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## FY 2022 GENERAL FUND SOCIAL SERVICE AGENCY GRANT APPLICATION

### General Information & Instructions

The City of Hollywood City Commission is now considering applications for General Fund Agency Grants to be awarded to Social Service Agencies that provide services to Hollywood residents during the City's fiscal year 2022. Applications shall be submitted for a one-year grant cycle and are dependent on the following criteria:

- A) Availability of funds from the City's General Fund
- B) Applicant is a non-profit organization with tax-exempt status under section 501(C)(3), 501(C)(4), or 501(C)(6) of the Internal Revenue Code
- C) The City's receipt and approval of all insurance certificates required by the City's Risk Manager
- D) Applicant programs / projects **must align with at least one of the following eight (8) focus areas:**
  - 1. Early Childhood Education
  - 2. STEAM-focused education (Science, Technology, Engineering, Art, Mathematics)
  - 3. Health, wellness and nutrition
  - 4. Shelter and housing
  - 5. Respite care and elder services
  - 6. Diversity and cultural outreach
  - 7. Training and career planning and development
  - 8. Veteran services

The City of Hollywood reserves the right to determine whether submitted proposals are eligible, timely and complete, whether funding requests are appropriate, and whether other considerations relating to the funding application and funding requirements have been met.

All agencies receiving funding will be required to enter into a contractual agreement with the City, which will specify performance, periodic financial and program reporting requirements.

City of Hollywood funds will be provided quarterly on a **reimbursement** basis to the agency, provided the agency complies with the requirements for documentation as stated in the agreement.



The grant agreement and any specific requests for follow-up information that may be required by the City of Hollywood from the submitting agency is deemed necessary and in the City’s best interest.

All decisions of the City Commission are final and binding.

**APPLICATION SUBMISSIONS MUST INCLUDE:**

★ **One PDF copy and one WORD** copy of the completed application submitted by email (preferably) to [astanley@hollywoodfl.org](mailto:astanley@hollywoodfl.org) or on a flash drive, and including a PDF copy of all attachments.

**Attachment A** The most recent audited financial statement. If the agency does not have a certified audit, submit a compilation of financial statements, with income statement and balance sheet for the most recent year.

**Attachment B** All pages of the most recently completed and filed IRS Form 990.

**Attachment C** The most recent letter from the Internal Revenue Service (or other evidence) determining the tax-exempt status under section 501(C)(3), 501(C)(4), or 501(C) (6) of the Internal Revenue Code.

**Attachment D** Letters of community support for the proposed program / project.

**Attachment E** A current Certificate of Insurance for Commercial General Liability Insurance naming the City as an Additional Insured with not less than the following limits:

Products-Comp/Op Aggregate	\$1,000,000
Personal and Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
General Aggregate	\$1,000,000

★ **One complete original application package on paper.** One (1) signed original application with a copy of each attachment. **Please label all attachments; put in correct order and separate with a colored sheet of paper.**

★ **One double-sided; hole-punched** photocopy of the package with application and all attachments separated by a colored sheet of paper.

**Binder clips or paper clips are also acceptable. Please no staples.**

**Thank you!**



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Submissions must be received in the City of Hollywood, Office of Budget & Performance Management by **Thursday, February 11, 2021 at 3:00 p.m.**

**Please direct the physical documents to:**

City of Hollywood  
Office of Budget & Performance Management  
Attention: Angela Stanley  
Budget Administration Coordinator  
2600 Hollywood Boulevard; Room 415  
Hollywood, FL 33020

**Please direct the PDF and WORD documents to:**

[astanley@hollywoodfl.org](mailto:astanley@hollywoodfl.org).

If you have any questions, concerns,  
or need additional information please contact:  
Angela Stanley at (954) 921-3206  
or by email [astanley@hollywoodfl.org](mailto:astanley@hollywoodfl.org).



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COVER SHEET

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

Federal Tax ID (EIN): \_\_\_\_\_

Program Title: \_\_\_\_\_

Primary Focus Area (select from list): \_\_\_\_\_

Name of CEO or Board President: \_\_\_\_\_

CEO or Board President Email: \_\_\_\_\_

Name & Title of Grant Contact: \_\_\_\_\_

Grant Contact Cell Phone: (\_\_\_\_) \_\_\_\_\_

Grant Contact Email: \_\_\_\_\_

Application must be signed (in blue ink) by the applicant's CEO or Board President. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the grant request and is able to utilize the funds sought for their stated purpose.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of CEO or Board President: \_\_\_\_\_

Date: \_\_\_\_\_



I. STATEMENT OF THE AGENCY'S PURPOSE

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II. STATEMENT OF THE AGENCY'S MISSION

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III. PROGRAM/PROJECT DESCRIPTION:

- a. Please provide a one paragraph description of your program that will be used as the summary description of your program for the review board. Include specific program activities including timeline and program strategies. (250 word maximum)

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- b. Beginning program date \_\_\_\_\_
- c. Ending program date \_\_\_\_\_
- d. Days and Hours of Operation \_\_\_\_\_
- e. If your service agency function is to provide financial subsidies enabling your clientele to enroll in other programs, please check this box.

**IV. PROGRAM/PROJECT NEEDS AND OBJECTIVES:**

Include why the program / project is essential for the residents of the City of Hollywood. What needs will the program / project address? (250 word maximum)

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**V. ANTICIPATED OUTCOMES:**

- a. Describe the anticipated outcomes as the result of this program / project (150 word maximum).

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b. Total **non-duplicated** number of **all** clients, recipients or participants expected to be directly served by the proposed program / project in fiscal year 2022. \_\_\_\_\_

c. Number of **non-duplicated** number of **Hollywood** residents expected to be directly served by the proposed program / project in fiscal year 2022.  
\_\_\_\_\_

***Please Note:***

- *For item V.c., please provide an estimate of the number of unique residents of Hollywood you expect to serve throughout fiscal year 2022 (October 1, 2021 through September 30, 2022).*
- *Grant funding, if awarded, may be offered at a lesser amount than requested in this application; however, the number of Hollywood residents to be served that appears on the final Agreement will remain the same number as entered above.*



VI. STAFF QUALIFICATIONS:

List the names and qualifications of staff involved in this program / project.

Name	Qualification(s)/Degree(s)	Year(s) of Experience

VII. PREVIOUS BENEFITS AND OUTCOMES:

If the program/project was operating in FY 2020, please provide a year-end statement of that year's accomplishments, the total number of participants directly served by the program/project in FY 2020 and the number of Hollywood residents directly served by the program/project in FY 2020. If the program/project is currently operating in FY 2021, please provide a year-to-date status update. (250 word maximum)

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VIII. COMMUNITY COLLABORATIONS AND PARTNERS:

Describe the roles of collaborating agencies, programs and individuals if applicable. Attach letters of support from collaborators. (150 word maximum)

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**IX. BUDGET**

Using the chart and categories provided, what is the annual program / project cost for FY 2022? Provide the amount of funds requested and secured from other sources or the Agency's budget for the program/project. This grant is designed to provide supplemental funding for program related activities, so please select the best suited categories for your program / project from among the categories below.

<b>Budget Categories</b>	<b>\$ Amount Requested</b>	<b>\$ From Other Funding Sources</b>	<b>Total Cost of Program</b>
Subsidies or Matching Funds			
Salaries & Benefits or Volunteer Stipends			
Consultants & Professional Fees			
Program Supplies			
Incentives & Consumables			
Transportation, Travel & Admission Costs			
Electricity, Water, Refuse (Feeding & Residential Facilities Only)			
<b>TOTAL =</b>			

What is the estimated cost per Hollywood participant? \_\_\_\_\_

Estimate of total agency projected revenues and expenditures.

<b>Fiscal Year</b>	<b>Revenue</b>	<b>Expenditures</b>
FY 2022 10/1/2021-9/30/2022	\$	\$



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**X. OTHER FUNDING SOURCES DETAIL:**

List grants received from ALL City of Hollywood sources including the General Fund Agency Grant during the preceding five (5) fiscal years 10/1 through 9/30. Examples of City funding sources would include the Agency Grant Program, the Community Redevelopment Agency, CDBG funding, Police Department grants, etc.

<b>Funding Source</b>	<b>Amount Received FY 17</b>	<b>Amount Received FY 18</b>	<b>Amount Received FY 19</b>	<b>Amount Received FY 20</b>	<b>Amount Received FY 21</b>

**XI. PROGRAM/PROJECT EVALUATION:**

How will you measure the success of the proposed program/project? (250 words maximum)

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## XII. ATTACHMENTS:

- √ **Attachment A:** Attach the most recent audited financial statement, preferably FY20. If agency does not have a certified audit, submit a compilation of financial statements, including income statement and balance sheet for the most recent year.
  
- √ **Attachment B:** Attach the most recent completed IRS Form 990.
  
- √ **Attachment C:** Attach the most recent letter from the Internal Revenue Service (or other evidence) determining the tax-exempt status under section 501 (C) (3), 501(C) (4), or 501(C) (6) of the Internal Revenue Code.
  
- √ **Attachment D:** Attach letters of community support for the proposed program/project.
  
- √ **Attachment E:** Attach a current Certificate of Insurance for Commercial General Liability Insurance naming the City as an Additional Insured with not less than the following limits:

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