.cityofnsb.com/assistance-grants](http://www.cityofnsb.com/assistance-grants) or may be requested by e-mailing [dbanks@cityofnsb.com](mailto:dbanks@cityofnsb.com). If an applicant has any questions, they can call Donna M. Gray-Banks at 386-314-4849. This is not a reimbursement grant. The grantees are given funding up front to purchase products, goods and services for their particular grant. The grantee must follow all of the documentation procedures or the grantee will have to remit some or all of the grant funds back to the City. This procedure for reporting of expenditures and proper reporting is outlined in this application.

## Deadline:

Applications must be received in a sealed envelope. The front of the envelope must state “Homeless and Disadvantaged Grant Application” and must identify the name and mailing address of the applicant. The envelope must be received no later than 3 p.m. on Tuesday, October 24, 2017 at the Finance Department on the second floor of City Hall, 210 Sams Avenue, New Smyrna Beach, FL. Applications received after that time will be returned un-opened. Electronic submissions will not be accepted.



## Application Review:

The review committee will be comprised of city staff, Tony Otte, Donna M. Gray-Banks, Lieutenant Shane Riggle (NSB Police Department) and residents Mildred White, 50 year resident, retired math teacher and current CDBG Advisory Board Chairman; Christy Bell, 10 year resident, retired nurse and member of the CDBG Advisory Board and retired Minister Bob Brown if his calendar permits. The committee will review and rank the applications and make recommendations to the City Commission by ranking the applications numerically. Ranking system:

- ✓ Overall program – 30 points
- ✓ Background – 20 points
- ✓ Coordination – 10 points
- ✓ Budget -10 points
- ✓ Significance – 10 points
- ✓ Development – 10 points
- ✓ Estimated Outcome – 10 points

## Important Grant Dates:

Application Available:	Friday, September 29, 2017
Application Deadline (3:00 p.m. Delivery to Finance Department)	Tuesday, October 24, 2017
Review Committee/Applicant Presentations (10:00 a.m.)****	Tuesday, October 31, 2017
Recommendations to City Manager for review:	Friday, November 3, 2017
Recommendations to City Commission review and approval:	Tuesday, November 14, 2017
Announcement of Approved Grantees:	Wednesday, November 15, 2017
Grant start date:	Monday, November 20, 2017
Three meetings with Grantees during year:	TBD
Grant funding ending:	Tuesday, September 25, 2018

\*\*\*\*Alonzo “Babe” James Community Center – 201 N. Myrtle Avenue – NSB, FL  
Applicants will be given a time for their presentations



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### Application Recommendations:

The application must define what services are currently being provided to the homeless and disadvantaged by the applicant, and what service will be provided to the homeless and disadvantaged by the applicant. The following are examples of the types of services the City Commission will consider for this grant cycle. However approval of an application is not limited to these services:

- ✓ Services related to assistance in finding jobs –resumes, interviewing skills, business clothing, telephone etiquette, etc.
- ✓ Transportation – to services that are provided in other Cities, i.e., Department of Children and Families, Health Department, Idignity sites, Career Source and Job Fairs.
- ✓ Charging Stations – an area where homeless and disadvantaged could charge their cell phones.
- ✓ Hydration/Sun Station – water, sunscreen, hats and sunglasses.
- ✓ Shoes and sandals.
- ✓ New/Used Bikes, locks and repair.
- ✓ Literacy – reading and financial.
- ✓ Accessing the Homeless Management Information System (HMIS).
- ✓ Prescriptions – assistance in having them filled.
- ✓ Mini clinics – space for collaborative organizations to come and do blood pressure and diabetes checks and demonstrations on preparing healthy food on a budget.
- ✓ Fresh fruits and vegetables distribution
- ✓ Weekend snack program for children and seniors
- ✓ Permitted Portable Shower Truck

### Application Instructions

- Please printout the application form below and complete all fields in type-written, **not handwritten**, form.
- To be eligible for this program, organizations must have a current 501c3 determination letter from the Internal Revenue Service showing approval of nonprofit status at least three years prior to submission of the application and a copy of the determination letter must be included with the completed application form. Applicants must also be currently registered with the Florida Division of Corporations and provide documentation.
- Applicants must submit with the application form with the following information:
  - ✓ The applicant's experience in providing services to the homeless/disadvantaged, and other related social services in the City of New Smyrna Beach, FL.
  - ✓ A description of the services to be provided, and where and how they will be provided, with a justification as to the need for the service and the likely success to be expected in the provision of that service; and how success will be measured
  - ✓ A description of the service to be provided in terms of its previous availability: Does the applicant already provide this service and the funds requested will be an expansion? Does anyone else provide this service?
  - ✓ A schedule for the provision of the service. The schedule must ensure that all program funds are expended by September 25, 2018
  - ✓ Grant funds cannot be used to supplant existing services.



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- Applicants must submit with the application with the following information (CONTINUED):
  - ✓ The application must also include a statement of experience in similar programs for the persons directly responsible for the implementation of the program and the financial record-keeping.
  - ✓ Copies of the organization's last three Annual Reports, including financial statements.

### Program Requirements

- Program funds are to be used for services to the homeless and disadvantaged. No more than 15% of grant funds may be used for operating expenses, including office rent, salaries or compensation, utilities or other expenditures not providing a direct benefit to the homeless/disadvantaged for food, clothing, shelter, transportation, or other basic necessities.
- "Other expenditures" can be considered if they meet a mission to assist, such as, updating access to the registry used for the Homeless/disadvantaged individuals (HMIS) and salaried personnel to register clients into the system; salaried personnel to operate a Community Resource Center; and small equipment i.e., computers, cameras, phones, scanners, office supplies, etc. All of these "other expenditures" will need to be reviewed by the Community Resource Coordinator.
- No leasing of equipment will funded with this grant.
- Program funds shall be provided in two payments of \$2,500 each. The first request for payment must specify exactly what the money will be used for, and in what dollar amount(s). A request for a second draw from the \$5,000 grant for the additional \$2,500 will not be given to the grantee until a complete financial report is given to the Community Resource Coordinator with a copy for the City Finance Department. Once the second draw is obtained, the same procedure for reporting applies. The second report is due by September 25, 2018. The grant funding must be completed within the time period of November 20, 2017 - September 25, 2018.
- The complete financial report detailing the expenditures of all requested funds as noted above shall include: documentation for each transaction including detailed invoices, cancelled checks or bank statements. The expenditure of all funds received must be reported and documented. All transactions must have receipts. Cash transactions shall be limited to no more than \$50.00 and **must** be accompanied by a receipt from the vendor **that has the date of purchase.**
- Failure to comply with the reporting and documentation requirements of the first payment will cancel the remainder of the grant and no further funds will be disbursed.



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SECTION 1			
<b>NAME OF ORGANIZATION:</b>			
<b>DBA (if any)</b>			
<b>REGISTERED ADDRESS:</b>			
<b>TELEPHONE NO:</b>			
<b>WEBSITE ADDRESS:</b>		<b>E-MAIL:</b>	
<b>CONTACT PERSON:</b>			
<b>TITLE/OCCUPATION:</b>			
<b>501C3 Number:</b>			
<b>Organization no.:</b>		<b>Formation date:</b>	
<b>OFFICERS OF BOARD/COMMITTEE</b> <i>(Retired incumbents should state their former occupation):</i>			
<b>Chairman:</b>		<b>Occupation:</b>	
<b>Vice-Chairman:</b>		<b>Occupation:</b>	
<b>Treasurer:</b>		<b>Occupation:</b>	
<b>Secretary:</b>		<b>Occupation:</b>	
<b>FINANCIAL INFORMATION</b>			
<b>Name of Banking Institution:</b>		<b>Current Balance</b>	
<b>(Provide the current year budget with anticipated revenues and sources.</b>			



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**PREVIOUS APPLICIONS FOR GRANT FUNDING FOR THE HOMELESS/DISADVANTAGED**

<b>Successful: YES/NO</b>	<b>Request:</b>	<b>Date:</b>	<b>Amount:</b>
<b>Successful: YES/NO</b>	<b>Request:</b>	<b>Date:</b>	<b>Amount</b>

**SECTION 2**

<b>Is your organization part of or working in partnership with any other organization?</b>	<b>YES/ NO</b>	<b>If yes, which one and how is it linked?</b>
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**Brief aims/overview of your organization:**

**How does your organization currently assist homeless/disadvantaged people?**



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**FOR ORGANIZATIONS PROVIDING ACCOMMODATION TO THE  
HOMELESS/DISADVANTAGED**

**Number of units for the  
homeless/disadvantaged:**

How are these units provided (motel rooms,  
etc.)?

**Number of persons served:**

**Location(s):**

**Average weekly charges to residents:**

**SECTION 3**

**GRANT REQUESTED:**

**Need for funding:**

**Estimated total budget for this project: (not to exceed \$5,000)**

**Budget Detail by line item, i.e.,:**



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<b>Project/Program Schedule:</b>	
<b>What other organization have you approached to help fund this project, with results to date?</b>	
<b>Where/How did you hear about the City of NSB Homeless/disadvantaged Grant?</b>	
<b>Check List before submitting your application</b>	
<input type="checkbox"/>	Confirmation of 501C3
<input type="checkbox"/>	All sections are fully completed
<input type="checkbox"/>	The form has been <b>signed</b> by an authorized official;
<input type="checkbox"/>	Copy of 3 years financials.
<b>Signed:</b>	<b>Date:</b>
<b>Position held:</b>	

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**This form must accompany your first and second draw for grant funding.**

ORGANIZATION NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REQUEST# \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

GRANT FUNDS EXPENDED FOR THIS PERIOD: \_\_\_\_\_

	DESCRIPTION OF ACTIVITY	BUDGET	EXPENSES THIS PERIOD	EXPENSES YEAR-TO-DATE	AVAILABLE BALANCE
1.					
2.					
3.					
4.					
5.					
6.	<b>TOTAL (not to exceed \$2,500 for each report, \$5,000 Total)</b>				
<b>PREPARED BY</b> _____					
<b>REVIEWED BY</b> _____					

REQUEST DATE: \_\_\_\_\_

AGENCY AUTHORIZED SIGNATURE: \_\_\_\_\_

*(This form is for reproduction or copying by Recipient)*