



**CITY OF HALLANDALE BEACH**  
**FY 2018-2019**  
**COMMUNITY PARTNERSHIP GRANTS PROGRAMS**  
**MINI-GRANT APPLICATION**

**Organization Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Name of Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**ORGANIZATION INFORMATION**

Is the organization incorporated? Yes £ No £ FEIN#: \_\_\_\_\_

Does the organization have 501(c)(3) Tax Exemption Status? Yes £ No £

Does the organization have a Board of Directors? Yes £ No £

If yes, provide a list of your current board members with your application.

Total # of Board Members: \_\_\_\_\_ # of Staff: \_\_\_\_\_ # of Volunteers: \_\_\_\_\_

Does your organization carry Liability Insurance? Yes £ No £ Amount: \_\_\_\_\_

**PROPOSAL INFORMATION**

Program/Project Name: \_\_\_\_\_

List Specific City Priority Area that will be addressed if funded: \_\_\_\_\_

Target Age Group: \_\_\_\_\_ # of Residents To Be Served: \_\_\_\_\_

Agency Annual Budget: \_\_\_\_\_ Amount of Request \$: \_\_\_\_\_ Total Program Cost: \_\_\_\_\_

Source(s) of Current Funding: \_\_\_\_\_

Has your organization received previous funding from the City: Yes £ No £.

If yes, please List Amount:

Funded \$: \_\_\_\_\_ Year: \_\_\_\_\_ # of Residents Served: \_\_\_\_\_

Please provide a brief summary of the Previous Project Funded: \_\_\_\_\_

\_\_\_\_\_

Authorized Signature of Board Chair: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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**1. ORGANIZATION BACKGROUND INFORMATION (no more than 1 page)  
(Up to 5 points)**

- Give an overview of the agency's mission and history. Include years of operation, mission statement and primary services provided.

**2. PROJECT DESCRIPTION (no more than 2 pages) (Up to 25 points)**

- Give a general overview of the project by answering the following questions:
  - A. What is the project intent?
  - B. How many clients are expected to be served?
  - C. What are the types of services to be delivered?
  - D. Why is the project needed? (This question should include city, school, racial/ethnic, socioeconomic characteristics, income level, age and/or neighborhood statistics regarding the identified issues, as well as any existing resources and gaps.)
  - E. What is the target population and how do services provided to the anticipation population address the needs of the program?
    - Identify the number of percentage of Hallandale Beach residents to be served.
  - F. How will the community benefit from your project?
  - G. How will the services address the city's priority area that was selected?
  - H. Are there any fees for services and/or scholarships/waivers available?
  - I. Other agencies or organizations involved in the project?



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**3. METHOD OR STRATEGY FOR IMPLEMENTATION (no more than 1 page) (Up to 20 points)**

**A. Describe the activities to achieve objectives and method of service delivery:**

Service Name and Description (Intake and Assessment, Classes, Counseling activities, etc.)	Method of Service Delivery (all participants will be assessed at intake, participants will engage in 16 hours of coursework, individual/group counseling utilizing SFBT)

- B. Who will be responsible for the overall project?**
- C. What staff will be involved (Please list all staff and provide resumes for key staff as attachments)?**

# of Staff	Position	Duties

**D. What is the time frame/work plan for implementing the project?**

Work Task	Estimated Start Date	Estimated Date of Completion

**E. Where will the services be held? (Note: Please submit a Partner Authorization Letter for programs proposing to operate at a community-based or school site.)**

Site	Street Address	City	Zip Code

**F. Describe the time of day and days of the week that services are provided. Describe the rationale as to why the days and times of operation were selected.**

Dates	Time Start	Time End



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**4. EVALUATION OF THE PROJECT (no more than 1/2 page) (Up to 15 points)**

Describe how you will measure success or benefits of your program using the Results Based Accountability (RBA) model.

**Results Based Accountability (RBA)®**

Results Based Accountability (RBA) is a tool used to measure program goals and objectives in order to provide evidence of better results. RBA points out that the most important measure is not how much a program does, but whether people served through programs are any better off because of the service provided (e.g. have the people served by a particular program gained increased skills, capacities, and knowledge as a result of their participation?). Performance accountability helps communities, program, and funding stakeholders see the linkage between an agency's work, its performance, and the results achieved for the people served by the agency's program.

- **How will you measure whether the chosen target population is better off after participation in your program (i.e., surveys, pre and post- tests, report cards etc.)?**
- **How will you measure if services were provided well and as expected?**
- **What are you proposing to do to bring about the desired change?**
- **What are the goals, performance measures, and/or outcomes of the project?**
- **Performance Measure: The measure of how well a program, agency, or service system is working. This is measured at three level: How much did we do? How well did we do it? Is anyone better off (the results)?**

The following is an example of how to assess how much and how well services are performed and whether anybody is better off for receiving those services. This can be a useful tool in determining your desired performance measures.

How Much Did We Do?				
Performance Measure	Target Goal	Actual	Evaluation Tool	Administration Schedule
# of Hallandale Beach students served	130 Students	120 students participated in the program	Client Data Tracking Sheet	Analyzed Monthly
How Well Did We Do It?				
Contract Utilization	100% overall contract utilization	95% overall contract utilization	Monthly Invoices	Analyzed Monthly
Services Monitoring	100% units met	100% units met	Site Visits	Analyzed Quarterly
Is Anyone Better Off?				
% of students who increased their knowledge and skills in Reading and Writing	80%	85%	Skills Test	Analyzed Quarterly
% of students who graduated to the next grade level	80%	85%	Report Cards	Analyzed Annually
% of student satisfaction with the services provided	80%	85%	Survey	Analyzed Quarterly



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**5. SUSTAINABILITY (no more than 1 page) (Up to 5 points)**

- A. If you receive 50% of the amount requested, how will you provide services?
- B. If you do not receive funding, will you still provide services?
- C. Have you been funded or received a commitment letter for funding? Please specify who and how much funding.
- D. What is your organization's Sustainability Plan for the next three (3) years?

**6. LEVERAGING OF FUNDS (no more than 1/2 page) (Up to 5 points)**

- Describe other resources that are in place to match the City's requested funding in order to implement the proposed program. Such resources may include organization funds, other grant funds, in-kind donations or any combinations thereof.

**7. PARTNERSHIPS/COLLABORATIONS (no more than 1/2 page) (Up to 5 points)**

- Describe any existing Partnerships/Collaborations currently in place with other non-profits organizations that provide a common goal.



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**8. BUDGET INFORMATION (Up to 20 points)**

**A. Please fill in information as requested.**

<b>PROPOSED PROJECT BUDGET</b>			
<b>ITEM</b>	<b>GRANT REQUEST</b>	<b>OTHER FUNDS/INKIND</b>	<b>JUSTIFICATION</b>
<b>Personnel</b>			
<b>Consultants</b>			
<b>Supplies</b>			
<b>Other/specify</b>			
<b>TOTAL</b>			
<b>Grant Request does not exceed \$10,000.</b>			



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**APPLICATION CHECKLIST**

**Please initial below as confirmation that each of the required documents has been submitted with the Application for review.**

- \_\_\_\_\_ **COVER PAGE**
- \_\_\_\_\_ **APPLICATION CHECKLIST**
- \_\_\_\_\_ **Copy of Organization Non-Profit Status Letter from IRS**
- \_\_\_\_\_ **List of Board Members, Director/Agency Head, Titles, Addresses, Phone Numbers.**
- \_\_\_\_\_ **Evidence of Incorporation for State of Florida ([www.sunbiz.org](http://www.sunbiz.org))**
- \_\_\_\_\_ **Evidence of Financial Soundness (990 form) and documentation from a Financial Institution showing last three (3) months of operating expenses**
- \_\_\_\_\_ **Letters of Support for the project (limit to three (3)) (OPTIONAL)**
- \_\_\_\_\_ **Proof of Leveraging of Funds (if applicable)**
- \_\_\_\_\_ **Memorandum of Understanding/s if partnering with any organization/s**
- \_\_\_\_\_ **Key Staff Resumes**
- \_\_\_\_\_ **Copy of the organization’s Certificate of Insurance and/or a Letter of Indemnity**
- \_\_\_\_\_ **Grant request does not exceed \$10,000 (Mini-Grants Only)**
- \_\_\_\_\_ **Grant Application**

**CERTIFICATION**

**I certify that the information contained in this Application, including Budget and Attachments (supporting materials) are true and correct to the best of my knowledge. I understand that if information contained in this Application is found to be false or incorrect it may be cause for disqualification.**

\_\_\_\_\_  
**Signature of Authorized Representative** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**



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**ATTACHMENTS**

Please include with the Proposal one copy of the following:

1. **APPLICATION CHECKLIST**
2. **ATTACHMENTS**
  - Copy of Organization Non-Profit Status Letter from IRS
  - List of Board Members, Director/Agency Head, Titles, Address & Phone Number
  - Evidence of Incorporation for State of Florida ([www.sunbiz.org](http://www.sunbiz.org))
  - Evidence of Financial Soundness (990 form) and documentation from a Financial Institution showing last three (3) months of operating expenses
  - Letters of Support for the project (limit to three (3)) (optional)
  - Proof of Leveraging of Funds (if applicable)
  - Memorandum of Understanding/s if partnering with any organization/s
  - Key Staff Resumes
  - Certificate of Insurance or Letter of Indemnity
3. **GRANT APPLICATION**

Remember to submit one (1) original and eight (8) copies of the grant application package with attachments. Please, do not use binders. Staple all documents securely.

**SUBMIT GRANT REQUESTS VIA IN PERSON OR BY MAIL ONLY TO:**

City of Hallandale Beach  
Procurement Department  
400 South Federal Highway  
Hallandale Beach, Florida 33009  
Attn: **COMMUNITY PARTNERSHIP GRANT PROGRAM**

**DEADLINES AND NOTIFICATION**

1. **Application deadline is at 4:00PM on THURSDAY, MAY 31, 2018. NO EXCEPTIONS!**
  - a. A Grant Pre-Application Workshop will be held on Wednesday, May 9, 2018, from 11:00 am – 12:00 pm at the Austin Hepburn Center, 1000 NW 8<sup>th</sup> Avenue, Hallandale Beach, Florida. Please call to register at 954-457-1460.





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- 2. Notification of Awards for funding will be made in July of 2018. No phone calls accepted. Notification of Award will be made via mail.**
- 3. Commission Awards will be made in September 2018 and funding will be given after October 1, 2018.**
- 4. All grant recipients will enter into a contract, also known as a Grant Agreement with the City. Upon receipt of the Grant Agreement from the City of Hallandale Beach, the grantee will have thirty (30) days to return the documents to the City.**