

PSG Micro-Grant Program Application

Submit your nonprofit's grant application for funding consideration. Begin your application when you have all the information available. You are required to provide complete and accurate information.

The City of Jacksonville is providing funds to support small nonprofit grassroot organizations in the community that serve the most vulnerable persons and needs. The primary goal is to support small, grassroots nonprofit organizations in the community that serve the most vulnerable persons and needs.

Visit the Micro-Grant Program website if you wish to obtain a copy of this application and sample forms. You may download your application template and use the document to prepare your answers before you start.

- **Maximum applications** per organization: **1 (one)**
- **Minimum funding** available to each organization = **$10,000**
- **Maximum funding** available to each organization = **$20,000**

The Period in which the services must be deployed is **Between March 1, 2027 and February 28, 2028.**

- Application period starts on **November 1, 2026**
- Application period **ends** on **November 15, 2026 at 11:59 p.m.** (EST).

The PSG Micro-Grant Program application will not be available after deadline.

Assistance will be provided during business hours if you email grants@coj.net.

Organization Name *

Organization Address *

Street Address

Street Address Line 2

City | State / Province | Postal / Zip Code

Organization Phone Number *

(000) 000-0000

Please enter a valid phone number.

Organization Website (if applicable)

FEI Number or EIN *

e.g., 23

Effective Date of Nonprofit Incorporation (from FL Certificate of Status) *

MM-DD-YYYY

Date

Number of Years in Operation (full years) *

e.g., 23

Round to the previous full year

Organization's Tax-Exempt Status *

- 501(c)(3) Registered
- Pending 501(c)(3) - STOP must be Registered by Application deadline
- Other (please specify)

Contact Person Full Name *

First Name

Last Name

Title in the Organization *

Contact Phone Number *

(000) 000-0000

Please enter a valid phone number.

Contact e-mail *

example@example.com

Program Name *

Choose the Grant Category for your Program *

- ACUTE: Services focused on adult individuals or families experiencing a difficult or dangerous situation(s) which requires prompt action to avoid further deterioration of their health, safety, or welfare.
- PREVENTION AND 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.
- SELF-SUFFICIENCY AND 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.

Total Amount Requested (USD) Amount between $10,000 and $20,000 *

$ USD 0.00

Application Questions

Follow the indicators next to each of your answers.

1) Are you a nonprofit located within Duval County, FL with an annual budget of $250,000 or less? (Financial Reports Required) *

- Yes - Continue to the Next Question
- No - STOP, Not Qualified (Proceed to close this application)

2) Does your nonprofit exclusively service youth only? *

2) Does your nonprofit exclusively service youth only? *

- ( ) Yes - STOP, Not Qualified (Proceed to close this application)
- ( ) No - Continue to the Next Question

3) Has you nonprofit been in existence for at least one (1) year? *

- ( ) Yes - Continue to the Next Question
- ( ) No - STOP, Not Qualified (Proceed to close this application)

4) Please provide background on your organization's prior experience with providing services that help strengthen, sustain and enhance the most vulnerable persons and needs. (Maximum of 10 points) *



Up to 7,500 characters / Utilized 0/7500

5) If awarded, how does your organization plan to utilize these funds to help strengthen, sustain and enhance the most vulnerable persons and needs within the community? (Maximum of l0 points) *



Up to 7,500 characters / Utilized 0/7500

6) Which outcome areas will your services impact on (e.g., education, housing, elder care, food insecurities, workforce training, etc.), and what specific populations will you serve? Describe how your program will strengthen, sustain, and enhance the well-being of the most vulnerable individuals to address critical needs. (Maximum 10 points) *



Up to 7,500 characters / Utilized 0/7500

7) What are your measurable goals and how will you assess or measure the effectiveness of your work (number of people served, surveys, success stories, actual outcomes, improvements) in achieving your goals? (Maximum 10 points) *



Up to 7,500 characters / Utilized 0/7500

8) If awarded, you will be required to attend at least two training sessions (dates to be determined). What is the best time for you to attend training (Select all that apply)? *

- [ ] Weekday mornings
- [ ] Weekday afternoons
- [ ] Weekday evenings
- [ ] Weekend mornings

9) If awarded, what topics would you like to receive training on? (Select all that apply) *

- [ ] Grant Writing
- [ ] Developing Grant Budget
- [ ] Managing Agency Budget
- [ ] Deliverables and Reporting
- [ ] Contract Amendments and Deliverables
- [ ] Understanding Government Funding
- [ ] Doing business with the City of Jacksonville
- [ ] Mentoring and Technical Assistance
- [ ] Other

Add the following required documents in PDF format to supplement your application. All files will be reviewed to qualify your Micro-Grants application.

Name your documents as listed below:

1. IRS 501 C3 - Agency Name
   - Include copy of 501(c)(3) IRS determination letter
2. Financial Statements - Agency Name
   - Include verified financial statements demonstrating annual revenue under $250,000 (last filed income tax forms)
3. Budget Detail - Agency Name
   - Include Accurate Budget Detail (complete COJ Provided form)
4. DEI Certification - Agency Name
   - Include the 287.139 FS DEI Certification (Florida law compliance)
5. HTA - Agency Name
   - Include Human Trafficking Affidavit (notarized)
6. Good Standing - Agency Name
   - Include Certificate of Status from FL Division of Corporations
7. Charitable Solicitation - Agency Name
   - Include Charitable Solicitation Registration from the FL Department of Agriculture and Consumer Services

Failure to include all required documents may disqualify your entire application.

If you experience technical difficulties, you may email the documents to grants@coj.net before the application deadline. Include agency name, contact information and explain the issue encountered while applying.

Upload All Required Documents: *

Upload your Required Files

Drag and drop files here

* ATTENTION: PDF Documents Only, we are not responsible for documents uploaded in any other formats. If you experience technical difficulties, you may email grants@coj.net before the application deadline.

By checkmark and signature below, I accept the Terms & Conditions as established in the PSG Micro-Grant Program. *

- [ ] I confirm that the information provided in this application is accurate and complete to the best of my knowledge.

Signature *

Clear

Powered by Jotform Sign

Clear Form & Re-start Application