

Grant Amount Requested: \$ 5,000



Date and Time Stamp
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Brazoria Administration

2019-2020 PUBLIC SERVICE GRANT APPLICATION

Organization Legal Name: ST. JAMES CHRISTIAN ACADEMY-DBA. FLORIDA STATE CHRISTIAN ACADEMY

Mailing Address: 2810 S FEDERAL HWY, FORT PIERCE, FL 34982

Physical Address: 2810 S FEDERAL HWY, FORT PIERCE, FL 34982

Contact Person: DONNELYN KHOURIE Title: C.E.O.

BEST CONTACT Phone Number: 772-801-5522 Email Address: DONNELYN.KHOURIE@FSCAK12.COM

Website Address: FSCACADEMY.COM

LEGAL STATUS OF ORGANIZATION:

() Incorporated, Not-for-Profit - Month and Year of incorporation/creation: JUNE 2016

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.

Today's Date: 2/7/20

Signature

Print Name: DONNELYN KHOURIE Title: C.E.O.

Telephone Number: 772-801-5522 Email Address: DONNELYN.KHOURIE@FSCAK12.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 Donnelyn Khourie, 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 7 day of February, 2020.

NOTARY PUBLIC [Signature]
My Commission Expires: 7/26/2022



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.

Established in 2000, we are proud to be the only nationally Accredited Christian School in Saint Lucie County providing Preschooler's and Kindergartners through 12th Grade a unique blend of traditional education, with modern techniques. Our mission is to provide an outstanding education for all students, in a safe Christian environment.

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.

FSCA started operations in the Fort Pierce location in 2019, but has been operating schools since 2016. The goal of FSCA's activities is focused on educating St. Lucie county youth through dynamic new programs and cutting edge teaching techniques. All of FSCA's efforts to educate its students have been executed under the umbrella of a safe Christian social and academic environment. FSCA is a participant in the National Free Lunch Program, which requires similar planning, purchasing, and execution as the Health, Wellness, and Nutrition Workshop proposed in this application.

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			
2016-17			

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.

The organizations annual budget is slightly less than \$5 million dollars. Seventy percent of the organization's (70%) budget is provided by private funding/programming, and the remaining thirty percent (30%) of the budget is provided by private pay students.

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 a number of summer programs that provide breakfast and/or lunch to their participants, however FSCA is unaware of any other program that is focused on providing health, wellness, and nutrition education that can impact the participants as well as their families.

7. Project Name (please keep it short): FSCA Health, Wellness, and Nutrition Summer Workshop



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Department of Housing and Urban Development (HUD) 2019 Income Limits								
Number of People Living in Household	1	2	3	4	5	6	7	8
Extremely Low Income	13,550	16,910	21,330	25,750	30,170	34,590	39,010	42,550
Very Low Income	22,550	25,800	29,000	32,200	34,800	37,400	39,950	42,550
Low Income	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:

The intended beneficiaries of this program/project are youth ages 5 – 18 who reside in the Lincoln Park area of Ft. Pierce, the city of Ft. Pierce, and St. Lucie county as a whole. We are certain the target population will be reached and served due to it being tied to the composition of our student population. With access to students in the areas listed, FSCA can plan its promotions and marketing of the summer program to encompass these areas. Additionally, FSCA plans to undertake a marketing effort the includes all interested individuals in the city/county, while also providing access to the city's low-income areas and households. FSCA's outreach efforts will be begin on a date that is closer to the summer months.

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 area of benefit that will be primarily impacted by this project is the city of Ft. Pierce, with some level of emphasis in the Lincoln Park/Sheraton Plaza communities and the other small communities with proximity to FSCA's US-1 and Oleander Ave. locations.

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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D. 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 checked="" 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.

"Evidence exists for an association between income level and diet quality, a number of studies have found that the price of nutritious food and the time cost to prepare foods are economically driven reasons for this relationship. However, in addition to economic constraints, low-income individuals and families face a number of additional challenges linked with food choice, eating behaviors, and diet-related chronic conditions that contribute to diet quality and health."¹

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

FSCA's summer workshop is meant to assist in addressing these issues by providing information; nutritious foods, recipes that highlight the areas where low-income families are deficient, and cost effective options that will cause their overall wellness and nutrition to improve. The summer workshop will consist of: Guest Speakers, presentations on food options and choices, hands on cooking workshops with selected recipe, and examples of fun fitness and movement.

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.

Florida State Christian Academy
2810 S Federal Hwy,
Fort Pierce, FL 34982 & 5200 Oleander Ave.
Fort Pierce, FL 34982

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

The goal and objective of this project is to demonstrate that by providing participants with the necessary information on good nutrition, markers for good health, and measurements for overall wellness will allow them to make better health, wellness, and nutrition choices. Additionally, FSCA believes that encouraging students to share the information as well as a pathways to healthier low-cost options, could ultimately impact their entire household.

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

FSCA will survey its participants in regards to nutrition and health at the beginning of the course. This exercise will highlight their understanding of health and nutrition at the onset of the program. A survey will be provided to the same participants in the middle and at the end of the program. The hypothesis is that as the participants expand their knowledge of health, nutrition, and wellness we will see improved choices displayed on the surveys.

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 FSCA summer workshop will serve 50 participants from the identified service area, with at least 70% of those participants being from low-income families/households. The participant completion rate will be 90-100%,

1. American Journal of Preventive Medicine, Volume 52, Issue 2, Supplement 2, February 2017, Pages S118-S126, Barbara A.Laraia PhD, MPH, RD1Tashara M.Leak PhD, RD1June M.Tester MD, MPH2Cindy W.Leung ScD



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17. Amount of Grant Funds requested in this application: \$5,000
Amount of other funds secured for this program/project: \$1,500
Amount of other funds earmarked for the program/project: _____
Total amount needed to complete this program/project: \$6,500

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:

FSCA will continue to pursue other budget options and potential collaborators to fund this summer program. If the City does not provide a grant award to support the program it will be more challenging to execute the program, but FSCA will still be committed to attempting to providing the service in the absence of City dollars.

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?

This is an FSCA summer of 2020 program/workshop, with Tuesday morning sessions (8:30am – 12:30pm), Starting June 2nd and ending July 28th.

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



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

Promote outdoor activities and a healthy lifestyle:

The FSCA Health, Wellness and nutrition workshop is primarily an indoor program, there will be a session that focuses on fitness and movement that will be applicable for both indoor and outdoor settings. The entire program is focused on obtaining a wellness and a healthy lifestyle through nutrition, which addresses this qualifier.

Inspire and support the healthy development of youth:

Providing a summer workshop that is specifically focused on health, wellness, and nutrition is by definition and opportunity to inspire and support healthy development of youth. If anything, this qualifier underscores the fact that FSCA's goals and the intent of this qualifier are exactly the same.

22. Date project to begin: JUNE 2, 2020

Date project to be completed: JULY 28, 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.

This will be a free program that doesn't require any fees for the participants.

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?

FSCA's program will be made available to any interested participant on a first come first serve basis. Race, gender, nationality, ethnicity, religion, creed, or disability aren't factors for participation in any area of FSCA's programming/workshop.

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?

FSCA's program will be marketed to all interested participants. The marketing plan for this program is a general one that isn't at all limited to church's or participants with religious backgrounds in anyway. FSCA's goal is to have a diverse group of participants whose primary desire to gain information that will help better their health, wellness, and nutrition. Whether or not they belong to a church or religious group is not a consideration.



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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")
FOOD	\$2,500		
KITCHEN KITS	\$1,250		
AWARD + CERTIFICATES	\$500		
FITNESS MATERIALS	\$750		
PERSONNEL/QUESTS	\$ 0	\$1,500	FLORIDA STATE CHRISTIAN ACADEMY
TOTALS	\$5,000	\$ 1,500	
(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: Beth Alfonsi
Telephone Number: (772) 361-2605
Email Address: Beth.alfonsi@fscak12.com
Organization Position: Administrative Support
City of Residence: Port Saint Lucie
Qualifications: 15 years management food service industry
Professional Licenses: CCMA, CPR Instructor
Role in Project: Facilitator
% of Time Dedicated to Project: 100%

Name #2: Tracy Wisdom
Telephone Number: (772)
Email Address: Tracy.wisdom@fscak12.com
Organization Position: Administrative Support
City of Residence: Port Saint Lucie
Qualifications: 3 years food service industry
Professional Licenses
Role in Project: Facilitator
% of Time Dedicated to Project: 100%

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