**Application for Funding – Nonprofit Partner**

**Delray Beach Community Redevelopment Agency**

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| **Section I. ORGANIZATION INFORMATION** | | | | | | | | | | |
| 1 Organization Legal Name: | | | | | | | | | | |
| ***dba***, if applicable: | | | | | | | | | | |
| 2 Address: | | | | | | | | | | |
| 3 Telephone: | | | 4 Fax: | | | | 5 Website: | | | |
| 6 Mission Statement: | | | | | | | | | | |
| 7 Executive Leader: | | | | | | | | | | |
| 8 Application Contact: | | | | | 9 Title: | | | | | |
| 10 Contact Telephone: | | | | | 11 Email: | | | | | |
| 12 Year Established, Organization History and Growth (maximum 1,000 words): | | | | | | | | | | |
| 13 Description/Programs (maximum 1,500 words): | | | | | | | | | | |
| 14 Long Term/Strategic Planning Process & Status of Current Plan (attach Plan) (maximum 500 words): | | | | | | | | | | |
| 15 Board Roles & Responsibilities (maximum 500 words): | | | | | | | | | | |
| 16 Policy on Board Contributions (maximum 250 words): | | | | | | | | | | |
| 17 For current fiscal year, number of Board Members contributing:  Cash donations Donations raised from others Volunteer hours In-kind donations | | | | | | | | | | |
| 18 For current fiscal year, amount/value of Board member contributions:  Cash donations Donations raised from others  Volunteer hours In-kind donations | | | | | | | | | | |
| 19 Oversight/Accreditation/Affiliation: | | | | | | | | | | |
| **Section II. PROGRAM/PROJECT INFORMATION – *Duplicate section for a second program/project*** | | | | | | | | | | |
| 20 Project/Program Title: | | | | | | | | | | |
| 21 Prior CRA Funding for Same Project/Program Yes No | | | | | | | | 22 If Yes, Time Period: | | |
| 23 Delray CRA Overall Need Addressed: | | | | | | | | | | |
| 24 Project/Program is New or Existing | | | | | | | | 25 If Existing, Year Established: | | |
| 26 Goal (maximum 150 words): | | | | | | | | | | |
| 27 Documentation of Need for Program/Project (maximum 1,000 words): | | | | | | | | | | |
| 28 Description (maximum 500 words): | | | | | | | | | | |
| 29 Target Audience or Persons Served (maximum 150 words): | | | | | | | | | | |
| 30 Innovative or Proven Approach and Justification (maximum 500 words): | | | | | | | | | | |
| 31 Uniqueness, or Justification for Duplication of Similar Area Project/Program (maximum 250 words): | | | | | | | | | | |
| 32 Prior Experience with Project/Program or Similar (maximum 250 words): | | | | | | | | | | |
| 33 Operating Partnerships (maximum 500 words): | | | | | | | | | | |
| 34 Implementation Action Plan/Time Line: | | | | | | | | | | |
| 35 Key Staff and Qualifications (maximum 500 words): | | | | | | | | | | |
| 36 Potential Challenges and Strategies to Address Them (maximum 500 words): | | | | | | | | | | |
| **Section III. FINANCIAL INFORMATION** | | | | | | | | | | |
| 37 **Total Organization Budget:** | | Previous FY $ | | | | Current FY $ | | | | Proposed $ |
| 38 Project/Program Budget: $ | | | | 39 Amount Requested: $ | | | | | 40 % of Org Budget % | |
| 41 Time Period: Program/Project A: | | | | | | | | Program/Project B: | | |
| 42 Type(s) of Support Requested: | | | | | | | | | | |
| 43 Other Support/Status and Plans for Sustainability: | | | | | | | | | | |
| **Section IV. APPLICATION CHECKLIST** | | | | | | | | | | |
|  | 1. Cover letter signed by Board Chair | | | | | | |  | | |
|  | 1. 501(c)(3) IRS Determination Letter | | | | | | |  | | |
|  | 1. Board of Directors list with brief bios | | | | | | |  | | |
|  | 1. Policy on Board roles & responsibilities, if applicable | | | | | | | Title: | | |
|  | 1. Policy on Board contributions, if applicable | | | | | | | Title: | | |
|  | 1. Strategic Plan or other long term planning document | | | | | | |  | | |
|  | 1. Policy on strategic/long term planning, if applicable | | | | | | | Title: | | |
|  | 1. Logic Model(s) | | | | | | |  | | |
|  | 1. Evaluation Plan | | | | | | |  | | |
|  | 1. CRA Combined Budget | | | | | | |  | | |
|  | 1. CRA Project/Program Budget Narrative(s) | | | | | | |  | | |
|  | 1. Most recent Financial Statement | | | | | | | Time Period: | | |
|  | 1. Most recent Form 990 | | | | | | | Fiscal Year: | | |
|  | 1. Most recent Independent Financial Audit | | | | | | | Fiscal Year: | | |
|  | 1. Affiliation Agreements (if applicable list below): | | | | | | |  | | |
|  | 1. Current Balance Sheet as of 5/30/16 | | | | | | |  | | |

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| **Section V. CERTIFICATION STATEMENT AND SIGNATURE** |

As chief executive of the applicant organization I certify that (1) the information provided in this application is correct and complete to the best of my knowledge; (2) I am committed to the purpose of the proposed project or program and will work with Board and staff members to accomplish its stated outcomes; and (3) I will be accountable for compliance with all CRA requirements for operation, evaluation, and reporting.

Executive Leader Name Date Submitted

Title