

Sarasota County Neighborhood Grant Program

NEIGHBORHOOD GRANT APPLICATION

GRANT CYCLE XV – DUE DATE MARCH 29, 2010

Official Organization Name _____

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<input type="checkbox"/>	1 - 3 written proposals	
<input type="checkbox"/>	applicable insurance verification for the selected vendor(s)	

The following must be provided in order for the application to be processed:

- One (1) original single-sided Neighborhood Grant Application Packet (3 hole punched and paper clipped).
- One (1) double-sided copy of the Grant Application Packet (3 hole punched and paper clipped).
- A copy of the Grant Application must be provided electronically.
- Include vendor quote(s) and insurance verification that is in accordance with the guidelines indicated at <http://www.scgov.net/CFPO/Insurance>. The applicant shall endeavor to find the most economical source for the sought services or products using a licensed and insured vendor.

* If 2 or more pages are needed in a section, please label the extra pages with a letter Example: 5, 5-A, 5-B, 5-C, 5-D, etc.

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ORGANIZATION/CONTACT INFORMATION

Project Title _____

1. Organization Information:

Organization Name _____

Address _____

Organization Type: Homeowners Association Neighborhood Association
 Other Ad Hoc

2. Leadership Information:

Grant Contact Person _____

Address _____

Home Phone _____ Work Phone _____ Fax _____

E-Mail address _____

President's name or official representative _____

Address _____

Home Phone _____ Work Phone _____ Fax _____

E-Mail address _____

3. Neighborhood Information:

Name of Neighborhood _____

Boundaries: North _____ South _____

East _____ West _____

Number of homes _____ Number of association members _____

Is the project on public or commonly owned land? _____

Is access to your neighborhood restricted (gate, guard, etc.)? YES NO

Does your neighborhood have a NEST program? YES NO

Did your neighborhood choose a Green Business Partner? YES NO

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CERTIFICATE OF CLASS COMPLETION

**INSERT YOUR CERTIFICATE HERE.
DO NOT PRINT THIS BLANK PAGE.**

DRAFT

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WORK PLAN/TIMELINE

List in chronological order the specific steps or key activities you will take to reach your goal and the estimated dates (month/year) of completion.

Steps or Key Activities

Start/Completion Date

Steps or Key Activities	Start/Completion Date

DRAFT

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DISTRIBUTION OF GRANT FUNDS

Payment Options *Please check one of these three options*

OPTION #1:

Reimbursement to Neighborhood – The neighborhood association pays the vendors and suppliers directly, and the neighborhood is reimbursed with the grant funds. A W-9 form will be required with this option.

OPTION #2

Purchase Order – The County guarantees payment to the vendor directly by using a Purchase Order. The vendor submits an invoice to the County and a check is issued directly to the vendor.

OPTION #3:

Combination of Option 1 & 2 - A W-9 form will be required with this option.

**FOR MORE INFORMATION, PLEASE REFER TO THE
GRANT FUNDING INFORMATION.**

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BUDGET

SELECTED VENDOR'S NAME
*ATTACH ALL VENDOR QUOTES & INSURANCE
 CERTIFICATES FOR SELECTED VENDORS*

	TOTAL COST	COUNTY	NEIGHBORHOOD
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

VOLUNTEER LABOR COST *THE VENDOR QUOTE INCLUDES
 LABOR, VOLUNTEER LABOR IS NOT APPLICABLE. ALL VOLUNTEER
 LABOR MUST BE JUSTIFIED-ATTACH PAGE 9-A.*

TYPE	HOURS					
_____	_____	@ \$12.00/HR	=	\$ _____		\$ _____
_____	_____	@ \$12.00/HR	=	\$ _____		\$ _____

DONATED MATERIAL *ONE DONOR WORKSHEET FOR
 EACH CONTRIBUTOR - ATTACH PAGE 7-A.*

ITEM	VALUE	
_____	_____	\$ _____
_____	_____	\$ _____

PROFESSIONAL SERVICES

TYPE	HOURS					
_____	_____	@ _____/HR	=	\$ _____	\$ _____	\$ _____
_____	_____	@ _____/HR	=	\$ _____	\$ _____	\$ _____

PERMIT FEES

TYPE			
_____	\$ _____		\$ _____
_____	\$ _____		\$ _____

TOTALS	\$ _____	\$ _____	\$ _____
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*NOTE: A DOLLAR-FOR-DOLLAR MATCH IS REQUIRED. NO OTHER GRANT MONIES FROM THE COUNTY MAY BE USED
 SARASOTA COUNTY DOES NOT PAY SALES TAX ON THEIR CONTRIBUTION/MATCH PORTION.*

QUOTES: \$0.00 TO \$2,999.99-ONE (1) QUOTE \$3,000.00 OR MORE -THREE (3) QUOTES