



NOTICE OF GRANT FUNDING

HALLANDALE BEACH COMMUNITY REDEVELOPMENT AGENCY (HBCRA) FY 2022 COMMUNITY PARTNERSHIP GRANT PROGRAM

Hallandale Beach Community Redevelopment Agency (HBCRA) through the **COMMUNITY PARTNERSHIP GRANTS PROGRAMS** has grant funds available to support programs and services as identified and recommended by the HBCRA Board of Directors. The intent of this funding is to allocate resources to community based organizations who will address a *Priority Area* identified by the HBCRA.

PRIORITY AREAS

Non-Profit Organizations meeting the below set forth criteria are eligible to apply for the Community Partnership Grant. Programs and services provided must benefit the residents of Hallandale Beach. ***Programs will be funded in the form of reimbursements for units of services provided, when possible.***

HBCRA Priority Areas:

- Affordable Housing Buyer Preparedness and Attainability.

GRANT ELIGIBILITY

Eligible Applicants	Programs not eligible for funding
<ul style="list-style-type: none">• Must be a registered 501(c)(3) non-profit organization with the IRS* or a political subdivision under the State of Florida;• Must have active corporate status with the State of Florida;• Must be current on all financial obligations (including taxes) with the City and HBCRA; and• Must certify operation of a Drug Free Environment.	<ul style="list-style-type: none">• Capital campaigns• Fundraising events• Programs/services promoting religion• Political activities• Honorariums for guests• Emergency funding• Funding for other organizations• Building construction and repairs• Land and land improvements• Expenses related to staff attendance at seminars, workshops, symposiums, or conferences



GRANT OPPORTUNITIES

The HBCRA awards grant up to \$25,000 for single or multiyear funding.

Only ONE application may be submitted per organization under the program.

HBCRA Grants	
Funding cycle	One year cycle (subject to availability of funds)
Award Amount	\$25,000/ year
Priority Areas	HBCRA
Contract Term	Oct. 1, 2021 – Sept. 30, 2022
Total Yearly Program Budget	\$25,000

GRANT REQUIREMENTS

- ❖ Only one (1) grant will be awarded to an organization within an annual period. Do not submit multiple applications. If an agency is not awarded funds, they may apply again the next distribution date.
- ❖ The organization's Board Chairperson, CEO, must sign the Application.
- ❖ Applications will be reviewed by a Grant Review Committee.
- ❖ Funded agency will be required to submit Quarterly Reports for Payment and a Final Report Summary within thirty (30) days upon completion of the program.
- ❖ The grant cycle is October 1, 2021 until September 30, 2022.
- ❖ Award funding will be made available after November 1, 2022 **and** upon execution of an Agreement with the HBCRA.



APPLICATION

Deliver Application packages by mail or in person. **October 20, 2021 no later than 3:00PM**
City Hall
400 S. Federal Highway
Hallandale Beach, Florida 33009
ATTN: Community Partnership Grant Program
(NO FACSIMILES OR EMAIL ACCEPTED)

You will be required to wear a facial covering and have your temperature taken prior to entering the building when delivering your application. Please assign one (1) person from your agency to drop-off and deliver your application by the deadline stated above.

PROGRAM/GRANT GUIDELINES

The Community Partnership Grants program is governed by the Grant Guidelines. The Grant Guidelines provides the framework and guidelines for organizations wishing to participate in the Program. It sets forth the criteria, eligibility, process to request and apply for funding, application evaluation, award, contract, reporting and payment requirements. A copy of the Grant Guidelines can be viewed at www.cohb.org/humanservices

**HALLANDALE BEACH
COMMUNITY
REDEVELOPMENT
AGENCY FY 2022
COMMUNITY PARTNERSHIP GRANTS
GRANT FUNDING**

APPLICATION INSTRUCTIONS

Applications must be typewritten, single spaced, using twelve (12) point fonts, one sided on 8.5 X 11 paper. You must adhere to the number of pages allowable for each section of the Application. Submit One (1) original copy of the Application. The original application should also contain all Attachments as required.

**NO FACSIMILES OR E-MAILS ACCEPTED.
MAIL OR HAND DELIVER APPLICATIONS TO:**

**City Hall
400 S. Federal Highway
Hallandale Beach, Florida 33009
ATTN: Community Partnership Grant Program**

Applicants are responsible for mailing or hand delivering the Applications, so that they are received by the Deadline. No exceptions will be considered. Confirmation of Application receipt will be e-mailed to the contact person listed on the Application.

The complete Application consists of the following:

- 1. COVER PAGE**
- 2. GRANT APPLICATION**
- 3. APPLICATION CHECKLIST**
- 4. ATTACHMENTS**
 - a. Copy of Organization Non-Profit Status Letter from IRS**
 - b. List of Board Members, Director/Agency Head, Titles and Addresses**
 - c. Evidence of Incorporation for State of Florida (www.sunbiz.org)**
 - d. Evidence of Financial Soundness (990 form) and documentation from a Financial Institution showing last three (3) months of operating expenses.**
 - e. Letters of Support for the project (limit to three (3) and proof of Leveraging of Funds (if applicable).**
 - f. Memorandum of Understanding/s if partnering with any organization/s**
 - g. Key Staff Resumes**
 - h. Certificate of Insurance or Letter of Indemnity**



**HALLANDALE BEACH COMMUNITY
REDEVELOPMENT AGENCY
FY 2022
COMMUNITY PARTNERSHIP GRANTS PROGRAM GRANT**

Agency: _____

		YES	NO
1	Cover Page (Completed)		
Comments:			
2	Copy of Organization Non-Profit Status Letter from IRS		
Comments:			
3	Non-Profit Status Active with IRS		
Comments:			
4	List of Board Members, Director/Agency Head, Titles and Addresses		
Comments:			
5	Evidence of Incorporation for State of Florida is ACTIVE (www.sunbiz.org)		
Comments:			
6	Evidence of Financial Soundness (990 form) AND documentation from a Financial Institution showing last three (3) months of operating expenses		
Comments:			
7	Letters of Support for the project (limit to three (3))/Proof of leveraging (if applicable)		
Comments:			
8	Memorandum of Understanding/s if partnering with any organization/s		
Comments:			
9	Key Staff Resumes		
Comments:			
10	Certificate of Insurance and/or a Letter of Indemnification		
Comments:			
11	Grant Request does not exceed \$25,000		
Comments:			
12	Original Grant Application		
Comments:			
13	Six Copies of Grant Application		
Comments:			

HALLANDALE BEACH CRA
FY 2022
COMMUNITY PARTNERSHIP GRANTS PROGRAM

COVER PAGE

Organization Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone#: _____ **Fax #:** _____

E-mail Address: _____

Website Address: _____

Name of Contact Person: _____ **Title:** _____

ORGANIZATION INFORMATION

Is the organization incorporated? Yes ☐ No ☐ FEIN#: _____

Does the organization have 501(c)(3) Tax Exemption Status? Yes ☐ No ☐

Does the organization have a Board of Directors? Yes ☐ No ☐

If yes, provide a list of your current board members with your application.

Total # of Board Members: _____ # of Staff: _____ # of Volunteers: _____

Does your organization carry Liability Insurance? Yes ☐ No ☐ Amount: _____

PROPOSAL INFORMATION

Program/Project Name: _____

List Specific City Priority Area that will be addressed if funded: _____

Target Age Group: _____ # of Residents To Be Served: _____

Agency Annual Budget: _____ Amount of Request \$: _____ Total Program Cost: _____

Source(s) of Current Funding: _____

Has your organization received previous funding from the City: Yes ☐ No ☐.

If yes, please List Amount:

Funded \$: _____ Year: _____ # of Residents Served: _____ Please

provide a brief summary of the Previous Project Funded: _____

Authorized Signature of Organization Representative: _____

Date: ____/____/____



**HALLANDALE BEACH CRA
FY 2022
COMMUNITY PARTNERSHIP GRANTS PROGRAM**

**1. ORGANIZATION BACKGROUND INFORMATION (no more than 1 page)
(Up to 5 points)**

- Give an overview of the agency's mission and history. Include years of operation, mission statement and primary services provided.

2. PROJECT DESCRIPTION (no more than 2 pages) (Up to 25 points)

- Give a general overview of the project by answering the following questions:
 - A. What is the project intent
 - B. How many clients are expected to be served?
 - C. What are the types of services to be delivered?
 - D. Why is the project needed? (This question should include city, school, racial/ethnic, socioeconomic characteristics, income level, age and/or neighborhood statistics regarding the identified issues, as well as any existing resources and gaps)
 - E. Who is the target population and how do services provided to the anticipation population address the needs of the program?
 - Identify the number and/or percentage of Hallandale Beach residents to be served.
 - F. How will the community benefit from your project?
 - G. How will the services address the city's priority area that was selected?
 - H. Are there any fees for services and/or scholarships/waivers available?
 - I. Other agencies or organizations involved in the project?



**HALLANDALE BEACH CRA
FY 2022
COMMUNITY PARTNERSHIP GRANTS PROGRAM**

3. METHOD OR STRATEGY FOR IMPLEMENTATION (no more than 1 page) (Up to 20 points)

A. Describe the activities to achieve objectives and method of service delivery:

Service Name and Description, e.g., (Intake and Assessment, etc.)	Method of Service Delivery, e.g., (all participants will be assessed at intake to determine their individual strengths, barriers and abilities, etc.)

B. Who will be responsible for the overall project?

C. What staff will be involved (Please list all staff and provide resumes for key staff as attachments)?

# of Staff	Position	Duties

D. What is the time frame/work plan for implementing the project?

Service Name/Work Task	Estimated Start-Up Date	Estimated Date of Completion

E. Where will the services be held? (Note: Please submit a Principal Authorization Letter for programs proposing to operate on a school site.)

Site	Street Address	City	Zip Code

F. Describe the time of day and days of the week that services are provided. Describe the rationale as to why the days and times of operation were selected.

Dates	Time Start	Time End



**HALLANDALE BEACH CRA
FY 2022
COMMUNITY PARTNERSHIP GRANTS PROGRAM**

4. EVALUATION OF THE PROJECT (no more than 1/2 page) (Up to 15 points)

Describe how you will measure success or benefits of your program using the Results Based Accountability (RBA) model. Results Based Accountability (RBA) is a tool used to measure program goals and objectives in order to provide evidence of better results. RBA points out that the most important measure is not how much a program does, but whether people served through programs are any better off because of the service provided (e.g. have the people served by a particular program gained increased skills, capacities, and knowledge as a result of their participation?). Performance accountability helps communities, program, and funding stakeholders see the linkage between an agency's work, its performance, and the results achieved for the people served by the agency's program.

- How will you measure whether the chosen target population is better off after participation in your program (i.e., surveys, pre and post- tests, report cards etc.)?
- How will you measure if services were provided well and as expected?
- What are you proposing to do to bring about the desired change?
- What are the goals, performance measures, and/or outcomes of the project?
- Performance Measure: The measure of how well a program, agency, or service system is working. This is measured at three level: How much did we do? How well did we do it? Is anyone better off (the results)?

The following is an example of how to assess how much and how well services are performed and whether anybody is better off for receiving those services. This can be a useful tool in determining your desired performance measures.

How Much Did We Do?				
Performance Measure	Target Goal	Actual	Evaluation Tool	Administration Schedule
# of Hallandale Beach students served	130 Students	120 students participated in the program	Client Data Tracking Sheet	Analyzed Monthly
How Well Did We Do It?				
Contract Utilization	100% overall contract utilization	95% overall contract utilization	Monthly Invoices	Analyzed Monthly
Services Monitoring	100% units met	100% units met	Site Visits	Analyzed Quarterly
Is Anyone Better Off?				
% of students who increased their knowledge and skills in Reading and Writing	80%	85%	Skills Test	Analyzed Quarterly
% of students who graduated to the next grade level	80%	85%	Report Cards	Analyzed Annually
% of student satisfaction with the services provided	80%	85%	Survey	Analyzed Quarterly



**HALLANDALE BEACH CRA
FY 2022
COMMUNITY PARTNERSHIP GRANTS PROGRAM**

5. SUSTAINABILITY (no more than 1 page) (Up to 5 points)

- A. If you receive 50% of the amount requested, how will you provide services?**
- B. If you do not receive funding, will you still provide services?**
- C. Have you been funded or received a commitment letter for funding? Please specify who and how much funding.**
- D. What is your organization's Sustainability Plan for the next three (3) years?**

6. LEVERAGING OF FUNDS (no more than 1/2 page) (Up to 5 points)

- Describe other resources that are in place to match the City's requested funding in order to implement the proposed program. Such resources may include organization funds, other grant funds, in-kind donations or any combinations thereof.

7. PARTNERSHIPS/COLLABORATIONS (no more than 1/2 page) (Up to 5 points)

- Describe any existing Partnerships/Collaborations currently in place with other non-profits organizations that provide a common goal.



**HALLANDALE BEACH CRA
FY 2022
COMMUNITY PARTNERSHIP GRANTS PROGRAM**

8. BUDGET INFORMATION (Up to 20 points)

A. Please fill in information as requested.

PROPOSED PROJECT BUDGET

ITEM	GRANT REQUEST	OTHER FUNDS/INKIND	JUSTIFICATION
Personnel			
Consultants			
Supplies			
Other/specify			
TOTAL			

ADMINISTRATIVE COST

The intent of funding is to provide direct services to residents; therefore, Administrative Cost should be kept to a minimum. Please provide the amount or percentage of Administrative Costs for this budget: \$_____.



**HALLANDALE BEACH CRA
FY 2021
COMMUNITY PARTNERSHIP GRANTS PROGRAM**

APPLICATION CHECKLIST

Please initial below as confirmation that each of the required documents has been submitted with the Application for review.

- ☐ **COVER PAGE**
- ☐ **APPLICATION CHECKLIST**
- ☐ **Copy of Organization Non-Profit Status Letter from IRS**
- ☐ **List of Board Members, Director/Agency Head, Titles, Addresses, Phone Numbers.**
- ☐ **Evidence of Incorporation for State of Florida (www.sunbiz.org)**
- ☐ **Evidence of Financial Soundness (990 form) and documentation from a Financial Institution showing last three (3) months of operating expenses**
- ☐ **Letters of Support for the project (limit to three (3)) (OPTIONAL)**
- ☐ **Proof of Leveraging of Funds (if applicable)**
- ☐ **Memorandum of Understanding/s if partnering with any organization/s**
- ☐ **Key Staff Resumes**
- ☐ **Copy of the organization's Certificate of Insurance and/or a Letter of Indemnity**
- ☐ **Grant request does not exceed \$25,000**
- ☐ **Grant Application**

CERTIFICATION

I certify that the information contained in this Application, including Budget and Attachments (supporting materials) are true and correct to the best of my knowledge. I understand that if information contained in this Application is found to be false or incorrect it may be cause for disqualification.

Signature of Authorized Representative

Date

Title



**CITY OF HALLANDALE BEACH
FY 2022
COMMUNITY PARTNERSHIP GRANTS PROGRAM**

ATTACHMENTS

Please include with the Proposal one copy of the following:

1. **APPLICATION CHECKLIST**
2. **ATTACHMENTS**
 - Copy of Organization Non-Profit Status Letter from IRS
 - List of Board Members, Director/Agency Head, Titles, Address & Phone Number
 - Evidence of Incorporation for State of Florida (www.sunbiz.org)
 - Evidence of Financial Soundness (990 form) and documentation from a Financial Institution showing last three (3) months of operating expenses
 - Letters of Support for the project (limit to three (3)) (optional)
 - Proof of Leveraging of Funds (if applicable)
 - Memorandum of Understanding/s if partnering with any organization/s
 - Key Staff Resumes
 - Certificate of Insurance or Letter of Indemnity
3. **GRANT APPLICATION**

Remember to submit one (1) original copy of the grant application package.
Please, do not use binders. Staple all documents securely.

SUBMIT GRANT REQUESTS VIA IN PERSON OR BY MAIL ONLY TO:

Hallandale Beach CRA
400 S. Federal Hwy
Hallandale Beach, Florida 33009

Attn: **COMMUNITY PARTNERSHIP GRANT PROGRAM**

DEADLINES AND NOTIFICATION

1. **Application deadline is at 3:00 PM on WEDNESDAY, October 20, 2021. NO EXCEPTIONS!**
2. Notification of Awards for funding will be made by October 26, 2021. No phone calls accepted. Notification of Award will be made via email.
3. Funding will be given after November 1, 2021.
5. The grant recipient will enter into a contract, also known as a Grant Agreement, with the CRA. Upon receipt of the Grant Agreement from the City of Hallandale Beach CRA, the grantee will have ten (10) days to return the documents to the HBCRA.