

**CHARLOTTE COUNTY NOT FOR PROFIT  
NON HUMAN SERVICES FUNDING REQUEST FY 2013**

This application should be completed and mailed to:

William Taylor  
Charlotte County Budget Office  
Room 229 Building A  
18500 Murdock Circle  
Port Charlotte, FL 33948

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**No later than March 1, 2012**

Please call 941-764-5532 with any questions.

# CHARLOTTE COUNTY NOT FOR PROFIT 2013 NON HUMAN SERVICES FUNDING REQUEST

1. AGENCY CORPORATE NAME:

2. DATE OF INCORPORATION:

ADDRESS:

PHONE NUMBER:

FAX NUMBER:

EMAIL:

WEBSITE:

3. CHIEF PROFESSIONAL OFFICER: (signature required)

(print name)

CHIEF VOLUNTEER OFFICER: (signature required)

(print name)

4. MISSION OF THE ORGANIZATION:

5. PLEASE INDICATE THE PROGRAM(S) FOR WHICH YOU ARE REQUESTING SUPPORT:

Board of County  
Commissioners  
Request:

Program	Total Budget:	CC Gov't \$ Request:	Last Year Award:
Program:	Total Budget:	CC Gov't \$ Request:	Last Year Award:
Program:	Total Budget:	CC Gov't \$ Request:	Last Year Award:
Program:	Total Budget:	CC Gov't \$ Request:	Last Year Award:
		TOTAL:	TOTAL:

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## **FUNDING REQUEST NARRATIVE**

### **SECTION I: AGENCY OVERVIEW**

#### **I. AGENCY STRUCTURE:**

Are there any separate corporations or foundations that are directly or indirectly associated with your agency. Please name them, and explain the association with your agency.

#### **II. FINANCES:**

A. Reserves: Does your agency have unrestricted net assets (cash and/or short-term investments) that represent more than 25 % of your operating budget? \_\_\_Yes \_\_\_No. If yes, please explain.

Are there reserves in other funds? \_\_\_Yes \_\_\_No. If yes, please list the current amount and purpose for each.

B. Operating Deficits: If the operating budget for the previous year shows a deficit, state what actions or policies have been taken or will be taken by the agency to deal with the deficit. Be specific, such as liquidation of capital, program cutbacks, borrowing from financial institutions, personnel reductions, etc.

C. Operating Surplus: If your agency's previous year's operating budget shows a surplus, comment on the agency's plans for the disposition of the surplus.

D. Explain any pending litigation, claims, or assessments against the agency of which you are aware.

E. Please indicate any significant changes in your organization's operations or service delivery during the past year. Do you anticipate any significant changes in your organization's operations or service delivery in 2012 and/or 2013? If yes, please explain.

### III. OTHER COMMENTS:

What additional information would you like Charlotte County to take into consideration in deciding on your funding request (*This is an opportunity to emphasize need, discuss benefits, clarify costs, and indicate unique features of the program and/or the agency's ability to provide this program.*)

**SECTION II: REPORT ON PROGRAM(S) FUNDED YOUR LAST COMPLETED FISCAL YEAR**

(Please complete a form for **each program** for which you received funding, copy this page as many times as needed.)

AGENCY \_\_\_\_\_

FISCAL PERIOD                    /                    /                    to                    /                    /

Program Name: \_\_\_\_\_

Please provide a brief description of the program:

1. Were the objectives as stated in the original proposal reached? Please elaborate.
  
  
  
  
  
  
  
  
  
  
2. Please indicate the total number of people served by this entire program. **(Count an individual only once** regardless of frequency or type of service. For example, 75 unduplicated individuals served.)  
  
  
  
  
  
  
  
  
  
- 3. Now tell us the total number of unduplicated people living in Charlotte County who were served by this program.  
  
  
  
  
  
  
  
  
  
- 4. Describe your evaluation process and determination of outcomes for this program.  
  
  
  
  
  
  
  
  
  
- 5. Describe the current status and future plans for this program.

**SECTION III: PROGRAM REQUEST FOR 2013 which would be funded from 10/1/12 – 9/30/13**

(PROGRAM DATA: Complete a form for each program for which the agency is requesting funds, copy this page as many times as needed.)

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AGENCY: \_\_\_\_\_

FUNDING PERIOD                    /                    /                    to                    /                    /

Program Name: \_\_\_\_\_

1. Which of your priority needs will this program address?

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2. How will you assure that your services will be accessible to the population you propose to serve?  
(Refers to information, cost, location, transportation, etc.)

3. Please indicate the total number of people served by this entire program. (Count an individual only once regardless of frequency or type of service. For example, 75 unduplicated individuals served.)

4. Now tell us the total number of unduplicated people living in Charlotte County who were served by this program. \_\_\_\_\_

5. Please give a concise description of the program.

6. List the goals and specific measurable objectives of this program in concise terms.

7. What specific program activities and services will be provided to meet all the objectives listed above?

8. How will you measure and evaluate the impact of the proposed program?

MATCH: If Charlotte County Government Grant funds are to be used as matching dollars from other sources, please note below:

Source	Budget	Match %	County Amount Required?
1- _____	_____	_____%	_____
2- _____	_____	_____%	_____
3- _____	_____	_____%	_____
4- _____	_____	_____%	_____

## **BUDGET SECTION**

In this budget section, we are only looking for information on the specific programs that we have either funded last year or you are requesting funding for this year.

You may use the attached Excel Budget Sheets to provide the necessary Budget Sheets

On your submitted worksheets, we are asking you for three blocks of information:

- your last completed fiscal year's audited numbers on programs funded by Charlotte County
  - your current fiscal year's programs funded by Charlotte County
  - next year's program funding request from Charlotte County

We are only interested in the numbers for the programs that we have funded in the past and that you are requesting funding for.

If you are filling this out from the emailed version start by filling in the Program pages first (only the programs you are asking us to fund). You need to submit separate worksheets for each program.

If you are NOT filling this out from the emailed version, please duplicate the Agency Summary sheet and as many Program sheets as needed. Please maintain the same layout. Feel free to call us with any questions.

We will be reviewing your IRS 990 of your entire agency and its financial health.

**VERIFICATION**

**If the answer is “no” to any question, please give an explanation.**

- 1. YES \_\_\_ NO \_\_\_    The agency has a letter stating it complies with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act and a copy is enclosed.
  
- 2. YES \_\_\_ NO \_\_\_    The agency is currently classified as a non-profit organization under Provision of IRS Service Code 501(c) 3 or a comparable IRS Classification and a copy of the letter is enclosed.
  
- 3. YES \_\_\_ NO \_\_\_    Charlotte County has a copy of the audit for our most recently completed fiscal year which ended \_\_\_\_\_. If no, please enclose a copy of or give an explanation.
  
- 4. YES \_\_\_ NO \_\_\_    Charlotte County has a copy of the IRS Form 990 for your most recently completed fiscal year. If no, please enclose a copy or give an explanation.
  
- 5. YES \_\_\_ NO \_\_\_    Charlotte County Not For Profit 2013 Non Human Services Funding Request has been approved by the Chief Professional Officer and an authorized Officer of the Board.
  
- 6. YES \_\_\_ NO \_\_\_    Enclosed is a current list of the Board of Directors of our agency with addresses and telephone numbers.

The above answers are confirmed by the Chief Professional Officer and a representative of the Board of Directors.

\_\_\_\_\_  
Print Name of Chief Professional Officer

\_\_\_\_\_  
Print Name of Authorized Officer

\_\_\_\_\_  
Signature of Chief Professional Officer

\_\_\_\_\_  
Signature of Authorized Officer

Date \_\_\_\_\_

Date \_\_\_\_\_