



Non-Profit Funding Request Application

Funding Period: October 1, 2023 – September 30, 2024
Application Deadline: May 5, 2023 by 5:00pm CST

Organization and Contact Information		
Agency Name:		
Street Address:		
City:	State:	Zip:
Website:		
Executive Director:		
Phone:	Email:	
Name and Title of Principle Contact:		
Phone:	Email:	
Date of Incorporation:	Consecutive Years of Operation:	
Provide a summary of your Agency's mission, services, and delivery mechanisms.		

Agency Funding Request	
Total Annual Budget:	Total Funding Request:
Agency Information & Public Purpose	
Clearly align your Agency's impacts and outcomes with Okaloosa County's Vision of "providing an unmatched economic opportunity and quality of place and life for all citizens" and Mission to "engage our private and public sector partners to provide...economic opportunity and excellence in critical services to enhance the quality of life for all residents."	
Describe how your Agency's services benefit the community.	

Identify similar service providers or Programs available to Okaloosa citizens, and distinguish how yours is different.

Grant Project Information

Project Name:

Total Budget for Grant Project:

Total Funding Request:

Describe in detail how the Program impacts the health, economic opportunity, or social well-being of the clients served, and the methodology for providing services.

Describe the need and target population to be served by this project. Provide a summary of the services and delivery mechanisms. Attach additional documentation as needed to provide a clear picture of the project.

Project Resources

Explain the agency's staffing structure & credentials that will be employed to effectively deliver the Grant Project services described above.

Explain the agency's operations, facilities and equipment that will be used to effectively deliver the Grant Project services described above.

Explain any outside resources that will be used to sustain appropriate levels of service (e.g. partnerships, collaborations) and each entity's role and responsibilities. If non-applicable, please advise

Grant Project Budget

Provide a clear budget that indicates a reasonable expense for the Grant Project and leverages other funds to the greatest extent possible.

Federal Grant	State Grant	Private Partnerships	Donations/ Other	Okaloosa County	Total Revenues
Funding Source	Personnel	Program Operations	Facilities Repair/ Maintenance	Non-Capital Equipment	Total Expenses
Federal					
State					
Private					
Donation/Other					
Okaloosa County					
Total					
<i>Note: Okaloosa will not fund the purchase of capital assets greater than \$5,000 or with a useful life greater than 3 years.</i>					
Clients Served Annually:			Cost per Client Served:		

Evidence of your Agency's decreased reliance on Okaloosa County funding (if applicable):

		FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
1	Funding Amount					
2	Operating Budget					
3	% of Operations	%	%	%	%	%

Performance Metrics

Describe the methods and strategies in place to collect valid data to support program outcomes.

Identify two goals that communicate how the Grant Project benefits the defined target population.

[Goal 1]

[Goal 2]

Identify three metrics to define project success and impact to clients served.

	Oct '20 – Sep '21 Actual	Oct '21 – Sep '22 Actual	Oct '22 – Sep '23 Estimate	Oct '23 – Sep '24 Estimate
[Metric 1]				
[Metric 2]				
[Metric 3]				

If historical data is not available for an existing program, please explain.

Certification/Attestation	
The Program's services are not restrictive with regard to race, sex, age, religion, disability, or any other classification that would be prohibited by law.	
The Program's services are available to all residents in Okaloosa County who meet the eligibility requirements of the Agency.	
An annual financial report detailing Program revenues and expenditures signed by the agency's Executive Director will be provided.	
An annual programmatic report describing progress towards Program outcomes signed by the agency's Executive Director will be provided.	
For funding up to \$10,000, an affidavit stating the funds were used for expenses incurred in accordance with the Application and all applicable county, state and federal rules, laws and regulations shall be provided no later than December 31 of the fiscal year for which funding was awarded.	
For funding above \$10,000, receipts and documentation which establishes that the funds were expended in conformity with the Application and all applicable county, state and federal rules, laws and regulations shall be provided no later than December 31 of the fiscal year for which funding was awarded.	
Agency may be subject to on-site visits or audit by the Board of County Commissioners or its designee.	
I have read, fully understand and agree to be bound by Okaloosa County's Non-Profit Funding Policy (the "Policy"). I have completed this application fully and accurately and have not misrepresented any information contained herein. I certify that the requested funds will be used for the purposes set forth in this application and in conformity with the Policy and Florida law.	
_____	_____
Executive Director Signature	Date
<i>Please complete all sections of the application form. Incomplete applications and/or applications received after the deadline will not be considered.</i>	

Upcoming schedule deadline for approval of non-profit awards:

- Application Deadline is May 5, 2023
- Application review committee Meeting will be in June 2023 - TBD
- Presentation of non-profit recommendation to Board of County Commissioners is July 25, 2023
- Notification of award delivered no later than October 1, 2023

Application Checklist

The documents below must be submitted along with your application.

IRS Determination Letter of 501(c)(3) Status.	
IRS 990 Form (most recent tax year)	
State of Florida Solicitation of Contributions Form	
Agency's current year budget (revenues and expenses)	
Prior year financial statements (revenues and expenses, audited if required)	

Scan and submit the completed form with documents to: budget@myokaloosa.com

**Submit completed paper application with documents to: 1250 North Eglin Parkway,
Suite 102
Shalimar, FL 32579
(850) 651-7521**

Incomplete applications and/or applications received after the deadline will not be considered.

For Internal Use Only:

Please indicate how important the following issues are to you:

Scoring Key:

- 1 – Serious substantive issues or areas of weakness
- 2 – Issues or areas of weakness
- 3 – Acceptable
- 4 – Thorough details & effective use of resources
- 5 – Exceptional level of effectiveness & innovation

		Score
Public Purpose criteria:	- clear description of program services and delivery mechanisms	
	- measureable outcomes to be achieved	
	- methods and strategies in place to collect valid data to support program outcomes	
	- outcomes that meaningfully work toward achieving Okaloosa County’s Vision and Mission statements	
	- identification of other organizations that provide the same or similar services	
	- demonstration of the uniqueness of the organization’s program	
Resources criteria:	- information about the program’s staffing structure and personnel credentials	
	- description of the necessary equipment, software and physical resources to deliver the program services	
	- evidence that the organization can sustain appropriate levels of service	
	- potential partnerships, collaborations with defined roles and responsibilities	
Budget criteria:	- categorization of revenues and expenses	
	- identification of matching grants or the leveraging of other funding sources	
	- evidence of decreased reliance on Okaloosa County funding	
Performance Measures criteria:	- at least two performance measures communicate how the program is impacting the defined target population	
	- at least one performance measure aligns with Okaloosa County’s Vision and Mission statements	
	- established measures that drive the program’s work and that meet the targeted goals	
Overall Score		
Total Points Available		80

County Administrator Recommended Funding Amount: \$ _____

Board Approved Funding Amount: \$ _____