

CWC Scoring App #22

ORIGINAL

RECEIVED 12:25P
TIME:
Grant Amount Requested: \$2,631.00
JAN 18 2018

2017-2018 PUBLIC SERVICE GRANT APPLICATION City of Fort Pierce ECONOMIC DEVELOPMENT

Organization Legal Name: **FIRST BORN CHURCH OF THE LIVING GOD**
Mailing Address: **931 SE Walters Terrace**
Physical Address: **437 North 10th Street, Fort Pierce, FL 34950**
Contact Person: Darlene H Watts Title: **Co-pastor**
BEST CONTACT Phone Number: **(561) 601-8954** Email Address: **ministerdwatts74@att.net**
Website Address: **www.fbcbreadofheavenorm.org**

LEGAL STATUS OF ORGANIZATION:

- (X) Incorporated, Not-for-Profit - Month and Year of incorporation/creation: _____
 INCLUDE COPY OF CURRENT BUSINESS TAX RECEIPT (BTR) FROM CITY OF FORT PIERCE
 INCLUDE COPY OF CURRENT 501(c)(3) DOCUMENTATION FROM INTERNAL REVENUE SERVICE.
 INCLUDE COPY OF NONPROFIT REGISTRATION FROM SUNBIZ.ORG.

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Person Authorized to Sign on Behalf of this Organization. Signature Must Be Notarized.

Darlene H Watts Today's Date: 1-18-18
Signature
Print Name: Darlene H. Watts Title: CoPastor
Telephone Number: 561 601 8954 Email: ministerdwatts74@att.net

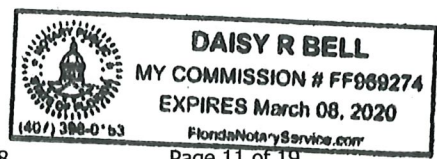
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NOTARY STATE OF FLORIDA, COUNTY OF ST. LUCIE

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgements, personally appeared DARLENE WATTS, who is personally known to me or produced ID, as identification, and acknowledged he/she executed the forgoing Agreement for the use and purposes mentioned in it and that the instrument is his/her act and deed.

IN WITNESS OF THE FORGOING, I have set my hand and official seal in the State and County aforesaid in this 18th day of January, 2018.

NOTARY PUBLIC Daisy Hill
My Commission Expires: March 08, 2020



2017-2018 Public Service Grant Opportunity



III. APPLICATION CHECKLIST

Use this checklist to ensure you have included key information with your application.

Be sure to enclose this checklist with your application.

- If you have received grant funding for your programs/projects from the City of Fort Pierce in the past, you must ensure that **THIS IS A NEW OR EXPANDED PUBLIC SERVICE PROJECT.**
- You have read the 2017-2018 Grant Guidelines and Application carefully.
- Your application is dated.
- You followed the mandatory format for preparing the grant application.
- The person listed as the contact person in your application is knowledgeable about the project and application and is aware that they are listed as the contact person.
- Reliable telephone numbers and email addresses are listed.
- You included the correct mailing address for the organization and the mailing address for the organization matches the address listed on the City of Fort Pierce Business Tax Receipt, Sunbiz.org and with the Internal Revenue Service 501(c)(3) documentation.
- You have rounded the funding request to the nearest dollar.
- Your project description includes essential information:
 - Who will implement the program/project
 - Description program/project, number and description of people that will benefit
 - When the project/program will begin and end
 - Where the project/program activities will take place
 - How the program/project will address a community need
- Detailed budget and all required budget information, as listed in application.
- Program/project goals and objectives contain dates, time frames and measurable numbers.
- Specific locations are listed for program/project activity sites.
- You have provided all of the documentation listed on page 17 of this application.
- The application is signed by the person authorized by your organization to enter into binding contracts.
- Your application is Notarized.
- You have included 1 Original and 7 Copies of your application.
- You did **NOT** include **ANY** staples or binding with your application; only clips or rubber bands.
- You will submit your application by NO **LATER THAN 3:00PM ON – JANUARY 18, 2018.**

PLEASE SUBMIT AN ORIGINAL APPLICATION AND 7 COPIES

Attach additional pages as necessary.

PLEASE PRINT NEATLY OR TYPE YOUR ANSWERS TO THE QUESTIONS IN THIS APPLICATION.

- 1. Describe your organization and list your Mission Statement.

We believe that this Outreach Ministry has been a blessing and is beneficial to the church, schools, and the community, as well as the youth and parents.

The Mission of our Summer Youth Program is to help serve our community by (1) giving youth, whom parents are not financial able to send their children to Summer Camps or other paid programs. (2) To help students stay mentally and physically on task by administering continual education and being active during the summer.

- 2. Describe your organization’s history and prior experience, including a description of programs/projects similar to the one you are applying for in this application.

The First-Born Church Bread of Heaven Outreach Ministries, were founded in the year of 1997 by the Pastor, Elder Charles S. Watts. It includes many ministries (programs) which are actively serving our Fort Pierce community. Our Summer Youth Program was developed out of this ministry and serving since 1997.

The church provides financial support along with the use of its facilities. This Outreach Ministry reaches out to the youth in which parents can’t afford to pay for Summer Programs and camps. In this program, we provide 2 nutritious meals and 2 nutritious snacks daily. Field trips and a daily planned educational curriculum for each child.

- 3. List all previous grants awarded by the City of Fort Pierce to **YOU or any organization(s) you were previously or are currently associated with.** If None, write N/A below:

<u>Program Year</u>	<u>Amount</u>	<u>Purpose</u>
2016-17	----- N/A	
2015-16	----- N/A	
2014-15	-----N/A	

Please Note: Organizations/Applicants that have received funding for three consecutive years **may be deferred** in order to provide funding for newer activities.

- 4. If you have received funding from the City of Fort Pierce for Public Service projects in the past, please explain **HOW** the program/project described in this grant application is **NEW**

OR EXPANDED:

5. What is your organization's annual budget? Describe how your organization is currently funded.

**Organization (First Born Church) Budget= 4,600.00
Currently funded by Pastor and church**

6. Does the City of Fort Pierce and/other local organizations in Fort Pierce provide services similar to your agency? **No**

If you answered Yes, how do your services compliment their offerings? If yes, explain.

How are your services different? - **N/A**

7. Project Name (please keep it short):

FBC Bread of Heaven Summer Youth Program

8. U.S. Dept. of Housing & Urban Development (HUD) National Objective Activities: (check one)

- Area benefit** activity (the activity benefits/is open to everyone in a particular low income neighborhood or geography)
- **Limited Clientele** activity (particular individuals or households receive a benefit, and the majority of them qualify as low income)
- Presumed Benefit** activity (the activity benefits a group of individuals presumed by HUD to qualify for a benefit: battered spouses, homeless, elderly, severely disabled adults, abused children, illiterate adults, persons with HIV/AIDS, or migrant farm workers)

9. Which National Objective(s) shown below does your project/program(s) meet?

- Benefit low to moderate-income persons;
- Help in the prevention of slums or blight; and/or
- Meet other community needs having a particular urgency because other financial resources are not available to meet such needs.

10. Beneficiaries from National Objective Activities (#8 Above)

- A. Who are the intended beneficiaries of this program/project? Describe how the project will ensure that the intended beneficiaries are being served and the target population will be reached, including how beneficiaries are identified, and any outreach performed:

Youth in which parents are not financial able to provide funds for a Youth Summer program or camp. **Parents will complete Summer Program applications. We will send out flyers to schools in area.**

B. If the project will provide an “Area Benefit”, please define clearly the geographic area to be served by the proposed activity. Include a map, if necessary.

N/A

C. If the project will benefit “Limited Clientele”, list the approximate number and percentage of total persons assisted through this project/program who will be Low to Moderate Income (LMI) and how their income level will be determined.

D. **20 youths, ages 5-12 years of age. All low to moderate income.**

Department of Housing and Urban Development (HUD) 2017 Income Limits								
Number of People Living in Household	1	2	3	4	5	6	7	8
Extremely Low Income	\$12,650	\$16,240	\$20,420	\$24,600	\$28,780	\$32,960	\$37,140	\$39,750
Very Low Income	\$21,100	\$24,100	\$27,100	\$30,100	\$32,550	\$34,950	\$37,350	\$39,750
Low Income	\$33,750	\$38,550	\$43,350	\$48,150	\$52,050	\$55,900	\$59,750	\$63,600

E. If the project will provide a “Presumed Benefit”, please identify the group(s):

- Abused Children
- Illiterate Adults
- Lower Income Senior Citizens
- Migrant Farm Workers
- Elderly
- Persons with HIV/AIDS
- Homeless
- Severely Disabled Adults
- Lower Income Youth
- Severely Disabled Children/Youth

N/A

11. Describe the existing problems or needs to be addressed by this program/project.

Many youth cannot afford summer camp.

12. Describe your proposed project’s activities and how they will address the problems/needs you listed in #11 above.

We will provide a free Summer Youth Program for very low income families.

13. List the physical addresses where the your proposed project activities (listed in #12 above) will take place, using street addresses within the City limits of Fort Pierce.

437 North 10th Street, Fort Pierce, FL 34950

14. List this project's measurable goals and objectives. Date the goals and objectives.

June, July, 2018 Goal

Provide safe free summer program for very low income youth and help them to improve their abilities to cope with day to day trials and to do

June, July, 2018 Goal

The Youth will participate in outdoor recreational activities, anger management, life skills, reading, writing exercises that will be measured by their abilities to get along with others, reading comprehensive skill improvements and more.

15. How will you track the results of these goals and objectives? (This information will be required with your monthly status reports.)

Youth will be asked to write an essay about what they have learned, what they enjoy doing in the program, and how their feelings are toward the program.

16. Briefly describe measurements of outcomes for each of the activities listed in #12. (Examples - number of unduplicated low/moderate income youth served, number of unduplicated senior citizens served, number of unduplicated Veterans served, number of unduplicated adults served, etc.)

We will provide a free Summer Youth Program for 20 very low income youth.

17. Amount of Grant Funds requested in this application: **2,631.00**

Amount of other funds secured for this program/project: **\$900.00**

Amount of other funds earmarked for the program/project: **-0-**

Total amount needed to complete this program/project: **3531.00**

18. Describe your contingency plan in the event this grant request is not fully funded, or not funded at all by the City of Fort Pierce:

To proceed with the program, but maybe not as long of a period of time. For example, we will have to cut down from 8 weeks to 4 weeks with limited activities. We will also consider fundraisers to provide more funding if needed.

19. If this is a multi-year project, how will you continue to implement this project if City grant funds are not available in future years?

Fundraisers, Church contributions

20. Select every qualifier below that best describes your project.

Improve or enhance education opportunities

Improve or enhance job training opportunities

- Improve or enhance employment opportunities
- Promote cultural diversity
- Promote outdoor activities and a healthy lifestyle
- Spur interest and participation in neighborhood improvement activities
- Encourage citizen involvement and leverage resources to revitalize low and moderate-income neighborhoods
- Encourage partnerships between City Hall, residents and other community organizations that will result in projects and activities that benefit a community
- Instill and foster community pride
- Promote neighborhood beautification and revitalization
- Promote activities that protect the environment
- Discourage adverse activity such as crime, drug use, and vandalism
- Inspire and support the healthy development of youth

21. Write an explanation below of **how** your project will perform **each** qualifier you selected above:

*****Improve or enhance education opportunities by implementing math, reading, writing and spelling.**

*****Promoting outdoor activities by encouraging daily exercise along with outdoors sports.**

*****Discourage adverse activities by teaching and reading articles re drugs and violent.**

22. Date project to begin: **June 11th, 2018**

Date project to be completed: **August 2nd, 2018**

23. Describe any participant fees that will be required as part of this project/program. Please see "New for Program Year 2017-2018" on Page 4 of the Grant Guidance.

There will be no cost for youth to participate in this program.

24. Applicants must demonstrate that the selection of participants is an objective process and Grant Recipient may not limit participation on the basis of race, gender, nationality, ethnicity, religion, creed or disability. How will your project comply with this expectation?

We will promote the Summer Youth Program throughout the Lincoln Park neighborhood.

25. If this project is sponsored by a church or religious group, participation may not be limited to members of the church. What efforts will you make to ensure that the community at-large is aware of this project and the opportunity for participation?

We will make flyers in reference of the Summer Youth Program and deliver to the schools, churches, Lincoln Park business and other surrounding areas.

26.

Complete a COMPLETE detailed budget below for **THIS** project. List proposed City grant funds and other *committed funds* and 'in-kind contributions', donated professional services, fees and other resources that will be used to complete the project. List a detailed breakdown of individual items. Use specific descriptions, not broad categories. Remember, committed funds and/or in-kind services **must equal at least 25% of your grant request**.

Be sure to include verification documentation of all funds listed below as 'Committed' or 'In-Kind'. Commitments listed in the budget below that lack documentation **will not be counted as commitments**.

Program/Project Expense/Description	City Grant	Other Committed Funds \$\$ Amount or In-Kind	Source of Other Committed Funds or In-Kind Services (Please provide written verification of Every in-kind service listed here from the "Source")
Breakfast, Lunch, Snacks	1,128		
Educational Materials	312		
Materials outdoor & indoor activities	311		
Class Trips – Skate Factory	880		
Class Trips – Bowling	0	280	First Born Church Living God
Book Bags, and fillers	0	220	First Born Church Living God
Stipend for Summer Staff	0	400	First Born Church o Living God
<hr/> TOTAL	<hr/> \$2,631	<hr/> \$900	

- **Please provide a quote for each item listed that you will purchase with this grant award** in the above Budget under 'Expense/Description'. Each quote should list vendor/company with contact information.

27. Organization Staff and Volunteers

Please complete the information listed below for **each person** in your organization who will work on **THIS** project and the percentage of time they will dedicate to this project, including all volunteers.

Name

Telephone Number

Email Address

Organization Position

City of Residence

Qualifications

Professional Licenses