ARPA Nonprofit Program & Technical Assistance Grant

Application Draft

2023-2024 ARPA funding priorities will be distributed per U.S. Treasury guidelines 31 CFR 35.6 (b)(7) in conjunction with the City of Ocala's objective to improve quality of place.

In line with this objective, eligible nonprofits may address various components in their efforts at improving Ocala's quality of place including but not limited to:

• homelessness

• affordable housing

• employability

• access to recreation and cultural arts opportunities

• public safety

• mitigation of the opioid crisis

General Information

Organizational Information

Organization Name: _____

Organizational Federal Tax ID Number (xx-xxxxxxx) _____

Address (No PO Box): _____(Street, City, State, Zip)

Phone: _____

Website Address (*if applicable*): _____

Organization Operating Budget: $_____

Amount of request (between $50,000 to $200,000): $_____

Which best describes your nonprofit's purpose: (please mark all that apply)

_____ homelessness

_____ affordable housing

_____ employability

_____ access to recreation and cultural arts opportunities

_____ public safety

_____ mitigation of the opioid crisis

_____Other

If Other, explain here:

_____
_____

Contact Person Information

Name: _____

Title: _____

Phone: _____

Email: _____

Narrative

Organization Overview

State your nonprofit's mission (100 words maximum):

_____
_____
_____
_____

Which best describes your nonprofit (Choose only one)?

    a.   We are located within the City limits. _____
    b.   We are not within City limits but serve more than 60% of City residents. _____

If your nonprofit selected "b", please explain how you track those you serve to verify this statement?
_____

For the following, please feel free to answer questions on a separate word document. Be sure to number your responses accordingly.
Quality of Place

    1.   What programs and services does your nonprofit provide to City of Ocala residents? How do these programs and services improve the quality of place in the City of Ocala? *(150-250 words)*

_____
_____
_____

    2.   Describe the target demographic your nonprofit serves. Describe the specific geographic location(s) served by your organization. (150-250 words)

_____
_____
_____

    3.   List the names of other organizations in the City of Ocala that provide similar services as your nonprofit in addressing community needs. How do your programs and services specifically differ from these organizations? (150-250 words)

_____
_____
_____

COVID-19

4. How will your request directly help City of Ocala residents navigate the lingering negative effects of the COVID-19 pandemic (e.g., mental health support, educational assistance, food access, etc.)? (*150 - 250 words*)

_____
_____
_____

5. Describe negative economic hardships/impacts your organization and/or clientele experienced due to the COVID-19 pandemic. Provide specific reference information from your uploaded submitted financials as part of your answer. If not applicable, put *none* (*150 - 250 words*)

_____
_____
_____

6. List funding sources your organization has received for COVID19. Please include date received, how much you received, & date it was fully expended. Include PPP loan, CARES Act funding, & other. If not applicable, put *none.*

_____
_____
_____

7. List funding or in-kind sources your organization has received from the City of Ocala over the past 3 years. (this includes facility agreements & sponsorships) If not applicable, put *none.*

_____
_____
_____

Scope of Work

8. Provide a scope of work by answering the following questions (500 words maximum):
   - What is the overall need for the requested grant funding?
   - What are specific measurable goals you hope to achieve at the end of this one-year grant period (include timeframe/schedule and quantifiable benchmarks when necessary)?
   - How do you intend to evaluate your work during the grant period? To answer these questions, focus on the outcomes and impact rather than activities.

_____
_____
_____
_____

Budget Narrative

9. Explain how requested funds be utilized? (200 words maximum)

_____
_____
_____
_____

Sustainability Plan

10. Indicate the specific plans for future funding and activities that will guarantee sustainability of the program (200 words maximum):

_____
_____
_____
_____

3. Required Uploads

- o IRS determination letter
- o 2022 & 2023 organizational budgets
- o 2024 organizational budget
- o Most recent 990
- o End of Year financial statements for last two years (2021 & 2022 audited or unaudited – i.e. Profit/Loss, balance statements)
- o Year-to-date 2023 financials
- o ARPA funding request budget (1-year) – (Word document; Excel Sheet; PDF)
- o Nonprofit In-take Form – (Word document; PDF)
- o List of Current Board of Directors (names, professional title, and board position)
- o Other (Optional) Supporting Documentation

4. Attestation

- I have disclosed to Community Foundation for Ocala/Marion County on this application all other sources of assistance received as a result of the negative economic impact by COVID19.
- I understand that the law prohibits Applicant from receiving duplicative assistance for the same activity ("Duplication of benefits"). I agree to repay any funds determined at a later date to be a Duplication of Benefits.
- I agree to use the funds for the specific item(s) for which assistance is sought and used for no other purpose.
- I understand that all information provided is subject to Florida's public records laws.
- I understand that all information provided in this Application and supportive documentation provided are true, correct, and complete to the best of my knowledge and belief.

_____

  Authorized Representative (Print)

_____   _____

  Authorized Representative (Signature)   Date

Completed applications and required attachments should be submitted to the following address on or before **Tuesday, January 16, 2024 at 5PM**:

Community Foundation for Ocala/Marion County
324 SE 24th St.
Ocala, FL 34471

OR

Send to Submissions@ocalafoundation.org
(Please compress files or send separately as needed)

Nonprofit Business: _____**Phone:** _____

Business Address: _____**Year the Org. Founded:** _____

Name of person completing form: _____**Title:** _____

Email:_____ **Website:**_____

Nonprofit Mission Statement_____

_____

Governance

How many directors are currently on your board? _____

☐Yes ☐No Does your organization have a conflict of interest disclosure form for directors?

   ☐Yes ☐No If yes, is it completed annually?

☐Yes ☐No Does your organization have a succession plan for CEO and high-level staffing positions?

☐Yes ☐No Does your organization use a matrix for board development to ensure the presence of board members with varying experiences, backgrounds, skills and cultures?

☐Yes ☐No Does your organization hold a board orientation for new board members?

☐Yes ☐No Does your board do annual self-assessments/review/personal evaluations of their effectiveness?

☐Yes ☐No Does your board have term limits for directors?

   ☐Yes ☐No If yes, is the board following the term limits for directors?

☐Yes ☐No Does your organization provide monthly education and communication to the board?

☐Yes ☐No Does your organization provide a Duties and Expectations form for its directors/officers?

☐Yes ☐No Does the Duties and Expectations form outline a financial obligation to your organization?

☐Yes ☐No Does the Duties and Expectations form outline a volunteer commitment?

☐Yes ☐No Does your organization's board conduct an annual review of the CEO/Executive Director?

☐Yes ☐No Does your organization develop and maintain performance measures to monitor outcomes?

☐Yes ☐No Does your organization/board conduct an annual strategic planning session?

Policies

Does your organization have the following? (Please check all that apply.)

☐ Conflict of interest policy
☐ Gift acceptance policy
☐ Investment policy
☐ Whistleblower policy
☐ Policies & Procedures manual
☐ Bylaws Reviewed Annually

☐ Solicitation & Contributions number
☐ Spending Policy for daily transactions
☐ Public Information policy
☐ Fund Development policy
☐ Brand Management policy
☐ Social Media policy

Human Resources

☐Yes ☐No Does your organization have written job descriptions for all employees?

☐Yes ☐No Does your organization conduct background checks on all prospective employees & volunteers?

☐Yes ☐No Does your organization have a written employee handbook?

☐Yes ☐No Does your organization keep personnel and independent contractor records?

☐Yes ☐No Does your organization offer benefits to full-time employees?

☐Yes ☐No Does your organization hold regular staff meetings?

Financial Management

☐Yes ☐No Does your organization have an employed bookkeeper/accountant on staff?

☐Yes ☐No Does your organization utilize a contracted accounting firm?

☐Yes ☐No Does your organization engage an independent CPA for an audit, annual review or compilation?

    ☐Yes ☐No If you answered yes above, is it grantor/lender required or based on board discretion?

☐Yes ☐No Does your organization have an internal audit review committee?

☐Yes ☐No Does your organization utilize internal controls as directed by management?

☐Yes ☐No Does your organization use software to track accounting transactions? (ex. Quickbooks)

☐Yes ☐No Does your board of directors review the organization's financials monthly?

☐Yes ☐No Does your organization have an investment committee?

☐Yes ☐No Is your organization up to date on Form 990 filing with the IRS? (ex. Postcard, EZ or full form)

☐Yes ☐No If your organization is not religious or educational, have you filed with the Florida Department of Agriculture regarding the Solicitation of Contributions guidelines?

☐Yes ☐No Does your organization publish your Form 990 on your website?

☐Yes ☐No Does your organization create an annual budget for operations?

☐Yes ☐No Does your organization create an annual budget for all programs?

☐Yes ☐No Does your organization have Unrelated Business Income?

Fundraising and Sustainability

☐Yes ☐No Does your organization substantiate all donations as dictated by the IRS?

☐Yes ☐No Does your organization utilize a Donor Management software system? (ex. eTapestry?)

☐Yes ☐No Does your organization have recurring sources of revenue for operations and programs?

☐Yes ☐No Does more than 50% of your funding come from individual donations?

☐Yes ☐No Does more than 50% of your funding come from a single source? (ex. Grant, foundation, govt.)

☐Yes ☐No Has your organization conducted a competitive assessment to identify how many other organizations provide similar services in your service area? (gap analysis, duplication of services,

unique selling points of value to funders, etc.?)

☐Yes ☐No Does your organization have a financial sustainability plan?

☐Yes ☐No Does your organization require its directors to participate in fundraising activities?

How many fundraising events does your organization conduct in one year? _____

☐Yes ☐No Does your organization have an annual campaign?

☐Yes ☐No Does your organization have annual earned income? (ex. Memberships, tuition)

☐Yes ☐No Does your organization offer planned giving options to donors?

☐Yes ☐No Has your organization ever received a major gift?

☐Yes ☐No Does your organization apply for grants? (if yes, select all that apply)

☐ Federal	☐ Public corporations
☐ State	☐ United Way of Marion County
☐ Private foundations	☐ Marion County Hospital District

How many grants does your organization apply for in a year? _____

How many grants does your organization receive in a year? _____

Communications

☐Yes ☐No Does your organization send regular internal communications to its employees & staff?

☐Yes ☐No Does your organization have a crisis communications plan?

☐Yes ☐No Does your organization have a staff member who manages communications?

☐Yes ☐No Does your organization produce a newsletter?

☐Yes ☐No Does your organization produce an annual report?

☐Yes ☐No Does your organization utilize social media? (Select all that apply)

☐ Facebook	☐ Instagram
☐ Twitter	☐ LinkedIn

☐Yes ☐No Does your organization utilize a photo release form for photography or video?

☐Yes ☐No Does your organization have a recognized brand in the community?

Technology

☐Yes ☐No Does your organization utilize off-site data storage for all records?

☐Yes ☐No Does your technology include security devices? (ex. Firewall or Spyware)

☐Yes ☐No Does your organization have a data recovery plan in case of crisis?

☐Yes ☐No Does your organization have a plan to update technology? (ex. Computers, printers, etc.)

Collaborations & More

☐Yes ☐No Does your organization collaborate with other nonprofits in the community?

☐Yes ☐No Is your organization open to collaboration on projects?

☐Yes ☐No Does your organization have a process for evaluating the impact of programs?

☐Yes ☐No Does your organization carry Directors & Officers insurance for your board?