

NEWTOWN COMMUNITY REDEVELOPMENT AGENCY (NCRA)

1565 1st Street, Sarasota, FL 34236

Non-Profit Matching Grant Program Application

All application questions MUST be thoroughly completed to be considered.

1. GENERAL INFORMATION

	ORGANIZATION		APPLICANT
REGISTERED NAME		PERSON COMPLETING APPLICATION	
TYPE (501c3 or 501c6)		RELATIONSHIP TO ORGANIZATION	
MAILING ADDRESS		MAILING ADDRESS	
WEBSITE AND/ OR EMAIL ADDRESS		CONTACT PHONE NUMBER	
FTIN # (IF APPPLICABLE)		CONTACT EMAIL ADDRESS	

2.	PROJECT ALIGNMENT WITH THE APPROVED NEWTOWN CRA PLAN (Please check the priority(ies) that align with your project)	
	BUSINESS DEVELOPMENT	
	CRIME AND SAFETY	
	CULTURAL ARTS	
	EDUCATION	
	HEALTHCARE	
	HOUSING	
	SUSTAINABILITY	

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	TARGET POI	TARGET POPULATION/N ters)	TARGET POPULATION/NEWTOWN (TARGET POPULATION/NEWTOWN CRA DISTRICTERS)

DEMONSTRATION OF COMMUNITY NEED (20 POINTS) Limit 3,000 characters)	INFACT ON TARG	SET POPULATION /NEW	. (
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7.	COMMUNITY SUPPORT (5 DOINTS) (I imit 4 500 abayaataya)
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9. BUDGET (10 POINTS)

Total Cost of Project (Budget Below)	\$
Amount of "Other" or Matching funds (\$
Amount of Grant Funds Being Requested from the NCRA	\$

BUDGET OVERVIEW

ITEM DESCRIPTION	CRA Grant Funds	Matching Grant Funds	TOTAL COST
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL COST	\$	\$	\$

OTHER FUNDING SOURCES

ORGANIZATION OR INDIVIDUAL	PROPOSED (P) CONFIRMED (C)	VALUE OF CONTRIBUTION
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL	\$

IN-KIND MATCH

ORGANIZATION OR INDIVIDUAL	INDICATE: Volunteer Labor, In- Kind Service, or Reduced Fee	VALUE: Volunteer Labor at \$25 per hour or In- Kind Service, or Reduced Fee	DETAIL: Whate volunteer labor is preformed or What In-Kind Service or Reduced Fee is provided.
0 characters)			
0 characters)			
PROPOSED PROGRAM LO	DCATION / DATE	:(S) / TIME(S) (Li	mit 500 characters)
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0 characters) PROPOSED PROGRAM LC	DCATION / DATE	:(S) / TIME(S) (Li	mit 500 characters)

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	TIMELINE			
	KEY MILESTONE ACTIVITIES			PROJECTED DATE
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2.	ORGANIZATION	I LEADERSHIP*		
	NAME	TITLE/POSITION	EMAIL	PHONE #
	Include Board Mem rogram.	bers of your organization a	nd Key Staff Leade	ership involved in the
		JTO / imit 500 alago atoma	.	
	OTHER COMMEN	NTS (Limit 500 characters))	

ELIGIBILITY:

- 1. Events, activities, programs, improvements, and enhancements shall add value to and be within the NCRA boundaries.
- 2. Must be open to the public or for a public use or benefit or for the enhancement of the NCRA District and its residents.
- 3. The applicant must cooperate with all rules and regulations including city permits, insurance requirements, and law enforcement.
- 4. Grant funds shall not be used for the following purposes: to pay for the benefit of, any Officer or Board Member of requesting applicant, entertainment for visiting dignitaries, decorative items (statues, picture frames, potted plants, wall hangings, etc.), to pay prize money, awards, greeting cards to convey holiday greetings, food, beverages and/or tobacco products, political contributions, political or religious events lobbying of State Legislature, and any items that conflict with City of Sarasota policies.

If approved, the organization must recognize the NCRA support in any e-newsletter, social media and other resources promoting the program being funded.

APPLICATION PROCESS

- 1. Only complete application packages (including all support documentation) will be considered for evaluation.
- 2. Additional supporting documentation may be requested by the NCRA Advisory Board prior to approval.
- 3. The NCRA Advisory Board reserves the right to award partial funds or no funds to any organization that applies.
- 4. All decisions of the NCRA Advisory Board are final.

FUNDING REQUIREMENTS:

A "Grant Agreement" will be required prior to the disbursement of funds. Grant funds are to be disbursed as either direct payments to vendors or reimbursement to the applicant with a valid checking account. To be reimbursed the following items MUST be submitted:

- 1. Invoice from the applicant to the Newtown Community Redevelopment Agency.
- 2. Vendor invoice(s) marked "paid" and/or credit card receipts
- 3. Copy of front & back of canceled checks to vendor(s) and/or credit card statements paying vendor(s).
- 4. Any proposed changes to approved project/program funding must first be thoroughly explained in writing and show evidence of association/entity support.
- 5. The NCRA Advisory Board or City may require that all or a portion of the match funds have been expended prior to distribution of NCRA funds.

All applicants and/or vendors receiving direct payment from the NCRA/City must be on record in the City's financial system, if not, then they must complete a W-9 & Vendor form.

Reimbursement payments will be made within 30-days, provided all required documentation has been properly completed in accordance with the requirements of the NCRA and City of Sarasota.

CERTIFICATION AND COMPLIANCE STATEMENT

Sarasota and the Newtown Community Redevelopment Agency Non-Profit Matching Grant Program and will abide by all legal, financial, and reporting requirements as a condition of receiving grant funds. Print Name and Title Signature Date If Not-For-Profit Organization partners with a third-party Program Organizer, then please complete the following: As an Officer of ______, a not-for-profit organization, I hereby , to act on behalf of the organization to include give authorization to but not limited to: applying for Special Event or other related permits, conduct financial transactions, contract with vendors, sign agreements, submit and receive reimbursement request, prepare grant related expenses and reports. Not-For-Profit Organization Signature Date Officer Name TAX LIABILITY The grant from the City of Sarasota and the Newtown Community Redevelopment Agency may be considered taxable grant income. The GRANTEE will have to submit a federal form W-9. The City may issue a federal tax form 1099-G to recipients for funds more than \$600, whether paid directly to the Grant recipient or to a third-party pursuant to the authorization listed above. It is the GRANTEE's responsibility to consult with a tax professional regarding any 1099-GT issued by the City any associated tax consequences. Print Name and Title Signature Date

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and that I have read the eligibility and funding requirements of the City of

Information listed on this application will be considered public record