

**Nassau County, FL  
NonProfit Funding Request Application**

**I. GENERAL INFORMATION**

Name of Organization: \_\_\_\_\_

Are you a Not-for-Profit with active 501(c)(3)?  Yes  No

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Program Location/Address: \_\_\_\_\_

**II. ORGANIZATIONAL INFORMATION/HISTORY**

Name of Executive Director: \_\_\_\_\_

Date organization founded: \_\_\_\_\_

Date organization incorporated as a non-profit organization with a 501(c)(3) current tax-exempt status: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Number of paid staff: \_\_\_\_\_

Number of volunteers: \_\_\_\_\_

Will the proposed project provide services on-site in Nassau County?  Yes  No

**III. REQUIRED DOCUMENTATION (attach separate pages as necessary)**

- Current Listing of Board of Directors and number of years on the Board
- Organizational Chart, for your overall organization
- Resumes for Key personnel that will oversee the success of the project
- Summary of the current FY2022-2023 budget for your operation, which should include salaries, operating expenses, and capital outlay. It should also provide an accounting of all revenue sources, including any allocation/grant from Nassau County
- The same information, as outlined above, for the upcoming FY2023-2024 budget
- The legal citation (if any) mandating a contribution by the County
- Most recent audited Financial Statements

**IV. PROJECT DESCRIPTION (attach separate pages as necessary)**

Select the one that best describes your project or program:

- |   |  |
|---|--|
| <input type="checkbox"/> Arts                   | <input type="checkbox"/> Veterans          |
| <input type="checkbox"/> Beautification         | <input type="checkbox"/> Workforce         |
| <input type="checkbox"/> Disabled/Mental Health | <input type="checkbox"/> Youth             |
| <input type="checkbox"/> Homeless               | <input type="checkbox"/> Shelter           |
| <input type="checkbox"/> Housing                | <input type="checkbox"/> Disaster Recovery |
| <input type="checkbox"/> Seniors                |  |

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

Provide a detailed description of the proposed project by describing, in quantifiable terms, precisely what is to be accomplished with the requested funds. Describe the specific purpose of the project, identifying the needs the project intends to meet. This description will be used in application summaries for the Board of County Commissioners throughout the application process. (Limit to 150 words) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the project goals and objectives and expected project timeline and results/outcomes. (Limit to 150 words) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please provide details on performance measures that your organization currently uses, your plan to implement the activity within 180 days and the types of indicators you use to measure accomplishments. (Limit to 150 words) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Timetable for Project Implementation Readiness to proceed:

Indicate primary project milestones:

<u>MILESTONE</u>	<u>START DATE</u>	<u>COMPLETION DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons to Benefit:

- 1) Total number of individuals to be served by this project: \_\_\_\_\_
- 2) Total number of Nassau County individuals to be served: \_\_\_\_\_
- 3) Of Nassau County persons served, total number of low and moderate-income persons: \_\_\_\_\_
- 4) Is this a new service to Nassau?  Yes  No
- 5) If service is not new, will the proposed County activity substantially increase the existing level of service?  Yes  No

Explain how the service level will be increased or enhanced or what makes this program is unique. (Limit to 150 words) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## V. PROJECT BUDGET

The County's funds are extremely limited as compared to needs and should always be considered as a secondary resource to help fill a program/project's budgetary gap. Applicants must demonstrate that all efforts have been made to leverage other resources for the project before funding is considered.

Please complete the following annual budget. Provide total budget information for the program year and a breakdown of costs associated with providing service to Nassau County residents. Note: If the line items shown are not applicable to your activity, please attach an appropriate budget.

ADMINISTRATION	OVERALL PROGRAM BUDGET <i>(To serve all program recipients)</i>	Nassau County Funds Request
Salaries & Fringes	\$	\$
Supplies & Materials	\$	\$
Copy Work/Printed Materials	\$	\$
Mileage	\$	\$
Utilities	\$	\$
Audit	\$	\$
Space Rental	\$	\$
Other: (Specify) _____	\$	\$
_____	\$	\$
<b>Total Budget</b>	\$	\$
<b>Total Nassau County Funds Requested</b>		\$

Will there be on-going operational and maintenance costs?  Yes  No

If so, who will pay for these costs: \_\_\_\_\_

**Applications are due March 1, 2023, by 5:00 p.m.**

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Identify Other Funding Sources:

Identify commitments or applications for funds from other sources to implement this specific activity. If other funds have been approved, attach evidence of commitment.

<u>Funding Source</u>	<u>Amount of Funds Available</u>	<u>Date Available</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If your program is not awarded any funds, what would happen to your program:

- Scale down the program resulting in less clients served  
\_\_\_\_\_ Estimated reduction in clients served
- Make changes to the program without reducing the number of clients served
- Make up the differences with other funds available to my agency