



HAINES CITY

THE HEART OF FLORIDA

Finance Department
620 E. Main Street
Haines City, FL 33844
Phone (863) 421-3600
Fax (863) 419-3168
www.hainescity.com

GRANT & AID PROGRAM APPLICATION

SECTION 1: ORGANIZATION INFORMATION

Name of Organization:

Organizational Mission:

Address:

Website:

Contact Person:

Telephone:

Email Address:

Board of Directors

Name	Position	Address	Telephone Nbr.

OUR MISSION

“Our team of professionals will provide our residents and business community with the highest quality services in a fiscally responsible manner through cooperation, strong ethical leadership with a lifelong commitment to enriching lives.”

SECTION 2: PROJECT DESCRIPTION

Amount Requested: _____ This Project is (check one): New Continuation Single Initiative

Description of Project: (Include project cost, need, goals, and start/end date)

Benefits: (Include what areas/groups your project/program serves and benefits it will bring to the community)

SECTION 3: ANNUAL AGENCY BUDGET

In-Kind Rental Requests: # of Events _____ x Rental Charge (A,B,C) =

(A: Lake Eva Event Center - \$2,295, B: Auditorium - \$300, C: Community Center - \$300)

Annual Revenues Budget

<u>Revenue Types</u>	<u>Current Year</u>	<u>Upcoming Year</u>
Haines City Request w/ In-Kind		
Other Public Contributors -		
Private Contributors -		
Individual Donations -		
Fundraising Activities -		
TOTAL		

Annual Expenditure Budget

<u>Expenditure Types</u>	<u>Current Year</u>	<u>Upcoming Year</u>
*Salaries & Benefits		
Fundraising Events		
Direct to Participants		
Equipment/Furnishings		
Capital Infrastructure		
Miscellaneous		
TOTAL		

*Number of Employees covered by Amount Above: -

SECTION 4: EVALUATION METHOD AND PREVIOUS RESULTS

If you received grant and aid funds from the City of Haines City in the FY22-23 budget cycle, please detail the results you have achieved with those funds. All applicants will be required to provide an evaluation plan detailing how you will track and evaluate the results from any funding you may receive as a result of your application.

Summary of Results from Prior Year Award:

Current Year Evaluation Plan:

SECTION 5: SIGNATURES

An authorized signing officer of the Board of Directors must sign this application:

Organization receiving funding will be subject to formal written contract and comply with reporting requirements.

Application Prepared By: (Please print)

Signature:

Date:

Board Authorization: (Please print)

Signature:

Date:

SECTION 6: REQUIREMENTS

Not-for-Profit Agency Serving Residents of Haines City

Attend Mandatory Session

Submit Completed Application by Deadline

Project Budget Worksheet

Sunbiz Annual Report

IRS 501(c)3 Letter

IRS Form 990 Filing

Please mail or drop off your application form and any supporting materials by August 15th to:

City of Haines City

Attn: Finance / Grant Application

620 East Main St.

Haines City, FL 33844