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**

3. PROJECT DESCRIPTION (5 POINTS) (Limited 1,500 characters)

4. IMPACT ON TARGET POPULATION/NEWTOWN CRA DISTRICT (20 POINTS) (Limit 3,000 characters)

IMPACT ON TARGET POPULATION /NEWTOWN CRA DISTRICT (CONTINUED

5. DEMONSTRATION OF COMMUNITY NEED (20 POINTS) Limit 3,000 characters)

DEMONSTRATION OF COMMUNITY NEED (CONTINUED)

6. EVIDENCE OF COMMUNITY STRENGTHENING (20 POINTS) (Limit 3,000 characters)

EVIDENCE OF COMMUNITY STRENGTHENING (CONTINUED)

7. COMMUNITY SUPPORT (5 POINTS) (Limit 1,500 characters)

8. FINANCIAL SUSTAINABILITY (20 POINTS) (Limit 3,000 characters)

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.

IF FUNDS ARE NOT APPROVED, HOW WILL THE PROJECT MOVE FORWARD? (Limit 500 characters)

10. PROPOSED PROGRAM LOCATION / DATE(S) / TIME(S) (Limit 500 characters)

11. TIMELINE

KEY MILESTONE ACTIVITIES	PROJECTED DATE

12. ORGANIZATION LEADERSHIP*

NAME	TITLE/POSITION	EMAIL	PHONE #

***Include Board Members of your organization and Key Staff Leadership involved in the program.**

OTHER COMMENTS (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

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 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 give authorization to _____, to act on behalf of the organization to include 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

*****Information listed on this application will be considered public record*****