

Southernmost Hockey Club
1107 Key Plaza, Box 287
Key West, FL 33040
May 15, 2019

City of Key West Application for Non-Profit Funding
Fiscal Year October 1, 2019-September 30, 2020

1. Southernmost Hockey Club provides a youth hockey program. The philosophy of the Organization (per our By Laws) is to educate and develop young people by encouraging their interest and participation in hockey through its core values of sportsmanship, respect for others, integrity, pursuit of excellence at the individual, team and organization levels. We also support the concepts of "everyone plays, open registration, balanced teams, positive coaching and good sportmanship."
 2. Funding received will be used to provide players with entry level gear (not for sale), safety gear (such as neck guards for goalies), AED medical unit, rink maintenance, and referee payment for games. Rink maintenance includes scoreboard maintenance, rink surface maintenance with industrial wet/dry vac, cleaning equipment, and items to help clear water, dirt and trash from inside and outside of rink area.
 3. No, City funds will not be used as a match for a grant.
 - 4.-6. Questions not applicable.
 7. In the next funding year, we hope to increase hockey player enrollment, provide more gear to new players (not for sale), pay referee wages, increase safety equipment purchases (safety gear, AED), and increase rink maintenance items to promote rink longevity and safe play on the rink. We may incur roof repair expenses as our roof leaks are increasing.
 8. Outcomes will be measured by player enrollment numbers, gear receipts, rink maintenance/repair reports (receipts), referee cashed checks (payments), and bank records.
 9. The hockey league had about 100 players in 2019. The hockey board is piloting a new program to provide entry level gear assistance to U6 new players, as well as, continuing to give away any used gear given to the league. We have sponsored players in the past, and would like to do so by providing gear to new players that qualify due to financial constraints. We also provide goalie players with gear to ensure safety during play.
- Referee payments: we have 2 referees to ensure safe play by hockey AAU standards and to promote good sportsmanship. During our 2019 season, we played 78 games. Referees get \$20/game, 2 refs/game totals \$3120.00. The league requests reimbursement for paid refs only, volunteers are excluded. Our game score sheets with ref signatures are submitted for reimbursement.

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City of Key West Proposed Budget for SMHC Fiscal Year 2020

<u>SMHC League Expenses</u>	<u>Projected Amount</u>
1. Referee Payments	\$3,120.00
2. Rink Maintenance: Wet/Dry Vac Floor Cleaner (commercial)	\$765.00
3. Hockey Equipment/Gear	\$3,000.00
4. New Storage Unit (Hurricane Rated, City Parks & Rec approved)	\$4,250.00
*Major projected expenses listed only Total	\$11,135.00

City of Key West
Application for Non-
Profit Funding Fiscal
Year 2020
October 1, 2019 -
September 30, 2020

Agency Name	Southernmost Hockey Club
Physical Address	Bertha/Atlantic St. Rink
Mailing Address	1107 Key Plaza #287, KW
City, State, Zip	KW, FL 33040
Phone	(305) 587-8864
Fax	-
Email	njkeywest@gmail.com
Who should we contact with questions about this application?	Joyce Milelli, V.P. Board of Directors

Amount received for prior fiscal year ending 09/30/18	\$ 7,000.00
Amount received for current fiscal year ending 09/30/19	\$ pending
Amount requested for upcoming fiscal year ending 09/30/20	\$ 7,000.00

For Fiscal Year 2020

how
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Southernmost Hockey Club

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	<i>pending completion</i>		
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	N/A		
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	N/A		
Copy of Summary Report of most current Evaluation/Monitoring	N/A		

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

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: Joce Milelli

Signature: 

Title: VPR

Date: 5/17/19

Witness: _____

Witness: _____

Typed Name of Board President/Chairman: James C. Reynolds

Signature: 

Title: President

Date: 5/17/2019

Witness: _____

Witness: _____

CHERI SMITH, CITY CLERK

CITY OF KEY WEST, FLORIDA

City Clerk

By _____
City Manager

Witness

(Federal ID No. _____)

Witness

By _____
Executive Director





Florida Department of Health
in Monroe County
Notification of Fees Due

1/3973023
44-BID-3973023

Permit Number

44-48-00240

For: Food Hygiene - Recreational Camp

Fee Amount: \$225.00

Previous Balance: \$0.00

Payment Due Date: 10/21/2018 or Upon Receipt

If not paid by 10/21/2018 then the fee will be: \$250.00

Notice: This bill is due and payable in full upon receipt and must be received by the local office by the payment due date (10/21/2018).

Mail To: Southernmost Hockey Club Inc.
1107 Key Plaza 287
Key West, FL 33040

Please verify all information below at www.myfloridaehpermit.com and make changes as necessary.

Account Information: Food Type: Limited Service

Name: Southernmost Hockey Club Concession Stand Seating Capacity: 0
Location: 2100 Flagler Avenue
Key West, FL 33040

Owner Information:

Name: Southernmost Hockey Club Inc.
Address: 1107 Key Plaza 287
(Mailing) Key West, FL 33040
Home Phone: () - Work Phone: (305) 923-0218

Circle One: Visa MC

Name on Card: _____

Account #: _____

Exp Date: ____/____ Security Code (CVV): ____

Card's Billing Address: _____

City: _____ State: ____ Zip: _____

I Authorize Florida Department of Health in
Monroe County to charge my credit card account
for the following:

Payment Amount: \$_____ For: _____

Signature _____

Date _____

Please RETURN invoice with your payment!

Batch Billing ID: 17520

Department of Health in Monroe County
Community Health Services
50 High Point Rd.
Tavernier, FL 33070
Phone: 305-676-3941

PERMIT HOLDERS CAN NOW

pay invoices online!

The Florida Department of Health now offers a secure system for permit holders to pay invoices and print permits online!

- No sign-up cost.
- Save time. Paying a bill online is faster than mailing a check or hand delivering payment.
- Our safe and secure system will keep your information protected.
- Pay at your convenience. With our online system, you can pay with your credit card or e-check and don't have to worry about envelopes or stamps.

Pay this invoice online at www.myfloridaehpermit.com

NOTE: Payments made online will be assessed a small convenience fee. Visit the site for more information.

