



Grant Funding Information	
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Program Name:
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Total Budget for Program:	
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<b>Total Funding Request:</b>	
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Funding is requested for	General Operations	OR	Specific Grant
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Describe how you will spend this grant funding. What is the need to be addressed? Who is the target population in Okaloosa County? How many people will your project impact? Attach additional documentation as needed to provide a clear picture of the Program.

Okaloosa County prioritizes funding non-profits that provide a service or function which the County may otherwise be compelled to provide but for the non-profit intervening to provide the services. If your organization was not in operation, would the responsibility for the proposed services otherwise fall to Okaloosa County? Does the provision of proposed services reduce the overall cost of government? Please describe your answer fully to include if reduction of overall cost is specific to local, state or federal funding.

Describe how your proposed grant program’s impacts and outcomes align 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.”

Is your agency considered local, regional or national? Does your agency have a physical location in Okaloosa County? Where are services physically provided? Please describe answers fully.

If your non-profit is physically located or provides services outside of Okaloosa County, please describe in detail how Okaloosa County residents are proposed to be served in comparison to residents from other Counties. How are services advertised to Okaloosa County residents? How will you track the residential location of participants and provide documentation to Okaloosa County?

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

What equipment, software and physical resources are required to effectively deliver the Grant program or 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. List other funding sources that will help support your request. If non-applicable, please state.

Describe in detail how Okaloosa County grant funds will be used to effectively deliver the services described above in Okaloosa County or to Okaloosa County residents. Attach a detailed budget for this specific service.

The administrative expense ratio measures the percentage of an organization's expenses that are being allocated to administrative costs. What is your administrative Expense Ratio? ( $\text{Administrative Expenses} / \text{Total Expenses} = \text{Administrative Expense Ratio}$ ).

Does your non-profit currently receive any type of support from Okaloosa County, including financial support, buildings and facilities, or other funding? Please describe in detail.

The government reliance ratio measures a nonprofit organization's reliance on governmental funding. What is your government reliance ratio? ( $\text{Government Grants and Contributions} / \text{Total Revenue} = \text{Government Reliance Ratio}$ ).

Is your non-profit in good financial health and financially sustainable? Please describe your answers fully.

### Grant Program Budget

Funding request is for      General Agency Operational Purpose or      Specific Grant Project

Identify all funding sources and their respective uses toward implementing the Grant Program.

Funding Source	Personnel	Program Operations	Facilities Repair/Maintenance	Non-Capital Equipment	Total Expenses
Federal					
State					
Private					
Donation/Other					
Okaloosa County					
Total					

*Note: Okaloosa will not fund the purchase of capital assets greater than \$5,000 or with a useful life greater than 3 years.*

Clients Served Annually:

Cost per Client Served:

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

		FY 2022 Prior Award	FY 2023 Prior Award	FY 2024 Prior Award	FY 2025 Current Award	FY 2026 Application Request
1	Funding Amount					
2	Agency Revenues					
3	% of Revenues					

Performance Metrics				
How will you measure the outcomes of the grant-funded service? Describe the methods and strategies in place to collect valid data.				
How will this funding benefit the defined target population? Identify two goals that communicate how the Grant Program benefits the defined target population. (Mandatory)				
How will you measure success in reaching the goals listed above? Identify three metrics to define project success and impact to clients served. Measurements are for Okaloosa County only. (Two Metrics Mandatory)				
	Oct '22 – Sep '23 Actual	Oct '23 – Sep '24 Actual	Oct '24 – Sep '25 Estimate	Oct '25 – Sep '26 Estimate
[Metric 1]				
[Metric 2]				
[Metric 3]				
If historical data is not available for an existing program, please explain.				

Note: Not providing Performance Metrics methods, two goals and a minimum of two metrics may exclude your application from consideration.

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
<p align="center"><b><i>Please complete all sections of the application form.</i></b></p> <p align="center"><b><i>Incomplete applications and/or applications received after the deadline will not be considered.</i></b></p>	

**Upcoming schedule deadline for approval of non-profit awards:**

- Application Deadline is May 2, 2025
- Application review committee meeting scheduled for June 19, 2025 @ 1:30pm
- Presentation of non-profit recommendation to Board of County Commissioners is July 22, 2025
- Notification of award delivered no later than October 1, 2025

### 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.**



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For Internal Use Only:

Please indicate how important the following issues are to you:

**Scoring Key:**

- 0 – Blank, no response
- 1 – Serious substantive issues or areas of weakness
- 2 – Issues or areas of weakness
- 3 – Acceptable
- 4 – Thorough details & effective use of resources

		Score
<b>Public Purpose criteria:</b>	- clear description of program services, delivery mechanisms, and impact	
	- meets primary intent - non-profit is providing services that may otherwise fall to county or reduces county cost	
	- outcomes that meaningfully work toward achieving Okaloosa County's Vision and Mission statements	
	- identification of other organizations that provide the same or similar services and how organization differentiates or prevents duplication of effort/services	
	- demonstration that grant funded services are local and provided to Okaloosa County residents	
<b>Resources criteria:</b>	- information about the program's staffing structure and personnel credentials to effectively deliver services	
	- 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	
<b>Budget criteria:</b>	- categorization of revenues and expenses	
	- identification of matching grants or the leveraging of other funding sources	
	- evidence of decreased reliance on Okaloosa County funding	
	- administrative expense ratio and government reliance ratio measures are considered reasonable	
<b>Performance Measures criteria:</b>	- 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	
<b>Overall Score</b>		
<b>Total Points Available</b>		<b>64</b>

County Administrator Recommended Funding Amount: \$ \_\_\_\_\_

Board Approved Funding Amount: \$ \_\_\_\_\_