



## FAITH, HOPE AND CHARITY SOCIETY

### 2023 FUNDING APPLIATION

#### GRANT FUNDING AWARD GUIDELINES

This application is for local non-profit organizations that provide a significant level of service in the DeLand community. Please follow the attached instructions carefully. All submissions must be complete and be submitted by the deadline. Those applications which are incomplete or not submitted by the deadline will not be eligible for consideration during this grant process.

Faith, Hope & Charity Society Grant requests must be for 1 program only. Only 1 Grant request per organization can be submitted. No Capital requests will be considered.

#### GRANT TIMELINE

9-1-23	Release application to public (Faith, Hope and Charity website, Mainstreet Association website, Mainstreet Facebook, City of DeLand website, West Volusia Beacon)
9-30-23	GRANT APPLICATIONS DUE – No exceptions for late applications
10-1-23 to 10-31-23	Board of Directors review grant applications.
10-13-23	Mayor’s Golf Tournament – Must have agency volunteer representation at tournament to be eligible for funding
11-15-23	Board of Directors final grant review and ranking
12-1-23	Notification of Award send to all applicants

GRANT SUBMISSION LOCATION: MainStreet Deland Association, 100 North Woodland Boulevard, Suite 4, DeLand, Florida 32720 OR e-mail the PDF grant submission to [grantinfo@fhcsociety.org](mailto:grantinfo@fhcsociety.org)

GRANT AWARD: Organizations receiving funding during this cycle will receive their Grant Award shortly after notification.

## **GRANT CRITERIA**

ORGANIZATIONS MAY APPLY FOR UP TO 50% OF THE PROPOSED PROGRAM BUDGET.

### **THE GRANT WILL ONLY FUND PROGRAMS WHICH FOCUS ON THE FOLLOWING AREAS:**

- Programs that provide citizens with emergency assistance.
- Programs that improve local health including disability needs.
- Programs that guide youth toward success.
- Programs that strengthen individuals and families.
- Programs that enhance the cultural & historical foundation of our community.

### **NON-ALLOWABLE ITEMS FOR GRANT FUNDING:**

- CAPITAL EXPENDITURES-New facilities or expansion of existing facilities is not eligible for grant funding.
- NON-RECURRING MAJOR or EMERGENCY EXPENDITURES-New additions or replacement of roofs, boilers, motors, ranges, plumbing, etc. is not eligible for grant funding. This includes improvement of outmoded facilities such as substitutions for items that can no longer be used because of codes, laws, advance standards or techniques which make mandatory the use of new facilities or appurtenances to properly carry on work.
- PAYMENT OF DEBT-Principal or interest payments on loans or debts is not eligible for grant funding.
- DEPRECIATION-Is not eligible for grant funding.
- LOBBYING or RE-GRANTING-Is not eligible for grant funding.

## **ELIGIBILITY REQUIREMENTS:**

Applicants must be qualified, as tax exempt under 26 USC 501 (c) (3, 4 or 6) and contributions to the organization must be tax deductible pursuant to 26 USC 170.

Applicants must have a local board of directors with representation and in West Volusia County.

Applicants can only be funded for programs in West Volusia County with an emphasis on DeLand, FL.

Applicants must use grant funds received for a specific project. This is not a general operating grant program.

**Applicants must participate in the FH&C Society Mayor's Golf Tournamenton Friday October 13, 2023.**

**Volunteers must sign up at [Mainstreetdeland.org](http://Mainstreetdeland.org)**

## **APPLICATION INSTRUCTIONS:**

Applicants must submit the grant application and all required documents to MainStreet Deland Association, 100 North Woodland Boulevard, Suite 4, DeLand, Florida 32720 OR e-mail the PDF grant submission to [president@fhcsociety.org](mailto:president@fhcsociety.org)

Type size on the application should not be smaller than 12 point and no larger than 14 point.

Applications must be submitted on the application form provided. Do not modify or use an adaptation of this form.

Include a copy of the following documents, for review in this order:

- IRS 501(c)3 Determination Letter
- Sunbiz Registration Document
- Florida Department of Agriculture Document
- Most recent IRS 990 or Auditors Management Letter
- 2023 Approved Agency Budget
- Board of Directors Roster
- Organizational Chart (if applicable)

Attachments must not exceed those listed in the application.

**Applications must be received on or before the deadline. Late or incomplete applications will disqualify the organization from the grant program. No exceptions will be made to this policy.**

If you have any questions about the above information please contact Waylan Niece at [president@fhcsociety.org](mailto:president@fhcsociety.org)

**WILL YOUR ORGANIZATION BE ABLE TO PARTICIPATE IN AN ACTIVE WAY IN THE MAYOR'S GOLF TOURNAMENT?**

**PARTICIPATION IS A REQUIREMENT TO BE CONSIDERED FOR FUNDING.**

This event is held at a local golf course and occurs from early morning to mid-afternoon. The proceeds of the event will assist in funding this grant cycle. Volunteers will be needed throughout the day but particularly in the morning.

\_\_\_\_\_ YES-OUR ORGANIZATION WOULD BE ABLE TO PARTICIPATE IN THIS EVENT BY SUPPLYING VOLUNTEERS TO ASSIST.

ESTIMATED NUMBER OF VOLUNTEERS THAT OUR ORGANIZATION COULD SUPPLY \_\_\_\_\_.

\_\_\_\_\_ NO-WE WOULD NOT BE ABLE TO PARTICIPATE IN THIS EVENT.

\_\_\_\_\_ (Initials) Submitting this grant application and participating in the Mayor's Golf Tournament grants us permission to use photos and videos of the participants on all media and social media platforms.

## APPLICATION

Organization Name:

Point of Contact Name:

Phone Number:

Email Address:

Website:

Address:

Requested Amount:

Number of individuals/households in West Volusia served in 2022:

In which cities were services distributed:

- 1. ORGANIZATION MISSION STATEMENT:**
  
- 2. BRIEF HISTORY OF THE ORGANIZATION (max 250 words):**
  
- 3. Please justify the need in our community this program is addressing (max 250 words):**
  
- 4. Please describe the population to be served under this program, including location of service, demographical information and anticipated number of individuals/households to be served (max 150 words):**
  
- 5. Please provide a detailed program description in which these grant funds will be utilized (max 750 words):**

6. Please provide a complete and thorough program budget in the format below. Be sure to include all related program expenses and revenue sources. If there are expenses or revenue streams which do not correspond to specified line items, please use the “other” and insert line item detail. Be sure to include the requested amount in the revenue section under “Faith, Hope and Charity Request”.

PROGRAM BUDGET	
PROGRAM EXPENSE	AMOUNT
ADMINISTRATIVE STAFFING	
STAFFING	
FACILITY UTILITIES	
FACILITY RENT	
MARKETING	
PROGRAM SUPPLIES	
FOOD/MEALS	
CONTRACTED SERVICES	
SERVICE EXPENSES	
OTHER EXPENSES: (PLEASE LIST BELOW)	
<b>TOTAL PROGRAM EXPENSE</b>	
PROGRAM REVENUE	AMOUNT
FEDERAL	
STATE	
COUNTY/LOCAL	
CIVIC SUPPORT	
SPONSORSHIP SUPPORT	
MEMBERSHIP DUES	
FUND RAISING	

GRANT SUPPORT	
OTHER REVENUE: (PLEASE LIST BELOW)	
<b>FAITH, HOPE CHARITY REQUEST</b>	
<b>TOTAL PROGRAM REVENUE</b>	

**7. Please provide a detailed budget narrative which describes all associated costs in the budget, including other funding sources and match/leverage for the program (max 350 words):**

## APPLICATION CERTIFICATION

I HEREBY CERTIFY THAT I HAVE BEEN AUTHORIZED TO MAKE THIS APPLICATION FOR THE ORGANIZATION. I FURTHER CERTIFY THE FOLLOWING:

- ANY AND ALL FUNDS RECEIVED FROM THIS GRANT PROCESS WILL BE EXPENDED FOR A LAWFUL PUBLIC PURPOSE, IN ACCORDANCE THE PROPOSED PROGRAM.
- THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT IN ACCORDANCE WITH ORGANIZATIONAL BOOKS AND RECORDS.
- ADDITIONAL INFORMATION WILL BE PROVIDED IN SUPPORT OF THIS APPLICATION, IF REQUESTED.
- A FINANCIAL AND PROGRAM ACCOUNTING WILL BE COMPLETED WHEN REQUESTED BY FH&C.

Point of Contact Name: \_\_\_\_\_

Point of Contact Signature: \_\_\_\_\_

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

Board President Name: \_\_\_\_\_

Board President Signature: \_\_\_\_\_

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