

**City of Key West Application for Non-
Profit Funding Fiscal Year 2021
October 1, 2020 – September 30, 2021**

Agency Name	
Physical Address	
Mailing Address	
City, State, Zip	
Phone	
Fax	
Email	
Who should we contact with questions about this application?	

Amount received for prior fiscal year ending 09/30/19	\$
Amount received for current fiscal year ending 09/30/20	\$
Amount requested for upcoming fiscal year ending 09/30/21	\$

For Fiscal Year 2021 how will the amount requested be utilized?	
---	--

CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. The City of Key West is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use City funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Key West City Commission.

We understand that the agency must substantially meet the eligibility criteria to be considered for City funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Key West.

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will receive funding.

Typed Name of Executive Director: _____

Signature _____

Title: _____

Date: _____

Witness: _____

Witness: _____

Typed Name of Board President/Chairman: _____

Signature _____

Title: _____

Date: _____

Witness: _____

Witness: _____

Application (Please type responses. You may complete on your own form).

1. List the services your agency provides.
2. How will funding be used? What specific services will be funded by this request? What needs or problems in Key West does your agency address? Please explain in detail.
3. Will City funds be used as match for a grant? Please circle yes or no: Yes No
If you answered “no”, please see Question #7.
4. If you answered “yes” to Question #3, please specify the following for each grant:
 - a. grant award title, granting agency, and purpose:
 - b. grant amount:
 - c. match percentage requirement and amount:
 - d. expected award date:
5. Has your agency applied for or received funding for the same purpose from another entity? If yes, please explain.
6. Is your agency monitored by an outside entity? If so, by whom and how often?
(If applying for \$5,000 or less, a response is not required.)
7. What measurable outcomes do you plan to accomplish in the next funding year?
8. How will you measure these outcomes? *(If applying for \$5,000 or less, a response is not required.)*
9. In 300 words or less, address any topics not covered above (*optional*).

Please See List of Required Attachments

ATTACHMENT CHECKLIST

<u>LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE</u>	ATTACHED?		COMMENTS
IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	YES	NO	You must explain any "NO" answers
Application			
Current Board Information Form			
Evidence of Annual Election of Officers			
Board Resolution Approving Application for Funding			
City Funded Program Budget			
Agency Expenses			
Agency Revenue			
Agency Fee Schedule			
Upon approval of funding, do you agree to provide a copy of an Audited Financial Statement, a review of financial statements, or other financial report as appropriate (to be determined based on amount of funding and agency budget) from most recent fiscal year?			
Copy of filed IRS Form 990 from most recent fiscal year			
Copy of IRS Letter of Determination indicating 501 C 3 status & Copy of GUIDESTAR printout			
Copy of Current Monroe County and City Occupational Licenses			
Copy of Florida Dept. of Children And Families License or Certification			
Copy of any other Federal or State Licenses			
Copy of Florida Dept. of Health Licenses/Permits			
Copy of Organization's Corporate Bylaws.			
Copy of front page of Agency's EEO Policy/Plan			
Annual performance report describing services rendered during the most recently completed grant period			
Copy of Summary Report of most current Evaluation/Monitoring *			

* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.