



**City of St. Cloud**  
**Community Agency Grant Application**  
**Fiscal Year 2018-2019**  
DEADLINE IS 5:00 PM, AUGUST 31, 2018

**ANNOUNCEMENT: THE CITY OF ST. CLOUD WILL ACCEPT COMMUNITY AGENCY GRANT APPLICATIONS:**

BEGINNING - JUNE 1, 2018, 12:01 AM  
DEADLINE - AUGUST 31, 2018, 5:00 PM

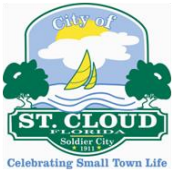
Applications may be obtained on the City of St. Cloud website: [www.stcloud.org](http://www.stcloud.org). Non-profit, 501c3, Human Service Agencies may submit more than one application; however, each application and the required components must be submitted separately. A complete application requires one (1) *signed* original application in a manila folder (no envelopes), one (1) copy of signed original application package in a manila folder (no envelopes) and one (1) electronic copy in PDF format via email to [ckuhn@stcloud.org](mailto:ckuhn@stcloud.org). ALL components of the application must be received no later than 5:00 pm on August 31, 2018. Incomplete and late applications will not be accepted. The original completed application and required copy must be mailed or delivered to:

**Grants Division  
City of St. Cloud  
1300 9<sup>th</sup> Street  
St. Cloud, FL 34769**

**By submission of an application, the submitting agency agrees and understands the following; one and/or both may occur:**

- 1. Application may require an in-person presentation to Council.** It is the prerogative of the Council to request specific agencies make a 5 – 10 minute presentation to accompany their application. If requested, an additional notification is sent to those agencies.
- 2. Application may require an in-person visit to the requesting agency.** It is the prerogative of the Council (and/or their designee) to visit any applying agency in order to familiarize the Council with the day to day activities of the agency.

For questions regarding the application you may call 407-957-7352 or email [ckuhn@stcloud.org](mailto:ckuhn@stcloud.org)  
Florida has a very broad Public Records Law. E-mails to this entity or its employees may be considered a public record. Your e-mail communication, including your email address may be disclosed to the public and media at any time.



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Agency Name: \_\_\_\_\_

Mailing Address: (if awarded, this is where your grant agreement and check will be mailed)
\_\_\_\_\_

Office Address (if different than mailing):
\_\_\_\_\_

Agency Telephone Number: \_\_\_\_\_

Executive Director/President: \_\_\_\_\_

Email address: \_\_\_\_\_

Application Point of Contact (if different from above): \_\_\_\_\_

Email address: \_\_\_\_\_

Agency Website (if available): \_\_\_\_\_

Percentage of funds used towards: Actual Service: \_\_\_\_\_% Administrative Costs: \_\_\_\_\_%

Type of Legal Entity: Non-profit [ ] For profit [ ]

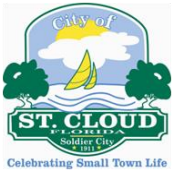
Tax Identification Number: \_\_\_\_\_

Agency's Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_
(mo/day) (mo/day)

A. Your signature confirms that all required documentation as listed in the application instructions/checklist has been included. Furthermore, any incomplete applications may be considered null and void and are not eligible for funding consideration. By signing you confirm that you/the agency is in agreement with the Community Agency Grants application process and if awarded understand your agency is subject to a visit conducted by the St. Cloud City Council and/or its designee and/or submission of application may require an in-person presentation to Council. In addition, you agree to complete a final summary report detailing the use of any awarded funds and any agency not complying with this requirement will be ineligible to apply for the next funding cycle.

Signed:

\_\_\_\_\_ Date: \_\_\_\_\_
Executive Director/President's signature



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**1. Name of Specific program/project/event/equipment for which funding is requested:**

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**2. In a few short sentences please provide the objective for your funding request:**

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**3. Amount Requested for the 2018-2019 budget year:**

\$

**4. Who will benefit from this grant request:** \_\_\_\_\_

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**5. Number of individuals this program/project/event for which you are requesting will serve:**

# served in Incorporated City of St. Cloud	# served in Unincorporated Osceola County	# served in Incorporated City of Kissimmee	# served outside Osceola County	TOTAL # served for all areas

**6. What community needs will this project address?**

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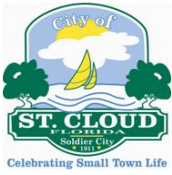


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**7. Other funding sources:**

**a. Have you applied for other funding sources/grants for this project/program for the 2018/2019 budget year?**

**Yes    No**    *(Please circle)*



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**b. Total of other grant funds/sources requested for this project/program:**

\$ \_\_\_\_\_

**8. Please provide total amount of ALL grants/funding sources received by the Agency last fiscal/annual year. (ie: donations, other grant awards, fundraisers, sponsorships etc.)**

\$ \_\_\_\_\_

**9. If your agency received grant funds from this program last year please identify:**

- a. How the Community Agency Grant Funds were utilized?**
- b. Were they used for purpose in which they were awarded?**
- c. If not, please indicate why not.**

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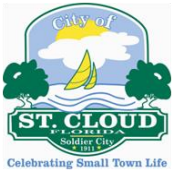
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**10. Number of Paid Employees:** \_\_\_\_\_

**11. List the titles, names and salary of the top five (5) paid employees of your Agency; please provide a grand total:**

Employee Name	Title	Salary
	<b>Salary Total</b>	



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**12. Names and title of Board of Directors:** (If more space needed please continue on back of page)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

**13. Agency's Board approved Mission Statement:**

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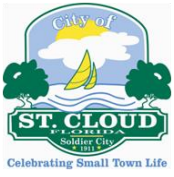
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**14. Can your non-profit agency information be found on GuideStar?**

**Yes No** (please circle)



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**15. Project/Program Budget:** *(Only include costs for the program/project/event/equipment for which you are requesting funding this total will equal the amount in question 3 on page 2.)*

**A. Salaries and Fringe Expenses:** *(salary/benefit costs for the program/project in which you are requesting grant funding)*

Title	Salary Per Hour	Number of Hours	FICA	Benefits/Fringe	Total Salary and Benefits
<b>Salary &amp; Fringe Totals</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**B. General and Administrative Expenses:** *(ie: rent, utilities, insurance, subscriptions, etc. expenses for the program/project in which you are requesting grant funding)*

QTY	Item Description	Amount
<b>Total Administrative Expenses</b>		<b>\$ 0.00</b>

**C. Equipment, materials, supplies expenses:** *(ie: equipment, office supplies, shipping charges etc., and other tangible material expenses for the program/project in which you are requesting grant funding)*

QTY	Item Description	Amount
<b>Total Equipment, Materials, Supplies Expenses</b>		<b>\$ 0.00</b>

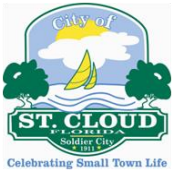


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**D. Other Expenses not included in above:** *(ie: registration fees, consultant fees, gas and travel expenses requested for the program/project for which you are requesting grant funding)*

QTY	Item Description	Amount
	<b>Total Other Expenses</b>	<b>\$ 0.00</b>

<b>Salary &amp; Fringe Expenses</b>	\$
<b>Administrative Expenses</b>	\$
<b>Total</b>	
<b>Equipment, Material &amp; Supplies Expenses Total</b>	\$
<b>Other Expenses Total</b>	\$
<b>PROJECT TOTAL</b>	\$
<b>Grant Request</b>	\$
<b>Agency Match (if any) over and above Grant Request</b>	\$



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**Attachment Attachments** *(Please Read Carefully)*

**A. Executive Summary** – On your letterhead, provide an Executive Summary of your program; as an attachment no more than 1 page. *\*Be sure to label as attachment A*

- What are your organization's identity and mission? Identify yourself clearly.
- What is the proposed program/project title, purpose, and who will it help? Describe the specific need you're meeting and objectives.
- Why is the project important?
- What will the project or proposal accomplish?
- Why should **your** organization do this program (as opposed to any other group)?
- How much will the total project cost? How much are you asking from this funder?
- No more than 1 page
- No photos or other items, text only. *(Initial)*\_\_\_\_\_

**B. Other funding Sources** - On your letterhead list all other funding sources from item #7 on page 2 for the last fiscal/annual year including: donations, other grant awards, fundraisers, sponsorships etc.

*(Initial)*\_\_\_\_\_

**C. 501c(3) Certification** (Note: If a Public School Agency, you must provide the Certificate and Umbrella # of the school or the application will not be considered) *(Initial)*\_\_\_\_\_

**D. Form 990** (Page 1 ONLY if your non-profit Agency can be found on GuideStar.)

*If your agency CANNOT be found on GuideStar, please provide the following in addition to page 1 of the Form 990:*

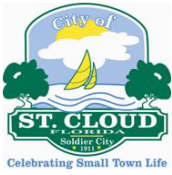
Current Financial Statements to include:

- a. Statement of Financial Position (Balance Sheet) as filed with the IRS.
  - b. Statement of Activities (profit & loss or Income Statement) as filed with the IRS.
- \*Please do not include a certified financial audit only the requested pages above.*

*(Initial)*\_\_\_\_\_

**E. Other supporting documentation** (not listed above) in support of your request *(Initial)*\_\_\_\_\_





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**Application Checklist**

- 1) Must return all six (8) pages of application and required attachments (see page 7). (Initial)\_\_\_\_\_
- 2) **Completed submission** must include the following:
- One (1) **signed** original application in a manila folder (no envelopes)
  - One (1) copy of complete application package in a manila folder (no envelopes)
  - One (1) electronic copy in PDF format via email to [ckuhn@stcloud.org](mailto:ckuhn@stcloud.org).
  - **DO NO USE:** cover pages, staples, paper clips, binder clips, report covers, presentation binders of any kind, cover pages/sheets or separator sheets. (Initial)\_\_\_\_\_

All application components must be received no later than **5:00 pm, August 31, 2018**. Applications may be mailed or delivered to:

Grants Division  
City of St. Cloud  
1300 9<sup>th</sup> Street  
Bldg. A, 2<sup>nd</sup> floor  
St. Cloud, FL 34769

- 3) **All attached documentation must be labeled with corresponding letter (A- E) as listed under 'Supporting Documentation'**. All submissions must include items A-D, attachment E is optional; completed application is limited to a maximum of 20 pages. (Initial)\_\_\_\_\_
- 4) **All attached documents must contain the non-profit agency 'header'** indicating the agency name or printed on letterhead. (Initial)\_\_\_\_\_
- 5) **Do not remove the heading/ Do not change any wording** on the application or attachments. All forms and questions are the same for each applying agency. Any changes to the verbiage may cause the application to be null and void. Additional lines may be inserted for each section as necessary. (Initial)\_\_\_\_\_
- 6) If awarded funds, agencies will be required to complete a final summary report of the use of funds. These reports must be submitted no later than June 30, 2019. Any agency not submitting a report will be ineligible to apply for the next funding cycle. (Initial)\_\_\_\_\_
- 7) By submission of an application, the applying agency agrees and understands the following; one and/or both may occur:
- a. *Application may require an in-person presentation to Council.* It is the prerogative of the Council to request specific agencies make a 5 – 10 minute presentation to accompany their application. If requested, an additional notification is sent to those agencies. (Initial)\_\_\_\_\_
  - b. *Application may require an in-person visit to the requesting agency.* It is the prerogative of the Council (and or their designee) to visit any applying agency in order to familiarize the Council with the day to day activities of the agency. (Initial)\_\_\_\_\_