# CITY OF OAKLAND PARK
# Aid to Non-Profits Grant Application Form

## INSTRUCTIONS

The City Commission of Oakland Park has appropriated funding for the 2020-2021 fiscal year to provide financial assistance to non-profits serving the Oakland Park community.

**Grants will be in the flat amount of $10,000 only.**

**Applications must received by 5:00pm, Monday, November 2, 2020.**

Submission packages must include

- hardcopy of all materials
- electronic copy of all materials (USB drive only).

**Submissions should be sent to the following address:**

Department of Financial Services
City of Oakland Park
3650 NE 12th Avenue
Oakland Park, FL 33334

- Please do not modify the fonts, type size or margins of this document.
- Handwritten applications will not be accepted.
- Only properly submitted applications will be considered.
- Submit all required documents at one time.
- Include only the required attachments.

For questions, please contact the Department of Financial Services at 954.630.4250 or by e-mail at andrewt@oaklandparkfl.gov.

## 1. ORGANIZATION INFORMATION

Organization Name: _____

Address: _____

Contact Person: _____Title_____

Telephone:_____Email:_____

Federal Identification Number: _____ DUNS:_____

National Taxonomy of Exempt Entities Code(s) (NTEE-CC): *Example: Children and Youth Services(P30)*

_____

_____

## 2. REQUEST INFORMATION

Project/Program Name:_____

Requested Funding Amount: _____

*Note: All requests should be for a flat amount of $10,000.*

Will these funds be used provide matching for a different grant? ____Yes ____ No

If yes, please provide the following:

- Granting Agency: _____
- Grant Name: _____
- $ Value of Match:_____ Match Ratio (City Grant to Match): _____

*If applicable, please include a copy of the external grant award, contract, or other substantiating material as part of your submission.*

## 3. PROJECT/PROGRAM DETAILS

a. Briefly describe your organization.

b. Explain the objectives of your project.

c. Provide a detailed scope of services explaining what will be accomplished with the funds requested, including how the program will be delivered, where it will be delivered, etc.

**4. TARGET POPULATION**

a. Define the target population for your project. Please be specific and include demographic information on the population served, geographic location, etc.

b. Estimate the number Oakland Park residents to be served. If jurisdictions other than Oakland Park will receive services from this funding, please provide a breakdown of other beneficiaries.

**5. EVALUATION**

a. Describe how you will evaluate the success of your project below. List the quantitative measurements you will use to evaluate your project and explain how you will obtain, verify, and report them.

## 6. CERTIFICATION

If this application is approved for funding, the organization agrees to comply with all required Federal, state and local laws and regulations. The organization confirms that it is fully capable of fulfilling the obligations as stated in this proposal and in any attachments or documents included with this application.

As a duly authorized representative of this organization, I submit this application to the
City of Oakland Park and verify that the information herein is true, accurate and complete.

_____
Name (Printed)

_____
Signature

_____
Title

_____
Date

**DOCUMENTATION CHECKLIST**

**The following documents must be submitted with the completed application:**

- **Most recent Form 990 Return of Organization Exempt from Income Tax**
- **Most recent Organization Budget**
- **Most recent audited Financial Statement**
- **501(c)(3) Determination Letter**
- **Current Board of Directors list**

## Applications must be postmarked or delivered by November 2, 2020

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## City of Oakland Park
## 3650 NE 12th Avenue
## Oakland Park, FL 33334

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**Questions?**

**Contact Financial Services at 954.630.4250**