

Grant Amount Requested: \$ 5,000



Date and Time Stamp **Received**  
**FEB 07 2020**  
Grants Administration  
*KMB 2:50pm*  
18  
(Do Not Write in This Box)

**2019-2020 PUBLIC SERVICE GRANT APPLICATION**

Organization Legal Name: **HENDLEY SOARING EAGLE MINISTRIES, INC.**

Mailing Address: **POST OFFICE BOX 2161, FORT PIERCE, FL 34954**

Physical Address: **2308 AVENUE D, FORT PIERCE, FL 34950**

Contact Person: **DR. PINKIE W. HENDLEY** Title: **PRESIDENT/PASTOR**

BEST CONTACT Phone Number: **772-216-1560** Email Address: **pwhendley@aol.com**

Website Address **www.newlifechristiansowers.org (under construction)**

**LEGAL STATUS OF ORGANIZATION:**

(X) Incorporated, Not-for-Profit - Month and Year of incorporation/creation: **JUNE 208** INCLUDE COPY  
OF CURRENT 501(c)(3) DOCUMENTATION FROM INTERNAL REVENUE SERVICE.

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

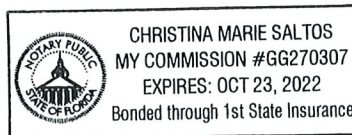
*Pinkie W. Hendley* Today's Date: *2/7/2020*  
Signature  
Print Name: *Pinkie W. Hendley* Title: *President/Pastor*  
Telephone Number: *772-216-1560* Email Address: *pwhendley@aol.com*  
*hendeeagles@gmail.com*

**NOTARY** STATE OF FLORIDA, COUNTY OF ST. LUCIE

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgements, personally appeared *Pinkie W. Hendley*, who is personally known to me or produced *FLDL*, 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 *7th* day of *February*, 20*20*.

NOTARY PUBLIC *Christina Marie Saltos*  
My Commission Expires: *10/23/22*



**PLEASE SUBMIT AN ORIGINAL APPLICATION AND 7 COPIES**  
**Attach additional pages, as necessary.**

2019-2020 PUBLIC SERVICE GRANT APPLICATION



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

1. Describe your organization and list your Mission Statement.

**Hendley Soaring Eagles, Inc. was organized to operate as an arm of New Life Christian Fellowship Church for educational, religious, and charitable purposes within the means of Section 501C-3. Although it is listed as a ministry, it does not promote a religious doctrine. Educational forums, information provider, and servicing the community have been its purpose. It has operated in conjunction with New Life Christian Fellowship, and only recently has been actively supporting itself financially. The recent "Stitches To Riches" program now beginning to maintain its independence from New Life and is on the road to becoming self-sufficient.**

**New Life Christian Fellowship Church, Inc. has as it's mission, "To glorify God to the fullest extent and to share the Gospel of Jesus Christ.**

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.

**We were organized in June 2008. We have offered informational forums on knowing the law, credit repair, love retreats for couples, and have been the host of the monthly meetings of two local survival groups of murdered victims. In 2016 we held a week long enrichment camp for 15 area youths. In September of 2019, we started free sewing classes for the community and to encourage females coming from jail to consider sewing as a career. Currently we are available two days a week and hope to expand to five days a week in the fall. We have not sought funding, I guess you can say we have been walking by faith. We are now ready to make a greater impact and to expand our vision.**

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:

Program Year	Amount	Purpose
2018-19	N/A	
2017-18	N/A	
2016-17	\$5,000	Summer Enrichment Camp for area youth (Common Ground Initiative)

**Please Note:** Organizations/Applicants who 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:**

N/A

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

**There was no budget for Hendley Soaring Eagles in the past. It is currently funded by donations. We were blessed with three new sewing machines donations, fabric donations, and New Life Christian assisted in the initial start-up from a sponsor. New Life Christian Fellowship Church is funded through tithes and offerings from members and friends.**

6. Do the City of Fort Pierce and/other local organizations in Fort Pierce provide services similar to your agency? If you answered Yes, how do your services compliment their offerings? If yes, explain. How are your services different?

**NOT TO MY KNOWLEDGE.**

7. Project Name (please keep it short): **STITCHES TO RICHES SEWING ENRICHMENT CAMP**



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<b>Department of Housing and Urban Development (HUD) 2019 Income Limits</b>								
<b>Number of People Living in Household</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Extremely Low Income</b>	13,550	16,910	21,330	25,750	30,170	34,590	39,010	42,550
<b>Very Low Income</b>	22,550	25,800	29,000	32,200	34,800	37,400	39,950	42,550
<b>Low Income</b>	36,050	41,200	46,350	51,500	55,650	59,750	63,900	68,000

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

- X** 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:

**The beneficiaries of this program will be 10 low to moderate income youth ages 13-18. Efforts will be made to include pregnant youth, juveniles in the justice system, and other area youth. Hopefully partnerships with agencies like PACE, the Pan Hellenic Council, and local churches will be the outreach arm for identifying these youth. Information from the Camp's registration form will allow us to determine if participants meet the HUD income guidelines.**

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

**The target area is focus but not limited to the Lincoln Park area. Basically, Angle Road west, US#1 east, Orange Avenue south and Airport Road North.**

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.

N/A

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If a 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 _____                  |   |

N/A

11. Describe the existing problems or needs to be addressed by this program/project.  
**Many youth do not have access to career exploration until after graduation. What if they could be exposed to home/base and/or skill training that could create income for them earlier that could lead to a livable career? Sewing, tailoring and alterations are almost a lost art. When questioned, many people did not have needle and thread in the home. Pregnant youths could be trained to make a living sewing for themselves and others and, at the same time, stay home with their child faced with the high child care cost. Juveniles could learn to sew and create fashion that would keep them from seeking money in a criminal way. This training could open businesses for youth and adults that are needed in our community and keep them occupied during the summer.**
  
12. Describe your proposed project's activities and how they will address the problems/needs you listed in #11 above.  
**The Stitches To Riches Enrichment Camp will teach students the art of basic sewing. They will learn pattern design, making simple garments, doing alterations, mending, and completing a project to be used in their fashion show. In addition, they will participate in` goal setting, career exploration, business management, credit and financial education. They will create a vision board. They will demonstrate that they can comparison shop for products and services using research based information. Effective communication and cooperative learning will be encouraged.**
  
13. List the physical addresses where your proposed project activities (listed in #12 above) will take place. Use street addresses within the City limits of Fort Pierce.  

**2308 AVENUE D**
  
14. List this project's measurable goals and objectives, as well as the date(s) when each will be met.

<b>Identification of 10 participants (3-pregnant teens, 2- juvenile Justice, 5 – area youth)</b>	<b>May 1, 2020</b>
<b>Completion of weekly 3 sewing projects</b>	<b>Every Thursday</b>
<b>Weekly progress results on life skill goals, financial, and career goals</b>	<b>Good or Fair Rating</b>
<b>90% completion of all requirements for a certificate</b>	<b>June 26,2020</b>
<b>70% participation in the Stitches Fashion Show</b>	<b>June 27, 2020</b>
<b>85% attendance (Unless there is a grave emergency ie, hospital, death in family, dismissal)</b>	<b>June 26, 2020</b>
<b>50% will take advantage of opening a bank account to deposit funds generated by the project</b>	<b>June 26, 2020.</b>
<b>85% of the participants will secure 2 outside projects to be completed for someone else</b>	<b>June 26, 2020</b>
  
15. How will you track the results of these goals and objectives? (This information will be required with your monthly status reports.)  
**A weekly progress reports will be done. A final evaluation will result in a Certificate Of Completion of 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.) (See #14)  
**Each item produced will be evaluated for neatness. Individual goals will be set at the beginning of the project and addressed weekly by the Project Director and the participant. The vision board will be developed along the way. They will assist in determining materials and supplies that need to be replace and where we can get the best bargains. They will work individually and in groups to develop projects and to problem solve issues that may come up.**



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17. Amount of Grant Funds requested in this application:     \$5,000.00      
Amount of other funds secured for this program/project:           0            
Amount of other funds earmarked for the program/project:     1,500.00      
Total amount needed to complete this program/project:     \$6,500.00    

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:  
**We would have to cut the program by %50 and charge a fee, and we would have to seek an older population who are able to pay the Camp fee and purchase supplies.**

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?  
**We will partner with other agencies and organizations, and secure other grant funding. Revenue collected during the Fall for alteration and sewing services will be utilized to provide scholarships to low-income participants in the summer. As more and more people learn about our program, we believe hearts will be moved so we can serve a larger population in the months to come, especially those coming from the prison system and from PACE.**

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

- 1 Improve or enhance education opportunities
- 2 Improve or enhance job training opportunities
- 3 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
- 4 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
- 5 Discourage adverse activity such as crime, drug use, and vandalism
- 6 Inspire and support the healthy development of youth

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

1. Educational opportunities will be enhanced by introducing the Life Skills and career exploration component. More importantly, by this limited exposure, the participants may be motivated to take advance sewing classes.
2. Stitches To Riches will provide hands on training and encourag creativity, and entrepreneurial exploration.
3. Stitches To Riches can open employment doors in local cleaners, dress stores, and spark home based businesses.
4. As these participants advance, City Hall can receive business taxes for home based businesses; programs like PACE, a program for pregnant teens could create a partnership with Hendley Soaring Eagles to provide sewing services as part of its extended curriculum giving these mom an opportunity to create income and be able to stay at home with their child; sororities and fraternities can use sewing as activity for their youth groups not just during the summer, but all year long.
5. The participants, especially from the juvenile justice system and older participants could be shown how to earn a decent income and alleviate the need for criminal activities to support the family.
6. When the youths are able to complete their goals, they will have pride in their work. When they are able to show case and/or market their productions, then they will have a sense of accomplishment which leads to good self esteem which could flow out to community pride.

22. Date project to begin: JUNE 1, 2020  
Date project to be completed: JUNE 27, 2020

23. Describe any participant fees that will be required as part of this project/program. Please see "New for Program Year 2019-2020" on Page 4 of the Grant Guidance.

Registration Fee	\$15.00 (Non- Refundable)
Camp Fee	\$65.00 per week

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?

**Hendley s Soaring Eagles will not discriminate. Participation will be opened to any citizen meeting the requirements of age and HUD income. Referrals will be made from the various participating agencies/organizations which helps with impartial selection.**

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?

**Hendley Soaring Eagles and New Life Christian Fellowship never limits activities to members only. They are viewed as being a church for the needs of the community. As mentioned, referral will come from the supporting t agencies, organizations, local announcements, social media, and word of mouth.**



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25. Provide a COMPLETE, detailed budget for **THIS** project in the budget chart below. 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")
2019-2020 PUBLIC SERVICE GRANT	5,000.00		
NEW LIFE CHRISTIAN FELLOWSHIP CHURCH		500.00	DONATION
LINCOLN PARK ADVISORY COUNCIL		(500.00)	APPLIED NO RESPONSE AT THIS TIME
NEW LIFE CHRISTIAN FELLOWSHIP CHURCH		(500.00)	IN-KIND RENTAL OF CHURCH BUILDING
NEW LIFE CHRISTIAN FELLOWSHIP CHURCH		200.00)	INKIND – INITIAL PRINTING OF START UP MATERIALS
DR. PINKIE W. HENDLEY		(2,400.00)	200 HOURS @\$12.00 COMMITTED IN-KIND
MAE TAYLOR		(1,152.00)	128 HHOURS @ 4 WEEKS x 12 IS \$1,536.00 @ 75% Committed in kind services = \$1,152.00
BETTY BRADWELL		(432.00)	48 HOURS @ 4 WEEKS X 12.00 IS \$576.00 @50% = Committed in-kind services = 432.00
ROSE MARIE LANE		(30.00)	5 HOURS X 12.00 IS 60.00 @ 50% = \$30.00 Committed in-Kind
	5,00.00	5,714.00	384.00 144.00 30.00

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STITCHES TO RICHES CAMP FEE	2,600.00		\$65.00 x 4 WEEKS -260.00 2@10 PARTICIPANTS
STITCHES TO RICHES REGERSTRATION	100.00	50.00	\$15.00 X 10= 150.00 50.00 NEW Life donation
KIDS CAN SEW CURRICULUM	99.00 121.00	119.70	SIGN-UP FEE = 99.00 19.95 MONTHLY FEE = 239.40
AMAZON.COM/joanfabrics <a href="http://www.threadart.com">www.threadart.com</a> joann.com/sewing/patterns wewak.com 800-331-7600	800.00	100.00	SEWING MATERIALS, THREADS, NEEDLES, MATERIAL, PATTERNS, LACE
FOOD AND SNACKS (Betty Bradwell)	700.00	140.00	4 X 4 lunches X 4 weeks X10 \$640.00 \$140.00 FOOD BANKS
ETSY	80.00		VISION BOARDS 15 @ 2.49 Life skills activities 43.00
NEW LIFE CHRISTIAN FELLOWSHIP	300.00		Free Fashion show Luncheon, certificates/ awards
Training	200.00		Training services 33.00
TOTALS	\$5,000.00	409.00\$	<b>\$384.00, \$144.00, \$30.00, \$33.00</b> 591.00
(use more lines/pages as necessary)			



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**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 the project, including all volunteers.

**Name #1** PINKIE W. HENDLEY  
**Telephone Number** 772-216-1560  
**Email Address** pwhendley@aol.com  
**Organization Position** President/Pastor  
**City of Residence** Fort Pierce  
**Qualifications** Former Seamstress, 2 Masters Degree, Doctorate, Graduated Summa Cum Laude  
**Professional Licenses** See Degrees  
**Role in Project** Project Director  
**% of Time Dedicated to Project** 100%

**Name #2** Mae Taylor  
**Telephone Number** 772-461-6338  
**Email Address** none  
**Organization Position** Secretary  
**City of Residence** Fort Pierce  
**Qualifications** Seamstress and Tailor  
**Professional Licenses** Experience  
**Role in Project** Assistant Project Director  
**% of Time Dedicated to Project** 80%

**Name #2** Betty Bradwell  
**Telephone Number** 772-882-2676  
**Email Address** bjbradwell@gmail.com  
**Organization Position** None  
**City of Residence** Fort Pierce  
**Qualifications** Professional cook  
**Professional Licenses** Food Service Certificates and License  
**Role in Project** Food Coordinator  
**% of Time Dedicated to Project** 75%

**Name #2** Rose Marie Lane  
**Telephone Number** 772-626-7590  
**Email Address** missrosemarie01@gmail.com  
**Organization Position** None  
**City of Residence** Fort Pierce  
**Qualifications** Arts and Crafts Designer  
**Professional Licenses** Experience  
**Role in Project** Arts and Crafts Coordinator  
**% of Time Dedicated to Project** 50%

28. Please attach **ALL** of the documents listed below to your application. 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     **NOT APPLICABLE: PASTOR , BOARD, THEN CONGREGATION**
- Board of Director's authorization to apply for this grant
- Last three month's bank statements     **SEE INACTIVITY**
- Annual budgets for 2019-2020     **No budget for 2019**
- Most recent audit report (if this is not available, provide written explanation) **NOT APPLICABLE -- NO ACTIVITY**
- Matching funds and In-Kind Services commitment documentation (Budget, #26)
- 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.

**END OF 2019-2020 PUBLIC SERVICE GRANT APPLICATION**