

STAFF CHECKLIST FOR PSG APPLICATION REQUIREMENTS

Requesting Agency Name _____

Date Submitted: _____

Staff Name: _____

ELIGIBILITY REQUIREMENTS (must contain all of the following).

_____ Agency's **program does not** receive funding through another COJ program (i.e. CSGP, AIPP, KHA/JCC, DIA/OED, ESG, CDBG, HOPWA, Social Services Division, or direct line item, etc.)

_____ A copy of a good standing certificate issued by the Florida Division of Corporations evidencing that the requesting agency is in good standing and has been in existence for three (3) years prior to the Public Service Grant application deadline. The certificate must be dated within 12 months of the grant application deadline.

_____ A copy of the requesting agency's current Charitable Solicitation Permit, which are granted to Non-Profits and agencies exempt such as; Churches / Religious Institutions-F.S. 337.406

_____ Copies of the requesting agency's completed/ filed federal tax returns for the last three tax years, 2years of agency's fiscal balance sheet/ statement of income

_____ A copy of the completed Mandatory Application Workshop certificate issued by the Grants Administrator evidencing the requesting agency's compliance with the Mandatory Application Workshop pursuant to Section 118.803 herein

_____ An original affidavit, in the form provided by the Office of General Counsel, or if agency provides its own form, it must contain the following;

_____ Requesting agency's program operates in Duval County, and serves the people of the City

_____ Requesting agency's program will serve a Priority Population or Priority Need designated by the City Council for the grant application cycle in which the requesting agency is applying for

_____ Requesting agency's program is not eligible to receive funding from any of the City programs listed in Section 118.805(a) (1)-(7)

_____ The requesting agency's appropriation request for multiple or single programs does not exceed in the aggregate 24 percent of the requesting agency's annual revenue (as shown on filed tax returns) averaged over the previous three tax years

_____ The requesting agency is in compliance with the terms of all existing City agreements in which the requesting agency is a party; and

_____ The requesting agency is in compliance with all applicable federal, state, local laws, rules, regulations and ordinances, as the same may exist and may be amended from time to time.

APPLICATION REQUIREMENTS (must contain all of the following).

Cover/On-line Page containing the following information:

Name of the requesting agency;

Name of the Program;

The Priority Population or Need that the Program will serve;

Amount of the Appropriation Request;

The Fiscal Year that the requesting agency is submitting an appropriation request for

The certification executed (electronically or manually) by the executive director, chief executive or operating officer, president, vice president or board chairman in the form below:

“I, _____ name/title _____, hereby certify that the information and representations contained in this Fiscal Year _____ Public Service Grant application is true and correct.”

By: _____

Print Name/Title: _____

Date: _____

_____ Section entitled **Community Need and Audience** and information describing same (max 3 pages)

_____ Section entitled **Agency Background, Staff, Board Experience** and information describing same (max 3 pages)

_____ Section entitled **Program Management and Evaluation** and information describing same (max 4 page) to include any Auditor’s Non-Compliance issues (COJ staff must verify)

_____ Section entitled **Program Activities** and information describing same (max 2 pages)

_____ Section entitled **Program Budget and Fiscal Policies** and information describing same (max 3 pages) not include budget forms.

APPLICATION FORMAT

_____ The application shall have 1 inch margins and contain no more than sixteen (16) single-sided double-spaced 8½” by 11” pages. The font style shall be Times New Roman or Arial with a minimum font size of 11 points and a maximum font size of 12 (N/A is submitted via on-line text box/character format)

Based on the above application requirements pursuant to Section 118.806, the above referenced requesting agency is (circle one) qualified / disqualified and (circle one) may / may not apply for a FY _____ Public Service Grant.

Staff Signature: _____