

Grant Amount Requested: \$ 5,000



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FEB 07 2020  
(Do Not Write in This Box)  
Grants Administration

**2019-2020 PUBLIC SERVICE GRANT APPLICATION**

ORIGINAL

13

Organization Legal Name: Phrozen Pharaoh Foundation

Mailing Address: 5475 NS St James Drive Suite 353 Port St Lucie, FL 34983

Physical Address: same as above

Contact Person: Curtis E. Johnson, Jr. Title: President

BEST CONTACT Phone Number: 772-202-0693. Email Address: [info@phrozenpharaohfoundation.com](mailto:info@phrozenpharaohfoundation.com)

Website Address: [www.phrozenpharaohfoundation.com](http://www.phrozenpharaohfoundation.com)

**LEGAL STATUS OF ORGANIZATION:**

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

10/2018  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.**

Curtis E. Johnson Jr Signature Today's Date: 2/4/2020

Print Name: Curtis E. Johnson, Jr Title: President

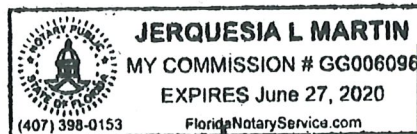
Telephone Number: 772-202-0693 Email Address: info@phrozenpharaohfoundation.com

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

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgements, personally appeared Curtis E. Johnson Jr, who is personally known to me or produced A driver's license 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 4 day of Feb, 2020

NOTARY PUBLIC [Signature]  
My Commission Expires: 06/27/2020



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.

**The Phrozen Pharaoh Foundation believes in the power of mentoring to help young people in St. Lucie County and the surrounding areas learn and grow educationally, socially, emotionally, and physically. The PPF provides education, training, mentoring, scholarships, and informative workshops to Treasure Coast youth for the uplift and betterment of the communities served. In addition, the valuable life skills program that the PPF conducts are designed to help participants, specifically black males develop qualities of fairness and generosity towards others.**

**Our Mission Statement is:**

**To provide youth in the Treasure Coast Area leadership, healthy development, and financial literacy skills in economically disadvantaged areas through mentoring, education and training workshops**

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.

**In addition to recognizing and providing area high school male students (*The Men of Tomorrow*) with scholarships and stipends for books, along with food and shelter for the economically disadvantaged, a primary goal and purpose of the organization is to support both the educational and healthy development of area youths, through strengthening and expanding our Mentoring Program.**

**Again, our aim is to make the program area accessible in order to help the targeted make improvements educationally, socially, emotionally, and physically.**

**Program components include:**

**Education and Training**

**Mentoring and Coaching Units**

**Grant Writing, and**

**Knowledge Creation and Sharing (Work Shops)**

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>
2018-19	N/A	
2017-18	N/A	
2016-17	N/A	

**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.

**Annual Budget is 40,000. Funding sources are from Grants, Fundraisers, and Donations from donors**

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?

**There are several organizations that offer educational, social, and cultural awareness training to the youth in our community of Fort Pierce and we work together on a variety of collaborative events such as Youth Symposiums, College Fairs, and other community-wide events. What makes our organization unique is that we specialize in training of young black males from the 7<sup>th</sup> thru the 12<sup>th</sup> grade**

7. Project Name (please keep it short): **Sunrise City L.E.A.D Initiative (leadership, Education, Awareness, Development)**



**2019-2020 PUBLIC SERVICE GRANT APPLICATION**

<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)
- 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:

**Beneficiaries include young men who are enrolled in St Lucie County Schools that are in grades 7-12. Beneficiaries attend an informational seminar, submit an application, write an essay, attend an interview, and is chosen by a committee of their peers for induction into mentoring program. In addition, these young men must receive letters of support and recommendation from community members who vouches for their character, integrity, and potential to benefit from mentoring program**

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.

**Fort Pierce, FL**

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**



**2019-2020 PUBLIC SERVICE GRANT APPLICATION**

D. If a 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- **N/A**

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

**Success is often determined by the opportunities and exposure to resources beyond the scope of an individuals local community. Many of the youth in our local area are at risk and come from low to moderate income families who are not able to provide them with the resources to expose them to opportunities to see more than their local community which in turn doesn't provide inspiration or motivation to be successful and give back to their local communities**

12. Describe your proposed project's activities and how they will address the problems/needs you listed in #11 above.  
**A cultural educational trip to our nation's capital, Washington, D.C, will provide our youth an opportunity to explore their imagination and gain a sense of pride and self -worth. In addition, it will provide their educational experience and appreciate the history of our country and the individuals who were instrumental in establishing it**

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.

**Washington, DC- National Mall and Monuments, National Museum of African American History and Culture, Howard University, and Arlington National Cemetery.**

14. List this project's measurable goals and objectives, as well as the date(s) when each will be met.  
**Measurable goals include number of attendees and a completion of a cultural experience essay that will be due by the end of Summer 2020.**

15. How will you track the results of these goals and objectives? (This information will be required with your monthly status reports.)  
**Results of goals and objectives will be tracked by the completion of the essays as assigned by attendees.**

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.)

**Attendance and Participation**



**2019-2020 PUBLIC SERVICE GRANT APPLICATION**

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: \$1250.00  
Total amount needed to complete this program/project: \$8,000.00

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:

**Funds will be supplemented by increased fundraising and Donations**

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?

**Yes, Project will continue by ongoing and continued fundraising by organization**

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



**2019-2020 PUBLIC SERVICE GRANT APPLICATION**

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

**Improve or enhance education opportunities: Visiting museums and monuments participants will be educated on the history of our country**

**Promote cultural diversity: Visiting Museums and Monuments will allow participants to learn about other cultures throughout history to get an appreciation of the struggles and obstacles that they faced and overcame**

**Instill and foster community pride: Visiting the National Museum of African American History and culture will educate the participants specifically on the history struggles and contributions of African Americans to our country.**

22. Date project to begin: June 2020  
Date project to be completed: September 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.

**None**

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?

**Selection of participants will be an open process and participation will not be based on race, gender, nationality, ethnicity, religion, creed, or disability.**

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?

**N/A**



**2019-2020 PUBLIC SERVICE GRANT APPLICATION**

26. 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.**

- 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")
Chartered Bus to Washington, DC and return Trip to Fort Pierce, FL	\$2,500		
Hotel Expenses	2,500		
Food		\$ 1,250	Phrozen Pharaoh Foundation
<b>TOTALS</b>	<b>\$5,000</b>	<b>\$ 1250</b>	
(use more lines/pages as necessary)			



**2019-2020 PUBLIC SERVICE GRANT APPLICATION**

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: Curtis E Johnson, Jr  
Telephone Number: 772-202-0693  
Email Address: info@phrozenpharaohfoundation.com  
Organization Position: President  
City of Residence: Ft Pierce  
Qualifications:  
Professional Licenses: MBA, SHRM-CP,  
Role in Project: President of Foundation  
% of Time Dedicated to Project: 100%

Name: Kahari Wood  
Telephone Number: 772-202-0693  
Email Address: info@phrozenpharaohfoundation.com  
Organization Position: Treasurer  
City of Residence: Port St Lucie, FL  
Qualifications:  
Professional Licenses: MBA  
Role in Project: Treasurer of Foundation  
% of Time Dedicated to Project: 100%

Name: Gerald Wilcox  
Telephone Number: 772-202-0693  
Email Address: info@phrozenpharaohfoundation.com  
Organization Position: Secretary  
City of Residence: Port St Lucie, FL  
Qualifications:  
Professional Licenses:  
Role in Project: Secretary of Foundation  
% of Time Dedicated to Project: 100%

Name: Kevin Perry  
Telephone Number: 772-202-0693  
Email Address: info@phrozenpharaohfoundation.com  
Organization Position: Member of Foundation  
City of Residence: Port St Lucie, FL  
Qualifications:  
Professional Licenses:  
Role in Project: President of Alpha Phi Alpha Fraternity, Inc Eta Kappa Lambda Chapter  
% of Time Dedicated to Project: 100%



**2019-2020 PUBLIC SERVICE GRANT APPLICATION**

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
- Board of Director's authorization to apply for this grant
- Last three month's bank statements
- Annual budgets for 2019-2020
- Most recent audit report (if this is not available, provide written explanation)
- 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**