

Grant Amount Requested: \$ 5,000

CWC Scoring App #21

ORIGINAL

Diana
772-332-2343

2017-2018 PUBLIC SERVICE GRANT APPLICATION

Organization Legal Name: The Northside Bat an Ball Little League, Inc.

RECEIVED
TIME: _____

Mailing Address: 1306 Avenue M, Fort Pierce, FL 34947

1:20p

Physical Address: 1306 Avenue M, Fort Pierce, FL 34947

JAN 18 2018

Contact Person: Steven D. Mosley Title: President

BEST CONTACT Phone Number: 772-626-6316 Email Address: DianAdJosue@Hotmail.com

City of Fort Pierce
URBAN REDEVELOPMENT

Website Address: _____

LEGAL STATUS OF ORGANIZATION:

(X) Incorporated, Not-for-Profit - Month and Year of incorporation/creation: 09-19-2017

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.

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

Steven D. Mosley
Signature

Today's Date: 1/17/2018

Print Name: Steven Dean Mosely

Title: President

Telephone Number: 772.626.6316
772.626.6316

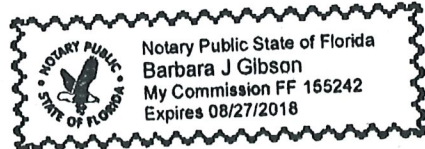
Email: DIANADJOSUE@HOTMAIL.COM

NOTARY STATE OF FLORIDA, COUNTY OF ST. LUCIE

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgements, personally appeared Steven D. Mosley, who is personally known to me or produced _____, 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 17th day of January, 2018.

NOTARY PUBLIC Barbara J Gibson
My Commission Expires: August 27 2018



How are your services different? Because of boundaries.

7. Project Name (please keep it short):

The Northside Bat and Ball Little League

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:

Application will be completed and the Department of Housing and Urban Development (Hud) income limits chart will be used to determine the family status.

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.

Exhibit A – Boundary Map

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.

170 Low Income – 85%

29 Moderate Income – 15%

1 Other - .005

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

D. 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
- Other _____

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

Children are in the street after school and during the time their parents are working.

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

Kids will have a place to go that is healthy, safe, drug free, educational, outdoor activities and other functions out of the streets.

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.

Horatio Grisgy Park and Innosellis Park located at 1306 Avenue M, Fort Pierce, FL

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

Our goals are to serve 200 low to moderate income children from April 5, 2018 to December 30, 2018, with tutoring and outdoor activities.

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

All participants will sign in daily for tutoring and activities.

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.)

The income level of each child will be recorded from application and will be checked off once weekly on the master roster.

17. Amount of Grant Funds requested in this application: \$5,000
Amount of other funds secured for this program/project: \$5,000
Amount of other funds earmarked for the program/project: \$2,500
Total amount needed to complete this program/project: \$7,500

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:

Will continue to ask for donations from the board members and public sector.

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?

Will continue to ask for donations from the board members and public sector.

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:

Our project will help abused children, lower income youth, migrant farm workers, person with HIV AIDS (children) promote cultural diversity, promote outdoor activities and a healthy lifestyle, discourage adverse activity such as crime, drug use and vandalism, inspire and support the healthy development of youth. All of the above objectives will be done through tutoring , counseling, after school activities and a place to go while parents are at work. Our goal is to save our kids and enhance their skills and growth, as well as build their self esteem and confidence.

We will build ties with the city through community activities.

22. Date project to begin: 04/05/2018

Date project to be completed: 12/30/2018

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.

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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?

Anyone that has an interest in our program, regardless of race, gender, nationality, ethnic, religion, creed or disability, will be allowed to participate in our project.

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?

This is not a church or religious project, we will give all interested parties the opportunity to participate in our project.

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")
Equipment: bats, balls, helmets, gloves, shoes, protection gear	1,000	\$ 750	Funds in Bank
Education/Tutoring	\$ 500	\$ 750	Funds in Bank
Transporation/Gas	\$3,500	\$ 1000	Funds in Bank
TOTALS	\$ 5000	\$ 2,500	Funds in Bank
(use more lines/pages as necessary)			

- o **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
- Role in Project
- % of Time Dedicated to Project

28. Please attach **ALL** of the documents listed below to your application. Please include a written explanation for EACH document not included:

- Articles of Incorporation and By-Laws
- State and Federal Tax Exempt determination letter
- Employee Identification Number
- List of Board of Directors with contact information
- Organizational Chart for your Organization
- Board of Director's authorization to apply for this grant
- Last three month's bank statements
- Annual budgets for 2016 and 2017
- Most recent audit report (if this is not available, provide written explanation)
- Matching funds and In-Kind Services commitment documentation (Budget, page 16)
- Three (3) Letters of Support for this project
- Newspaper articles, and Thank-You letters, etc., as available, for your organization's work within the City of Fort Pierce.

THE NORTHSIDE BAT & BALL LITTLE LEAGUE BASEBALL, INC.

PRESIDENT

VICE PRESIDENT

MANAGER

SECRETARY

TREASURER