

**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 provide a safe, healthy, crime prevention, educational program and promote cultural diversity with outdoor activities, and a healthy lifestyle to all our community, especially the minor children of all ethnic backgrounds and to discourage adversity activities such as crime, drug use, violence and vandalism.**

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 project will continue to help us help abused children, low income youth, migrate farm workers, persons with HIV/AIDS (children), promote culture diversity, outdoor activities, a healthy lifestyle, discourage adverse activities, such as crime, drug use, and vandalism, inspire and support the healthy development of youth, with the addition of tutoring for scholastic purposes.**

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>
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2017-18		
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2016-17	Non-applicable	
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2015-16		
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**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:**

**Non-Applicable**

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

**The organization's is funded through donations from board members and other inkind donations. Annual budget is %15,000.00 - \$20,000.00 yearly.**

6. Does the City of Fort Pierce and/other local organizations in Fort Pierce provide services similar to your agency? **Yes**

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

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 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 – 0.005

**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):

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

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, with outdoor activities and other functions to keep them 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 Grisby Park and Innosellis Park located at 1306 Avenue M. Fort Pierce, Florida 34950.**

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

**Our goal is to serve 200 low to moderate income children form April 5<sup>th</sup>, 2019 to December 30<sup>th</sup>, 2019 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 the application and will be checked off once weekly on the master roster.**

17. Amount of Grant Funds requested in this application: **\$5,000.00**  
Amount of other funds secured for this program/project: **\$5,000.00**  
Amount of other funds earmarked for the program/project: **\$2,500.00**  
Total amount needed to complete this program/project: **\$7,500.00**

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:

**Will continue to ask for donations from the board members and the 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 the 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, persons with HIV/AIDS (children), promote cultural diversity, promote outdoor activities, a healthy lifestyle, discourage adverse activities such as crime, drug use, vandalism, inspire and support the healthy development of youth. All 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 youth and enhance their skills and growth, as well as build their self-esteem and confidence. We will also help to build ties within the city through community activities.**

22. Date project to begin: 04/05/2019 \_\_\_\_\_

Date project to be completed: 12/30/2019 \_\_\_\_\_

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.

**\$0.00**

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**.

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

- o **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")
Fountain Machine	\$800.00		
Popcorn Machine	\$400.00		
League Fun Day	\$1,000.00		
League Travel - Gas	\$1,000.00		
Base Ball Cleats --Boys/Girls	\$1,000.00		
Training Sessions-outsourced	\$800.00		
TOTALS	\$5,000.00	\$	
(use more lines/pages as necessary)			

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

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 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.