

**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.

Our mission is to serve our community with excellence, love, and mercy by offering health programs, educational training, and prevention outreach to address health disparities in our area. We address the whole person which includes the physical, nutritional, mental, financial and spiritual; a community of individuals who value their own worth and the worth of others; a community that is free of stigma, shame and fear.

- 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.

Since its inception in 2001, In the Image of Christ (ITIOC) has served with excellence and developed dialogue with individuals that are traditionally underserved. ITIOC has formulated a successful partnership with local entities. Started as a purely volunteer group, ITIOC was formed to break through the service barriers that local and state government agencies face in serving the populations in greatest need. Headquarters for the organization are situated in the lowest economic area in the City of Fort Pierce. The organization enjoys a reputation of deep respect and acceptance in the community, which allows outreach personnel to integrate into networks of subpopulations.

Our staff has been recruited directly from the community it serves. These persons have extensive social network connections in this area. This has assisted the organization in building a strong rapport in Fort Pierce. The outreach workers understand the culture and issues facing the low income minorities in the county. As an agency, our approach is non-discriminatory and non-judgmental. No one will be denied services solely based on their race, religion or creed.

We specialize in many areas: Youth 4 Change Summer Broadcasting Program, HIV/AIDS Prevention services, Emergency/Cold Weather Shelter, **Food Pantry** services, and several others. As previously mentioned in our mission, our goal is to serve the whole man.

Our **Food Pantry Project** has been in existence for over 10 years, providing much needed food to thousands of low-income families in Fort Pierce. This City of Fort Pierce/Public Service Grant will allow us to expand our Food Pantry Program to allow additional access to our Clothes Closet services, increased HIV testing services, and increased HIV Prevention Education services for those that are participating in our Food Pantry Program.

- 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>
2017-18	N/A	
2016-17	\$2783.40	Youth 4 Change Summer Broadcasting Program
2015-16	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:**

Our **Food Pantry Project** began as simply a way to supplement the food needs of the poorest in Fort Pierce. Several years ago, our agency did receive CBDG funding for that pantry. Yet now, our Food Pantry has expanded in a very innovative way. Those that show up for the Food Pantry (many times the number from just a few years ago) now have the added benefit of receiving access to our Clothes Closet (including new and delicately used dresses, suits, pants, shirts, shoes, socks, jackets, coats, diapers, and baby clothes. From infant to adult.); access to advanced HIV testing, and strategic health education and high-risk prevention services. Our **Food Pantry Project** has expanded to create in-roads into our poorest populations in Fort Pierce, to address (directly and/or referrals) all the needs and gaps in our community.

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

In 2018, our agency's total budget was \$515,000. We receive funding through state grants, local grants, foundation grants, and community donations. The Children's Services Council and Allegany Franciscan Ministries have been great supporters of our mission.

6. Does the City of Fort Pierce and/other local organizations in Fort Pierce provide services similar to your agency? Yes, but not all our services.

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

There are several free and discounted food sources available to individuals and families in Fort Pierce. Most of these require some sort of pre-eligibility income documentation before the applicant gets a preset allocation. Our **Food Pantry Project** is supplemental with minimal documentation necessary. None are turned away. In regard to our other services, no other agency provides the emergency/inclement weather shelter that ITIOC operates; no other agency provides the HIV Prevention services; no other agency conducts the teen pregnancy prevention program or the unique Youth 4 Change Summer Broadcasting programs as well. However, we definitely collaborate with many other local service agencies so that we can be successful in all our service delivery.

How are your services different?

Our agency's Food Pantry Project is designed (as above stated) with a need for minimally invasive financial documentation needed. Also, our customers actually "shop" for items as they can pick and choose from stocked shelves the food items that will best serve their families. Also, while they are waiting for their shopping opportunity, they now have access to our Clothes Closet (if they spot something that they or their family can use); they are offered free rapid HIV testing (with incentives); and now, ITIOC provides health risk prevention education while individuals are at the pantry.

As a final note, ITIOC has always offered (and will always continue to do so) all our services without charge. Everything is free.

7. Project Name (please keep it short): **Food Pantry Project**

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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:

Low income families and individuals in the Fort Pierce area will benefit. This **Food Pantry Project** will allow for families with financial stress to stretch their limited income to better serve their own children and family's needs. The Food Pantry has become well known in the general area for the benefited demographic; and it is also listed on many neighborhood service flyers and the local 211 service as well.

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.

This **Food Pantry Project** will be open to all low income people in Fort Pierce who state their need for these services. No one is turned away.

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.

**Department of Housing and Urban Development (HUD) 2018 Income Limits**

Number of People Living in Household	1	2	3	4	5	6	7	8
Extremely Low Income	\$12,750	\$16,460	\$20,780	\$25,100	\$29,420	\$33,740	\$37,550	\$39,950
Very Low Income	\$21,200	\$24,200	\$27,250	\$30,250	\$32,700	\$35,100	\$37,550	\$39,950
Low Income	\$33,900	\$38,750	\$43,600	\$48,400	\$52,300	\$56,150	\$60,050	\$63,900

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

- |   |   |
|---|---|
| <input type="checkbox"/> Abused Children              | <input type="checkbox"/> Illiterate Adults                |
| <input type="checkbox"/> Lower Income Senior Citizens | <input type="checkbox"/> Migrant Farm Workers             |
| <input type="checkbox"/> Elderly                      | <input type="checkbox"/> Persons with HIV/AIDS            |
| <input type="checkbox"/> Homeless                     | <input type="checkbox"/> Severely Disabled Adults         |
| <input type="checkbox"/> Lower Income Youth           | <input type="checkbox"/> Severely Disabled Children/Youth |
| <input type="checkbox"/> Other _____                  |   |

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

This Food Pantry Project will provide food, offset some financial stress, and expose families to additional health services and education.

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

ITIOC rents a UHaul truck every Tuesday and arrives at the Treasure Coast Food Bank to pick up our order (the food that the Treasure Coast Food Bank sells to eligible non-profit agencies). ITIOC transports the order to the Food Pantry location, where the food items are sorted and stocked on shelves or in freezers. On Monday, Wednesday, and Friday the pantry is open for “business.” The **Food Pantry Project** also includes the other services mentioned above.

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.

707 N. 7<sup>th</sup> Street, Fort Pierce, FL 34950

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

150-200 families benefit each week from the pantry services. This equates to over 2000 meals each week and over 8000 meals each month.

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

A log sheet is maintained that tracks all the demographic data of those that utilize the pantry services. The food orders and invoices from all the ITIOC purchases from the Treasure Coast Food Bank are also maintained.

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.)

150-200 unduplicated low-income families are served each week. This amounts to an estimated 1000 unduplicated individuals (including babies, youth, senior citizens, veterans, and adults).

17. Amount of Grant Funds requested in this application: \$5000  
Amount of other funds secured for this program/project: \$0  
Amount of other funds earmarked for the program/project: \$0  
Total amount needed to complete this program/project: \$25,000

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:

ITIOC will continue the **Food Pantry Project** by seeking grants and private donation funding sources.

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?

ITIOC will continue the **Food Pantry Project** using the above mentioned sources.

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:

This Food Pantry project will support better health outcomes by distributing healthy food.

22. Date project to begin: April 1, 2019

Date project to be completed: September 1, 2019

23. Describe any participant fees that will be required as part of this project/program. Please see "New for Program Year 2018-2019" on Page 4 of the Grant Guidance.

No fees are required.

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?

ITIOC does not discriminate for participation in any of our services.

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?

All are welcome to participate and benefit from ITIOC's services, including the **Food Pantry Project**. Other local service agencies and the local 211 information service have knowledge of all ITIOC's services, as well.

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**.

**NOTE: Volunteer Hours may be calculated at \$12/hour.**

- **Please provide at least one (1) 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.

Program/Project Expense/Description	City Grant	Other Committed Funds and/or \$\$ Amount or In-Kind	Source of Other Committed Funds or In-Kind Services (Please provide written verification of <u>Every</u> in-kind service listed here from the "Source")
Food	5000	20,000	In the Image of Christ
TOTALS	\$5000	\$20000	
(use more lines/pages as necessary)			

## 26. 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: Hazel Hoylman

Telephone Number: 772-359-9653

Email Address: hhoylman@intheimageofchrist.org

Organization Position: Executive Director

City of Residence: Port St. Lucie

Qualifications: 18 Years as Agency Director

Professional Licenses: N/A

Role in Project: Project Manager

% of Time Dedicated to Project: 25%

Various Volunteers are available to support the project. The Volunteer personal information is not available at the time of this application; yet can be provided as applicable.

27. 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 2018 and 2019
- 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.