



**City of St. Cloud
COVID-19 Non-profit Grant Assistance Application
Fiscal Year 2019-2020**

**ANNOUNCEMENT:
THE CITY OF ST. CLOUD WILL ACCEPT NON-PROFIT GRANT ASSISTANCE
APPLICATIONS:**

**BEGINNING - May 28, 2020 - 12:01 AM
DEADLINE – Until funds are depleted**

Applications may be downloaded from the City of St. Cloud website: www.stcloud.org/smallbusinessrecovery. Eligible agencies include non-profits, entities with a 501(c)3 designation by the Internal Revenue Service, and Human Service Agencies. More than one application may be submitted; however, each application and the required supporting documentation must be submitted separately. A complete application requires one (1) **signed** original application, single sided, in an envelope, or one (1) electronic copy, single sided, in PDF format via email to economicdevelopment@stcloud.org. Application period will remain open while funds are available. Incomplete applications will be rejected. The original completed application must be mailed to:

**Economic Development Office
c/o COVID-19 Non-profit Grant Assistance
Program
City of St. Cloud
1300 9th Street Bldg. A
St. Cloud, FL 34769**

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

- 1. Application may require an in-person or virtual presentation.**
- 2. An in-person or virtual visit to the requesting agency may be required.**

For questions regarding the application you may call 407-957-7235 or email economicdevelopment@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.



City of St. Cloud
COVID-19 Non-profit Grant Assistance Application
Fiscal Year 2019-2020

Application Instructions:

Section I – Administrative Information

- Please enter all information as accurately as possible.
- The Executive Director/President name should be the same as the person signing the application and is considered the applicant.
- The Application Point of Contact is the name of the individual completing the application and able to be reached should any questions arise.
- The mailing address is where any grant forms/agreements/checks will be mailed.
- The office address is the agency's primary physical location.
- Percentage of funds an agency uses for administrative costs versus actual services. **This amount should reflect the Overall position of the agency revenues; the amount used towards actual programs and services versus the amount used for administrative costs to include salaries, benefits, and other operating costs. To determine this go to page 10 of the Form 990 – Statement of Functional Expenses, go to line 25 (total functional expenses) divide column B (program services) by column A (total expenses) then multiply by 100. That percentage is the agency's spending directly on programs and services.**

Section II – Program Information

Questions 1 – 8 are *specific to the project/program/equipment for which you are requesting funding*. Do not include overall agency data in this section.

Section III – Budget

Question 9, sections A, B & C are *specific to the project/program/equipment for which you are requesting funding*. Provide the budget for the requested funds; only include the budget information for the specific amount of funds requested.

Section IV – Agency Information

Questions 10 – 15 are *questions regarding the overview of the agency as a whole*.

Section V – Attachments

- A. Executive Summary should include the following elements regarding the agency's mission and project, labeled Attachment A on your letterhead:
- What is your agency'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 *in relation to COVID-19 assistance* and objectives.
 - Why is the project important?
 - What will the project or proposal accomplish?
 - Why should **your** agency do this program (as opposed to any other group)?
 - How much will the total project cost? How much are you asking from the City?
 - No more than one (1) typed page
 - No photos or other media, text only.



City of St. Cloud
COVID-19 Non-profit Grant Assistance Application
Fiscal Year 2019-2020

- B. List all other funding sources received by your agency for your last fiscal year, labeled Attachment B on your letterhead. – Please see question 10 on page 8.
- C. 501(c)(3) Certification – Please attach a copy of the Organization’s 501c3 certification labeled Attachment C.
- D. Form 990 – Attach a copy of the Agency’s form 990 Department of Treasury Internal Revenue Service Return of Organization Exempt from Income Tax: Part 1 Summary Pages with Signature.
- E. IRS W-9 Request for Taxpayer Identification Number and Certification
- F. Attach a copy of the most recent:
 - 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.*
- G. Other supporting documentation (not listed above) in support of your request. No more than a total of 20 pages for entire application.

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City of St. Cloud
COVID-19 Non-profit Grant Assistance Application
Fiscal Year 2019-2020

Section I – Agency’s Overall Administrative Information

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: _____ Phone Number: _____

Agency Website (if available): _____

Percentage of Agency Revenues used towards: This amount should reflect the overall position of the agency revenues; the amount used towards actual programs and services versus the amount used for administrative costs to include salaries, benefits, and other operating costs.

Actual Service: _____% Administrative Costs: _____%

Type of Legal Entity: Non-profit [] For profit [] Tax ID (FEIN) Number: _____

Inaugural year of agency? _____

Agency’s Fiscal Year: _____ to _____ (mo/day) (mo/day)

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 COVID-19 Grants application process and if awarded understand your agency is subject to program reporting including site/virtual visit and/or documentation conducted by the St. Cloud City Council and/or its designee. Further, submission of application may require an in-person/virtual 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:

Executive Director/President’s signature

Date



City of St. Cloud
COVID-19 Non-profit Grant Assistance Application
Fiscal Year 2019-2020

Section II – Program Information

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

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

3. Amount Requested for COVID-19 related Funding:

\$ _____

4. Who will benefit from this grant request: _____

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, in relation to COVID-19, will this project address?



City of St. Cloud
COVID-19 Non-profit Grant Assistance Application
Fiscal Year 2019-2020

Other funding sources:

a. Have you applied for other funding sources/grants for this project/program for the 2019/2020 City fiscal year?

Yes No (Please select one)

b. If yes, total of other grant funds/sources requested for this project/program:

\$ _____

7. If your agency received grant funds from the St. Cloud Community Support Grant program this fiscal year (FY 19-20) please identify:

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



City of St. Cloud
COVID-19 Non-profit Grant Assistance Application
Fiscal Year 2019-2020

Section III – Program Budget

8. Provide the budget for the requested funds; only include the budget information for the specific amount of funds requested.

A. Salaries and Fringe Expenses:

Title	Salary Per Hour	Number of Hours	FICA	Benefits/ Fringe	Total Salary and Benefits	Amount of funds requesting
Salary & Fringe Totals	\$	\$	\$	\$	\$	\$

B. General and Administrative Expenses: (intangibles)

QTY	Item Description	Price per each	Subtotal
Total Administrative Expenses		\$	\$

C. Equipment, materials, supplies expenses: (tangibles)

QTY	Item Description	Price per each	Subtotal
Total Equipment, Materials, Supplies Expenses		\$	\$



City of St. Cloud
COVID-19 Non-profit Grant Assistance Application
Fiscal Year 2019-2020

D. Other Expenses not included in above:

QTY	Item Description	Price per each	Subtotal
	Total Other Expenses	\$	\$

Salary & Fringe Expenses	\$
Administrative Expenses Total	\$
Equipment, Material & Supplies Expenses Total	\$
Other Expenses Total	\$
Grant Request	\$



City of St. Cloud
COVID-19 Non-profit Grant Assistance Application
Fiscal Year 2019-2020

Section IV – Agency Information

9. Please provide total amount of ALL grants/funding sources received by the Agency last fiscal/annual year. Please list all funds donations, other grant awards, fundraisers, sponsorships etc. on a separate sheet as attachment B. \$ _____ TOTAL

10. Number of Paid Employees: _____ employees shall be individuals for whom the employer issued or will issue a Federal W-2 Income Tax form

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
	Salary Total	

12. Names and title of Board of Directors: If more space needed please complete on separate page

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

13. Agency’s Board approved Mission Statement:



**City of St. Cloud
COVID-19 Non-profit Grant Assistance Application
Fiscal Year 2019-2020**

Section V - 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*

(Initial) _____
- B. **Other funding Sources** - On your letterhead list all other funding sources from item #10 on page 2 for the last fiscal/annual year including: donations, other grant awards, fundraisers, sponsorships etc.

(Initial) _____
- C. **501(c)(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** Pages 1 (signature page) and Page 10 Statement of Functional Expenses

If you do not file a Form 990, please provide the following:

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.*

- E. Other supporting documentation (not listed above) in support of your request

(Initial) _____

Application Checklist

- 1) Must return all eight (8) pages of application, including this page and required attachments

(Initial) _____
- 2) **Completed submission** must include the following:
 - One (1) **signed** original, single sided, application in a envelope OR
 - One (1) electronic copy, single sided, in PDF format via email to economicdevelopment@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) _____

Applications may be mailed or delivered to:

**Economic Development Office
c/o COVID-19 Non-profit Grant Assistance Program
City of St. Cloud
1300 9th Street Bldg. A
St. Cloud, FL 34769**



City of St. Cloud
COVID-19 Non-profit Grant Assistance Application
Fiscal Year 2019-2020

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) _____

- *All attached documents must contain the non-profit agency 'header' indicating the agency name or printed on letterhead.*

(Initial) _____

- ***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) _____

- *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 six months from the date of the award.*

(Initial) _____

- *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 or virtual presentation. A request may be made for specific agencies to make a 5 – 10 minute presentation to accompany their application. If requested, an additional notification is sent to those agencies.*

(Initial) _____

- b. *An in-person or virtual visit to the requesting agency may be required.*

(Initial) _____

- *Applicant acknowledges receipt and review of the COVID-19 Non-profit Assistance Grant Program Guidelines.*

(Initial) _____



City of St. Cloud
COVID-19 Non-profit Grant Assistance Application
Fiscal Year 2019-2020

Appendix A

COVID-19 Non-Profit Assistance Grant
Program Guidelines

This program is designed to assist non-profits lessen the financial burden of operational costs. Assuming low financial donations by the public, most non-profits are unable to collect its primary source of revenues. Ironically, these organizations are also the main source of assistance to others, particularly during disaster recovery efforts such as COVID-19. This plan will allocate \$50,000 in public funding to offset the loss of income related to revenue and other economic impacts. Each non-profit is eligible for up to \$5,000.

INTRODUCTION

The City of St. Cloud, Florida, requests applications from qualified non-profit organizations to provide services that address human service needs in the community, directly related to COVID-19. The City reserves the right to reduce, amend, and/or rescind the funding announcement at any time prior to the final award and approval of any contract for services by the City of St. Cloud. This funding is subject to availability. Submission of an application does not guarantee funding.

FUNDING GOALS AND PRIORITIES

The City of St. Cloud would like to assist non-profit agencies in their intent to offer residents the ability to attain, restore or preserve their highest potential of functional abilities, independence, and quality of life in the least restrictive setting and to achieve their highest potential by improving their abilities to make safe, responsible decisions and reduce safety risks. The goal is supported through assisting individuals and/or families in:

- Helping families and individuals receive food, shelter and medical care in relation to COVID-19 restrictions;
- Providing educational activities for youth that reduce personal risk including access to technology, i.e. electronic devices such as laptops, tablets, or software licenses;
- Creating ecosystems of community care that allows access to quality of life services without imposing on the Stay-at-Home order, i.e. online medical services, subscription to meal services, etc.
- Providing youth with opportunities to succeed by increasing their knowledge, skills, and abilities;
- Providing food and emergency shelter to meet basic human needs. Priorities of the funding include:
 - Out-of-School Youth Activities – Programs benefiting youth including programs which address economic opportunities and underlying issues of poverty;
 - Emergency Assistance – Programs providing food and shelter, in coordination with other supportive services which facilitate self-sufficiency.
 - Senior Care—Programs that assist the elderly in maintaining high quality of life during COVID-19 stay-at-home executive order.



City of St. Cloud COVID-19 Non-profit Grant Assistance Application Fiscal Year 2019-2020

Appendix A

Examples include, but are not limited to the following:

- Curriculum-based life skills training &/or vocational training for continuation of business and/or workforce post-COVID-19;
- Home-based services including services to support caregivers;
- Professional therapies to enhance physical and/or developmental abilities during the COVID-19 pandemic;
- Work related programs/job readiness/placement/retention;
- Resource coordination (including case management).
- Curriculum based out-of-school youth program, non-school based tutoring (home school), health or other mentoring/education program, literacy programs, etc.
- Food to meet basic needs;
- Emergency shelter including domestic violence prevention, counseling and/or treatment;
- Medical education and/or services

ELIGIBILITY CRITERIA

- Level of service must be measured on a unit rate. Must have a methodology of how the unit and rate were determined.
- Unit of service for youth programs must be defined as “an hour of service per child”, except for evidence-based programs that provide services to ensure the fidelity of the model and partner with agencies providing direct client services. Unit of service can be different for this type of program.
- Program must produce realistic and measurable outcomes that exhibit a benefit to the client and meet a need in the community.
- Agency must provide direct services to clients, except for evidence based programs that provide services to ensure the fidelity of the model and partner with agencies providing direct client services.
- Services must benefit residents of St. Cloud.
- Have not received Paycheck Protection Program (PPP); Economic Injury Disaster Loan (EIDL); or benefited from the SBA Debt Relief Program as provided under the CARES Act
- Funds are restricted to services provided to people legally able to reside in the U.S.
 - Agency must be located in the geographic boundary of St. Cloud or serve 51% of St. Cloud population
 - Must meet a community need directly impacted by spread of COVID-19
 - Maximum program award amount per agency: \$5,000. Grant recipients are not eligible for additional funding under this program.

The City Manager is authorized, as the appropriate designee, to execute agreements between the City and grantee in an amount not to exceed his signing authority, at the time the grant is awarded. Agreement is contingent upon Council approval of program funding. Costs associated with application preparation shall be the sole responsibility of the applicant. Applications will become the property of the City of St. Cloud.

It is the responsibility of the Office of Economic Development to review, evaluate, analyze, address, and correct any inconsistencies, inaccuracies, or misconceptions that become apparent after the review panel recommendation, and prior to or after the execution of the agreement.



City of St. Cloud COVID-19 Non-profit Grant Assistance Application Fiscal Year 2019-2020

Appendix A

The responsibility of staff is to ensure that tax payer money is utilized in the most efficient, non-duplicative and equitable manner possible. It is not to be negated by the Review Panel's recommendation to the City Manager approval of that recommendation if it is based on inaccurate information or misleading communication. Applicants are permitted to communicate with the Economic Development staff after the notice of funding availability has been announced to clarify application questions, but not after application has been submitted. Economic Development staff will attempt to answer applicant questions based upon the grant availability announcement document. The written grant availability document is binding. In the event Economic Development staff offers verbal guidance that may be in conflict with the grant availability document, the written document shall be binding.

EVALUATION & AWARD PROCESS

The staff reviewers will be the Grants Specialist and the Economic Development Manager for eligibility, accuracy and responsiveness. Additional review by other staff members may be required, as applicable. Additional reviewers may include, but limited to Finance Director, Business Navigator and a representative from the St. Cloud Chamber and Main Street Program. The evaluators will review, score, and provide conditional selection. Upon staff review and score, each endorsed application will be forwarded to the City Manager with a recommendation for funding, including award amount and possible conditions. Staff will review applications individually using the selection criteria established. Suggestions to modify the requested amount of assistance may be made to City Manager at time of staff recommendation. Due to limited funding, applications will be reviewed and scored as received, until all funds are expended.

The applications will be evaluated and scored based on the contents of the narrative and supporting documentation. No additional information will be accepted after the stated application deadline. The written application and supporting documentation will be the sole basis for the scoring completed by the review panel. No clarification or dialogue will be permitted from the submitting agency after the application is submitted.

THIS FUNDING IS SUBJECT TO AVAILABILITY AND THERE IS NO GUARANTEE THAT ANY FUNDS WILL BE AWARDED.

POST AWARD REQUIREMENTS

The City of St. Cloud requires regular and timely reports from its grantees. Award recipients will be subject to quarterly reporting and a final annual report, detailing their progress. The Grant Final Report must be submitted within one month after the conclusion of the period of performance, and shall:

- Summarize the project's goals and objectives, beneficiaries served, and actual outcomes
- Provide an objective assessment of the success in achieving these goals and objectives and intended outcomes and report the statistics for the beneficiaries served
- Account for grant expenditures
- Describe the benefits that may be derived through the replication or extension of the project