GRANTS & CONTRACT COMPLIANCE DIVISION



FY27/28 Public Service Grants Micro-Grant Program

Application Info-Session

October 22, 2026
October 26, 2026

HOUSEKEEPING ITEMS

- Chat is disabled.
- Type your full name, organization(s), phone number, and email address in the Q&A section
- Questions will be answered at the end of the presentation. Answers will be added to FAQs.
- The presentation and FAQs will be posted on the Micro-Grant Program website

WELCOME MESSAGES

PSG City Council Liaison

Michael Boylan, City Council, District 6

Mayor's Office

Dr. Tracye Polson, Director of Public-Private Partnerships

MEET THE STAFF

Micro-Grant Leadership Team

GCCD Division Chief
Maribel Figueroa– (904) 255-5356
figueroam@coj.net

CFO & Finance Director
Anna Brosche– (904) 255-5354
broschea@coj.net

Grants, Compliance & Special Projects Manager

Nancy Rivera – (904) 255- 8723
NRivera1@coj.net

Project Support Assistant

Melanie Love – (904) 255-8714
Mlove2@coj.net

General Questions: grants@coj.net

2026 PUBLIC SERVICE GRANT COUNCIL

Pablo Diaz de Sandi, Chair

Shamika Baker Wright
Latrice Carmichael
Dr. Thomas Geismar
Nicole Hamm
Dr. Joy Gorham Hervey
Liz Foraker Klein

Daniel Henry, Vice Chair

Linda King
Taylor Mejia Roberts
Evena Seneque
Susan Ticker
Dr. Dogan Tozoglu
Sean Turker
Andrew Williams, Jr.

PUBLIC SERVICE GRANTS OVERVIEW

Public Service Grants are available to nonprofits who serve categories of Most Vulnerable Persons (MVP) and/or Needs.

Most Vulnerable Persons and/or Needs are groups of citizens or the common needs and traits requiring services from requesting agencies, whose needs have justified priority consideration over other deserving populations or groups in competition for City funding.

The PSG Council assesses the needs of the community annually and recommends the categories of Most Vulnerable Persons and/or Needs for the upcoming fiscal year which are approved by the City Council.

PART 8. - PUBLIC SERVICE GRANTS | Code of Ordinances | Jacksonville, FL | Municode Library

PSG Micro-Grant Program

The FY27-28 Micro-Grant Program was established by City Ordinance 2026-624-E.

Micro-Grant applications are reviewed, evaluated, and scored by members of the Public Service Grant Council.

PART 8. - PUBLIC SERVICE GRANTS | Code of Ordinances | Jacksonville, FL | Municode Library

MOST VULNERABLE PERSONS & NEEDS CATEGORIES

A) ACUTE : Services focused on adult individuals and/or families experiencing a difficult or dangerous situation which requires prompt action to avoid further deterioration of their health, safety, or welfare.

B) PREVENTION & DIVERSION: Services focused on preventing negative changes to the health, safety, and welfare of adult individuals and/or families; or services designed to divert adult individuals and/or families who have experienced negative changes to their health, safety, or welfare from experiencing further deterioration.

MOST VULNERABLE PERSONS & NEEDS CATEGORIES

C) SELF SUFFICENCY & STABILITY: Services focused on helping adult individuals and/or families work toward needing no assistance to satisfy their health, safety, and welfare; or services focused on helping adult individuals and/or families work towards a stable level of assistance needed on an ongoing basis.

ELIGIBILITY

ELIGIBILITY

- ✓501 (c)(3) Nonprofit Status
- ✓In existence for at least one (1) year
- ✓Based in and operates in Duval County
- ✓Funds must be exclusively used to serve Duval County residents
- ✓Annual revenue of less than $250,000
- ✓Program serves adults only or families (no youth only)
- ✓Has not received a Public Service Grant (PSG) within the past five (5) years

ELIGIBILITY (cont'd)

The requesting agency must be 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 PROCESS

ONLINE APPLICATION FORM

Grant Application URL:
https://form.jotform.com/262806509566163



AGENCY CONTACT INFORMATION AND APPLICATION REQUIREMENTS

- Fill in the blanks for all requested information
- Include the information about your Organization
- Complete the Contact Person information
- Program Name
- Select one of the MVP and Needs Categories (Only one application allowed total regardless of category)
- Total Amount Requested must be between $10,000 -$20,000

AGENCY CONTACT INFORMATION AND APPLICATION REQUIREMENTS (CONT.)

- All APPLICATION QUESTIONS are Required
- Questions 1 to 3 are for eligibility: **if any of your answers is followed by a STOP message, you do not qualify for this grant.**
- From questions **4 to 7**, you will have a limit of **7,500 characters** for each response. A character counter will appear at the bottom of each answer box.
- Make sure first name, last name, title, and date for person certifying all the information is true and correct (Only authorized signatory can certify documents) e.g., CEO, COO, CAO, President, VP

APPLICATION DEMO

Grant Application URL: https:Application Linkcom/262806509566163

ELIGIBILITY DOCUMENTS TO UPLOAD

1. 501 (c)(3) IRS Determination
   - Copy of the Nonprofit letter
   - File Name: “IRS 501 C3 – AgencyXYZ”
2. Financial Statements
   - Copy of the last filed Federal Tax Return
   - File Name: “Financial Statements – AgencyXYZ”
3. Budget Detail
   - Accurate Budget Detail form provided by COJ
   - File Name “Budget Detail – AgencyXYZ”

Submit PDF format (.pdf)

ELIGIBILITY DOCUMENTS TO UPLOAD (Cont.)

4. DEI Certification
   - 287.139 FS DEI Certification
   - File Name: “DEI Certification– AgencyXYZ”
5. Human Trafficking Affidavit
   - Notarized Copy of the “Affidavit of Compliance with FL Statute Section 787.06, Human Trafficking”
   - File Name: “HTA – AgencyXYZ”
6. Certificate of Good Standing
   - Certificate of Status from FL Division of Corporations
   - File Name “Good Standing – AgencyXYZ”

Submit PDF format (.pdf)

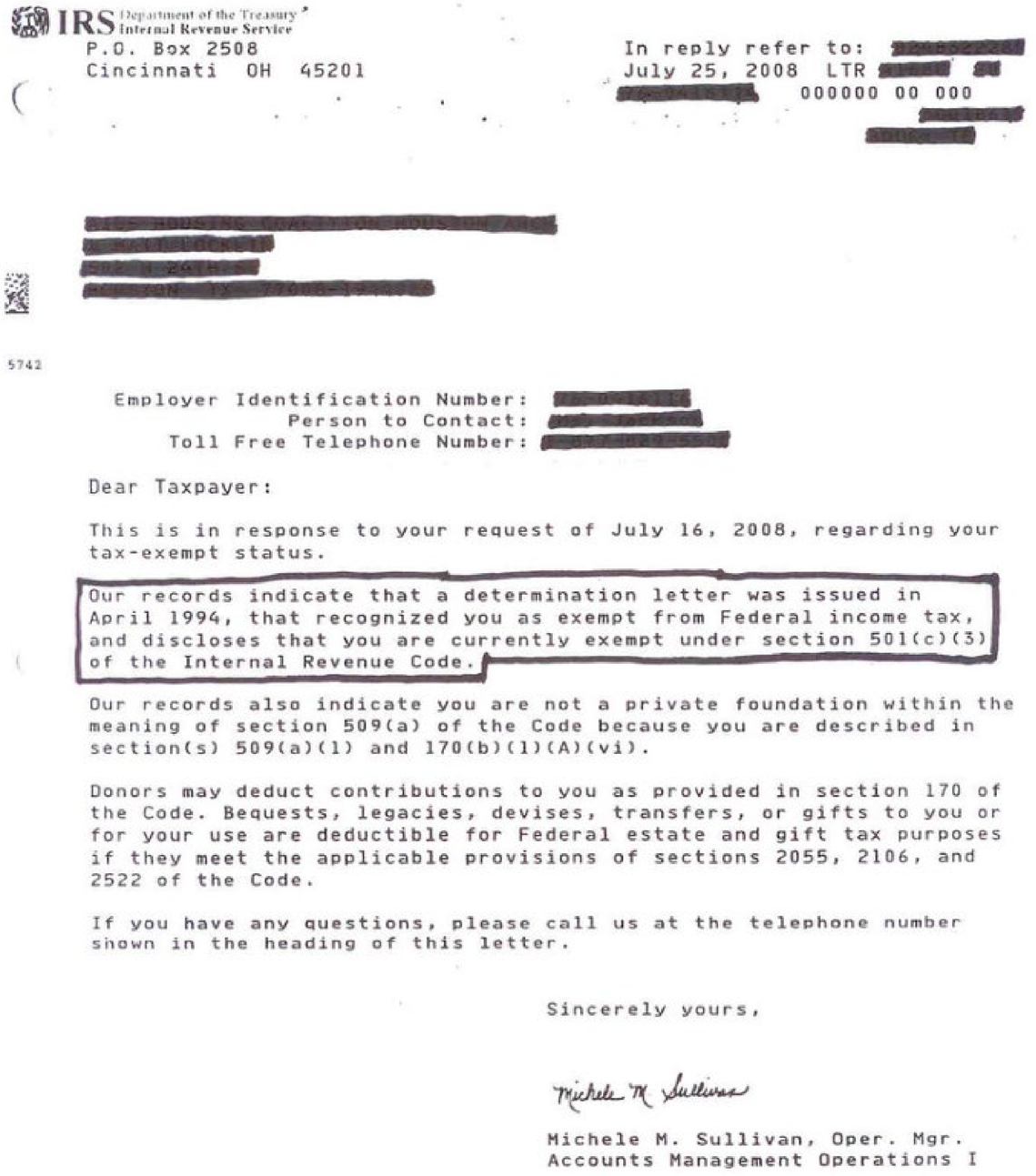
ELIGIBILITY DOCUMENTS TO UPLOAD (Cont.)

7. Charitable Solicitation Permit
   - Charitable Solicitation Registration from the Florida Department of Agriculture and Consumer Services
   - File Name: “Charitable Solicitation– AgencyXYZ”

If you experience any technical issues while uploading documents, email all documents to the grants@coj.net mailbox PRIOR to the application deadline.

Submit PDF format (.pdf)

(1)
IRS 501 (C)(3) DETERMINATION LETTER



IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: [redacted]
July 25, 2008 LTR [redacted]
[redacted] 000000 00 000

[redacted]

5742

Employer Identification Number: [redacted]
Person to Contact: [redacted]
Toll Free Telephone Number: [redacted]

Dear Taxpayer:

This is in response to your request of July 16, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in April 1994, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

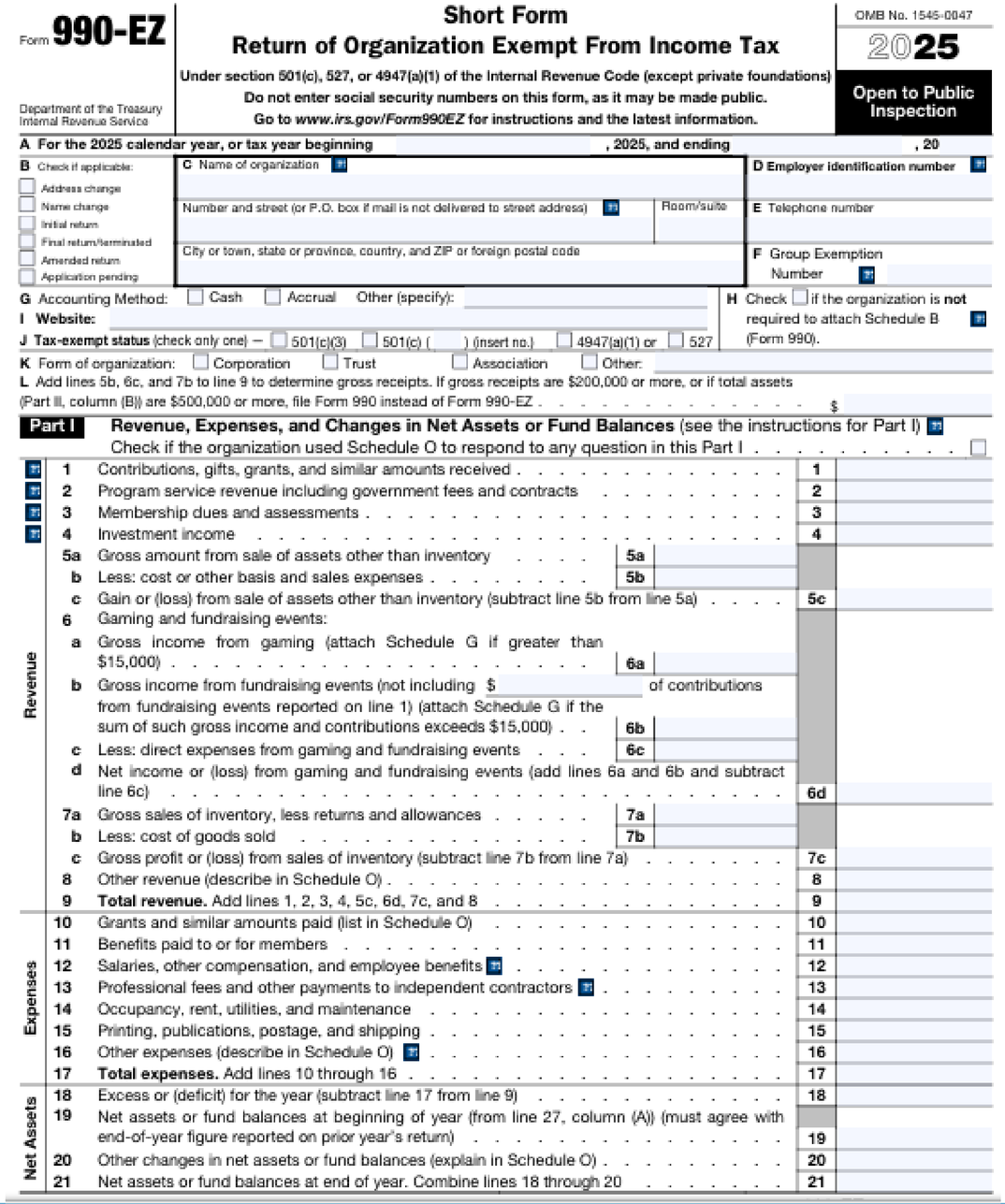
If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

(2) Financial Statements (Filed Federal Tax Return) or IRS Exemption Letter



Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form, as it may be made public.
Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite

City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number

E Telephone number

F Group Exemption Number

G Accounting Method: ☐ Cash ☐ Accrual Other (specify):

H Check ☐ if the organization is **not** required to attach Schedule B (Form 990).

I **Website:**

J **Tax-exempt status** (check only one) — ☐ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other:

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . $

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received			1
	2	Program service revenue including government fees and contracts			2
	3	Membership dues and assessments			3
	4	Investment income			4
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)			5c
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)			7c
	8	Other revenue (describe in Schedule O)			8
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10
	11	Benefits paid to or for members			11
	12	Salaries, other compensation, and employee benefits			12
	13	Professional fees and other payments to independent contractors			13
	14	Occupancy, rent, utilities, and maintenance			14
	15	Printing, publications, postage, and shipping			15
	16	Other expenses (describe in Schedule O)			16
	17	**Total expenses.** Add lines 10 through 16			17
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)			18
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19
	20	Other changes in net assets or fund balances (explain in Schedule O)			20
	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21

(3) PROGRAM BUDGET DETAIL

Complete the section showing the Lead Agency Name and Program Name

Complete the section for the Agency Fiscal Year

Categories and Line Items: List all program expenses. Under Salaries and Wages, list all the positions in the program so that we have an accurate program expense budget not just PSG funding

Current Budget: Input the approved program budget for the current year. Leave blank if this is a new program.

Total estimated Cost of Program: 2027-2028 estimated budget

City of Jacksonville: Input the anticipated budget request for the proposed PSG funds (Column G).

Federal/State & Other Funding: Input anticipate budget from federal, state and other funding sources.

All Other Program Revenue: Input the anticipated budget from other funding partners.

City Grant Application
Proposed Funding Period: FY 2027-2028

2027-28 City Grant - Complete Program Budget Detail

Agency:

Program Name: | **Agency Fiscal Year End:**

BUDGET

Categories and Line Items	Current Year Prg Budget	Total Est. Cost of Program 2027-2028	Funding Partners: City of Jacksonville (City Grant)	Funding Partners: Federal/ State & Other Funding	Funding Partners: All Other Program Revenues
I. Employee Compensation					
Personnel - 01201 (list Job Title or Positions no names)					
1	$0.00	$0.00	$0.00	$0.00	$0.00
2	$0.00	$0.00	$0.00	$0.00	$0.00
3	$0.00	$0.00	$0.00	$0.00	$0.00
4	$0.00	$0.00	$0.00	$0.00	$0.00
5	$0.00	$0.00	$0.00	$0.00	$0.00
6	$0.00	$0.00	$0.00	$0.00	$0.00
7	$0.00	$0.00	$0.00	$0.00	$0.00
8	$0.00	$0.00	$0.00	$0.00	$0.00
9	$0.00	$0.00	$0.00	$0.00	$0.00
10	$0.00	$0.00	$0.00	$0.00	$0.00
Subtotal Employee Compensation	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Fringe Benefits					
Payroll Taxes - FICA & Med Tax - 02101	$0.00	$0.00	$0.00	$0.00	$0.00
Health Insurance - 02304	$0.00	$0.00	$0.00	$0.00	$0.00
Retirement - 02201	$0.00	$0.00	$0.00	$0.00	$0.00
Dental - 02301	$0.00	$0.00	$0.00	$0.00	$0.00
Life Insurance - 02303	$0.00	$0.00	$0.00	$0.00	$0.00
Workers Compensation - 02401	$0.00	$0.00	$0.00	$0.00	$0.00
Unemployment Taxes - 02501	$0.00	$0.00	$0.00	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	$0.00	$0.00	$0.00
Subtotal Taxes and Benefits	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Total Employee Compensation	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
II. Operating Expenses					
Occupancy Expenses					
Rent - Occupancy -04408	$0.00	$0.00	$0.00	$0.00	$0.00
Telephone - 04181	$0.00	$0.00	$0.00	$0.00	$0.00
Utilities - 04301	$0.00	$0.00	$0.00	$0.00	$0.00
Maintenance and Repairs - 04603	$0.00	$0.00	$0.00	$0.00	$0.00
Insurance Property & General Liability - 04502	$0.00	$0.00	$0.00	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	$0.00	$0.00	$0.00

Office Expenses					
Office and Other Supplies - 05101	$0.00	$0.00	$0.00	$0.00	$0.00
Postage - 04101	$0.00	$0.00	$0.00	$0.00	$0.00
Printing and Advertising - 04801	$0.00	$0.00	$0.00	$0.00	$0.00
Publications - 05216	$0.00	$0.00	$0.00	$0.00	$0.00
Staff Training - 05401	$0.00	$0.00	$0.00	$0.00	$0.00
Directors & Officers - Insurance - 04501	$0.00	$0.00	$0.00	$0.00	$0.00
Professional Fees & Services (not audit) - 03410	$0.00	$0.00	$0.00	$0.00	$0.00
Background Screening - 04938	$0.00	$0.00	$0.00	$0.00	$0.00
Office Equipment under $5,000 - 06403	$0.00	$0.00	$0.00	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	$0.00	$0.00	$0.00
Travel Expenses					
Local Mileage - 04021	$0.00	$0.00	$0.00	$0.00	$0.00
Parking & Tools - 04028	$0.00	$0.00	$0.00	$0.00	$0.00
Equipment Expenses					
Rental & Leases - Equipment - 04402	$0.00	$0.00	$0.00	$0.00	$0.00
Vehicle Fuel and Maintenance - 04216	$0.00	$0.00	$0.00	$0.00	$0.00
Vehicle Insurance -04502	$0.00	$0.00	$0.00	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	$0.00	$0.00	$0.00
Direct Client Expenses - 08301					
Client Rent	$0.00	$0.00	$0.00	$0.00	$0.00
Client Utilities	$0.00	$0.00	$0.00	$0.00	$0.00
Client Food	$0.00	$0.00	$0.00	$0.00	$0.00
Client Medical	$0.00	$0.00	$0.00	$0.00	$0.00
Client Educational	$0.00	$0.00	$0.00	$0.00	$0.00
Client Personal	$0.00	$0.00	$0.00	$0.00	$0.00
**Other (Please describe)	$0.00	$0.00	$0.00	$0.00	$0.00
Total Operating Expenses	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
III. Operating Capital Outlay (OVER $5,000)					
Machinery & Equipment - 06402	$0.00	$0.00	$0.00	$0.00	$0.00
Computers & Software - 06427	$0.00	$0.00	$0.00	$0.00	$0.00
**Other - (Please describe)	$0.00	$0.00	$0.00	$0.00	$0.00
Total Capital Outlay	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Direct Expenses Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Percent of Budget	-	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

All expenditure types, with the exception of "Other - (Please Describe)" are defined in COJ Budget Form - Standard Category Definitions

**All "Other - (Please Describe)" expenditures must be explained in detail and may be subject to placement in pre-defined expenditure types

(4) **287.139 F.S. CERTIFICATION (DEI)**

Florida Statutes Section 287.139 becomes effective **January 1, 2027**.

To ensure compliance with this new law (SB 1134), the City requires this certification PRIOR to any funding awards extending past December 31, 2026.

287.139 Florida Statute Certification

CERTIFICATION OF COMPLIANCE
WITH FLORIDA STATUTE SECTION 287.139, PROHIBITION AGAINST
USING DIVERSITY, EQUITY, AND INCLUSION MATERIAL

Pursuant to Section 287.139, Florida Statutes, as a condition precedent to the award of any contract or grant by the City of Jacksonville, I certify to the City of Jacksonville that _____ (Company) does not and will not use county or municipal funds in requiring its employees, contractors, volunteers, vendors, or agents to ascribe to, study, or be instructed using materials related to diversity, equity, and inclusion as defined in Sections 125.595(1) and 166.04971(1), Florida Statutes.

_____
Signature

_____
Name

_____
Title

_____
Date

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of [_] physical presence or [__] online notarization, this ____ day of _____, 20___, by _____ as _____ of _____, a _____, on behalf of said company. Said individual [___] is personally known to me or [__] has produced _____ as identification.

(SEAL)

_____
Name: _____
NOTARY PUBLIC, State of Florida
Serial Number (if any) _____
My Commission Expires: _____

(5)
Human Trafficking Affidavit

EXHIBIT E

AFFIDAVIT OF COMPLIANCE WITH FLORIDA STATUTE SECTION 787.06, HUMAN TRAFFICKING

1. I am over the age of 18 and I have personal knowledge of the matters set forth except as otherwise set forth herein.

2. I currently serve as _____ of _____, a _____ (the "Company").

3. The Company does not use coercion for labor or services, as those terms are defined in Florida Statute 787.06.

4. This declaration is made pursuant to Florida Statute 92.525. I understand that making a false statement in this declaration may subject me to criminal penalties. Therefore, under penalties of perjury, I declare that I have read the foregoing Human Trafficking Affidavit and that the facts stated herein are true.

Further Affiant sayeth naught.
Executed to be effective as of , 2026

_____
Signature

_____
Name

_____
Title

STATE OF _____

COUNTY OF _____

The foregoing instrument was SWORN TO AND SUBSCRIBED before me by means of [_] physical presence or [_] online notarization, this ____ day of _____, 2026, by as of , a _____, on behalf of said company. Said individual [_] is personally known to me or [_] has produced _____ as identification.

_____
Name: _____
NOTARY PUBLIC, State of Florida
Serial Number (if any) _____
My Commission Expires:

(SEAL)

(6) Certificate of Status



Company Documents from SystemDay

State of Florida
Department of State

I certify from the records of this office that ***Redacted*** limited liability company organized under the laws of the State of Florida, filed on August 1, 2018, effective August 1, 2018.

The document number of this limited liability company is L18000184345.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024, that its most recent annual report was filed on March 7, 2024, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Tenth day of June, 2024

Secretary of State

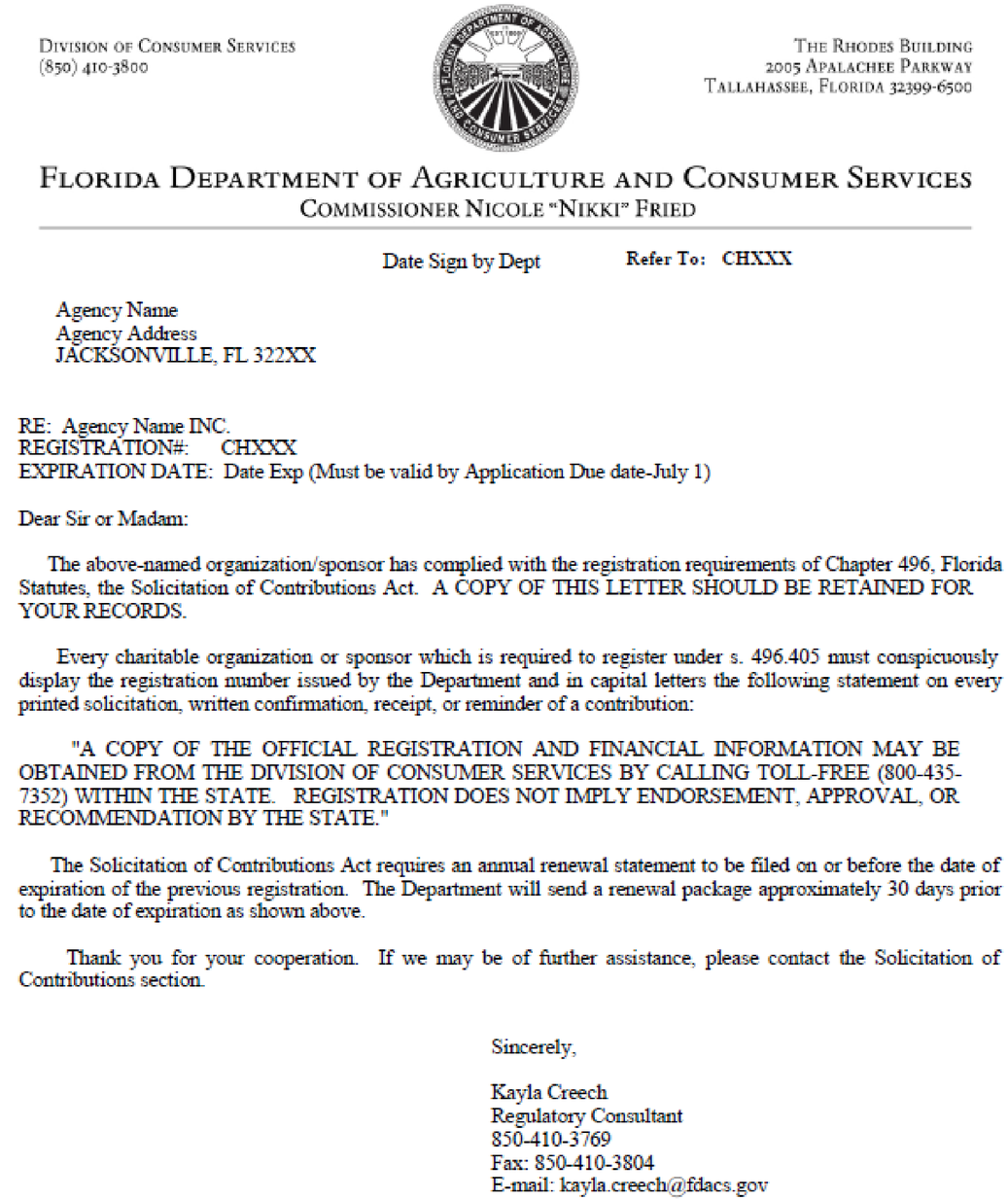
Tracking Number: 8066120629CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Example

(7)
Charitable Solicitation Permit/Registration



DIVISION OF CONSUMER SERVICES
(850) 410-3800

THE RHODES BUILDING
2005 APALACHEE PARKWAY
TALLAHASSEE, FLORIDA 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER NICOLE "NIKKI" FRIED

Date Sign by Dept **Refer To: CHXXX**

Agency Name
Agency Address
JACKSONVILLE, FL 322XX

RE: Agency Name INC.
REGISTRATION#: CHXXX
EXPIRATION DATE: Date Exp (Must be valid by Application Due date-July 1)

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Kayla Creech
Regulatory Consultant
850-410-3769
Fax: 850-410-3804
E-mail: kayla.creech@fdacs.gov

DISALLOWANCE OF EXPENDITURES

- **Bad Debts:** losses arising from uncollectible accounts (e.g. JEA late fees)
- **Contingencies:** contributions to a contingency reserve or any similar provision for unforeseen events
- **Contributions or Donations:** contributions and donations to other groups or organizations
- **Entertainment:** costs of amusements, social activities, and incidental costs relating thereto, such as meals, beverages, lodgings, rentals, transportation and gratuities
- **Fines and Penalties:** costs resulting from violations of, or failure to comply with, federal, state, and local laws and regulations

DISALLOWANCE OF EXPENDITURES (cont'd)

- Governor's Expenses: salaries and expenses of the Office of the Governor of a state or the chief executive of a political subdivision are considered a cost of general state or local government

- Legislative Expenses: salaries and other expenses of the State Legislature of similar local governmental bodies such as county supervisors, city councils, school boards, etc., whether incurred for purposes of legislation or executive direction

- Interest and Other Financial Costs: interest on borrowings (however represented), bond discounts, costs of financing and refinancing operations, and legal and professional fees paid in connection therewith

- Audit Costs

APPLICATION SUBMISSION

- Please ensure your application is final and complete prior to submitting (applications cannot be recalled or edited after the deadline).
- Anytime prior to the November 15 deadline, you can make changes to your application before submitting it.
- Do not upload documents that are not requested. The information provided MUST align with the character limits of the application question.
- When uploading documents, please name the documents to correlate what is submitted as previously instructed.
- Check submitted application is complete, recommend printing application and confirmation page. Use the "*Print Form*" button before "*Submit Application*".
- Any issues, submit to **grants@coj.net** before deadline.

HIGH SCORE MODEL

Funding allocations shall be based on the **high score model** for funding purposes.

The **high score model** shall award 100% of requested funding for the highest ranked score up to a maximum of $20,000. The next highest ranked score shall be awarded to 100% of the requested funding up to $20,000. This process will continue until all funds are exhausted.

HIGH SCORE MODEL



Total Pot = $213,000 ($216,000 minus $3,000 reserved for Training)

Agency A
Score 40
Request – $20,000
Receive – $20,000

$213,000 -$20,000
$193,000 remaining

Agency B
Score 38
Request – $10,000
Received – $10,000

$193,000 -$10,000
$183,000 remaining

Agency C
Score 35
Request – $15,000
Received – $15,000

$183,000 - $15,000
$168,000 remaining

Agency D
Score 33
Request – $20,000
Received – $20,000

$168,000 - $20,000
$148,000 remaining

…AND SO ON…

INSURANCE & INDEMNIFICATION

STANDARD INSURANCE REQUIREMENTS (Estimated)

Schedule	Insurance Coverages Limits
Worker's Compensation	Florida Statutory Coverage
Employer's Liability	$ 100,000 Each Accident
	$ 500,000 Disease Policy Limit
	$ 100,000 Each Employee/Disease
Commercial General Liability	$2,000,000 General Aggregate
	$2,000,000 Products & Comp. Ops. Agg.
	$1,000,000 Personal/Advertising Injury
	$1,000,000 Each Occurrence
	$ 50,000 Fire Damage
	$ 5,000 Medical Expenses

STANDARD INSURANCE REQUIREMENTS (cont'd)

Automobile Liability $1,000,000 Combined Single Limit
(Coverage is required for all automobiles, owned or hired or non-owned used in performance of business)

Professional Liability $1,000,000 per Claim & Aggregate
(Only if providing a professional service)

Sexual Molestation $1,000,000 Per Claim
(Only if program includes direct supervision of children, special needs, and/or senior citizens)

Umbrella Liability $1,000,000 Each Occurrence/Agg.

INDEMNIFICATION REQUIREMENTS

Indemnification- Recipient and its subsidiaries or subcontractors (the "Indemnifying Party") shall hold harmless, indemnify, and defend the City of Jacksonville and the City's members, officers, officials, employees and agents (collectively, the "Indemnified Parties") from and against, without limitation, any and all claims, suits, actions, losses, damages, injuries, liabilities, fines, penalties, costs and expenses of whatsoever kind or nature, which may be incurred by, charged to or recovered from any of the foregoing Indemnified Parties for: General Tort, Environment, Intellectual Property

Chapter 711.411

TRAINING

TRAINING REQUIREMENTS

- The Micro-Grant Program requires awarded grantees to attend at least two training sessions.
- The primary focus of the trainings is to enhance, build and prepare small nonprofits to be able to compete for larger grants.
- Topics will be selected by recipients. You will be asked about this in the application.

TRAINING OPTIONS

- Grant Writing
- Developing Grant Budget
- Managing Agency Budget
- Deliverables and Reporting
- Contract Amendments and Deliverables
- Understanding Government Funding
- Doing business with COJ
- Mentoring & Tech Assistance
- Other: Share your Topic(s)

APPLICATION SCORING

- Public Service Grant Council members will independently review, evaluate and score applications.
- Agencies are encouraged to invite PSG Council Members for a site visit.
- No contact permitted during the application scoring period
- If a score is above or below average, a comment is required.
- Comments are provided as feedback to assist the agency when applying for future grants.
- It is inappropriate to negatively criticize or harass scorers, in any way, regarding their independent scores or comments.

This is taken very seriously.

SCORING RUBRIC

APPLICATION REFERENCE POINT	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	MAX POINTS	POINTS AWARDED	COMMENTS (If score is below or above average, a comment must be provided)
(Q4) Background/ Experience (Maximum Points 10)	0-3 points (Comment Required)	4-7 points	8-10 points (Comment Required)	10	8	
(Q5) Scope/Narrative (Maximum Points 10)	0-3 points (Comment Required)	4-7 points	8-10 points (Comment Required)	10	10	
(Q8) Population/Impact (Maximum Points 10)	0-3 points (Comment Required)	4-7 points	8-10 points (Comment Required)	10	10	
(Q10) Outcomes/Measurements (Maximum Points 10)	0-3 points (Comment Required)	4-7 points	8-10 points (Comment Required)	10	10	
				10	8	Background/ Experience
				10	10	Scope/Narrative
				10	10	Population/Impact
				10	10	Outcomes/Measurements
				40	38	TOTAL POSSIBLE POINTS/POINTS AWARDED
				95.00%		PERCENTAGE OF POINTS ACHIEVED

AFTER AWARD

Contract Execution by Jan. 30

Grant Orientation Workshop

- Insurance Requirements must be met to receive payments

Start up funds disbursed (50%)

- 50% of awarded Funds in February, 2027
- Separate bank account

Invoices/Receipts due monthly

Remaining funds

- Issued after approval of receipts and supporting documents for startup payment.



PROGRAM REPORTING

Mid-term Report:

September 15, 2027

Final Report:

March 15, 2028

FINANCIAL REPORTING

First Annual Report:

November 15, 2027

Final Annual Report:

November 15, 2028



PSG MICRO-GRANTS PROGRAM TIMELINE

- Oct 22, 2026 Info-Session #1 (Hybrid)
- Oct 26, 2026 Info-Session #2 (Virtual only)
- Nov 1 , 2026 Applications Open
- Nov 15, 2026 Deadline to submit Application & Supporting Documents
- Nov 20 – Dec 7, 2026 Application Scoring
- Dec 11, 2026 Final Scores/Ranking Published
- January, 2027: Grant Orientation Workshops (mandatory)
- Jan 30, 2027 Contract Execution
- February, 2027 50% Funds Disbursed (after approved Insurance)
- March 1, 2027 Beginning of Contract Term
- September 15, 2027 Mid-term Programmatic Report
- November 15, 2027 Annual Financial Report due
- February 29, 2028 End of Contract Term
- March 15, 2028 Final Programmatic Report & Final invoice/receipts due
- November 15, 2028 Final Annual Financial Report due



Questions

grants@coj.net

THANK YOU!

- Attendees (in-person and virtual)
- Mayor's Office: Dr. Tracye Polson
- PSG Council Liaison: Councilmember Boylan



Grants@coj.net

FY27/28 Public Service Grants Micro-Grant Program

https://www.jacksonville.gov/departments/finance/grants-and-compliance/psgmicrograntprogram