



TOWN OF CUTLER BAY
 Office of the Town Manager
 10720 Caribbean Boulevard, Suite 105 | Cutler Bay, FL
 (305) 234-4262 | www.cutlerbay-fl.gov

APPLICATION CHECKLIST:

Please initial below as confirmation that each of the required documents has been submitted with the application for review. This form should be on top with all items following in the order shown below:

- _____ **Application Checklist (include as Cover Page)**
- _____ **Copy of Organization Non-Profit Status Letter from IRS**
- _____ **List of Board Members, Director/Agency Heads, Titles, Addresses, Phone Numbers**
- _____ **Proof of registration with Florida Department of Agriculture & Consumer Services (<https://www.fdacs.gov/Business-Services/Solicitation-of-Contributions>)**
- _____ **Evidence of Incorporation for State of Florida (www.sunbiz.org)**
- _____ **Letter of support for the project (limit to three) Optional**
- _____ **Copy of the organization’s Certificate of Insurance and/or Letter of Indemnity**
- _____ **Grant request does not exceed \$2,500**
- _____ **Grant Application**

CERTIFICATION

I certify that the information 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

Completed applications, along with the required supporting documentation, may be emailed to Julia Hoar at jhoar@cutlerbay-fl.gov or mailed/delivered to:

Town of Cutler Bay
 Attn: Cutler Bay Community Fund
 10720 Caribbean Boulevard, Suite 105
 Cutler Bay, FL 33189



Cutler Bay Community Fund MINI GRANT APPLICATION

Organization Name: _____
Full Mailing Address: _____
 E-mail Address: _____
 Telephone Number: _____
 Website Address: _____
 Contact Person: _____
 Title: _____

Organization Information

Is this organization incorporated? Yes No FEIN#: _____
 Does the organization have a 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: _____
 Check Specific Town Priority Area that will be addressed if funded:
 ___ Education ___ Aesthetic ___ Environmental ___ Cultural

Target Age Group: _____ # of **Cutler Bay** Residents to be served: _____

***Note: Applications not specifically serving residents of Cutler Bay will not be considered. Applicants should provide specific details for servicing Cutler Bay residents in the "Project Description" section below.**

Amount of Request \$: _____ (Max. \$2,500) Total Program/Project Cost: \$ _____

Source(s) of Additional Funding: _____

Has your organization received previous funding from the Town? Yes No

If yes, provide the following information below:

Funded: \$ _____ Year _____ # of Cutler Bay Residents served: _____

Provide a brief summary of the previous project funded: _____

Authorized signature of Board Chair/Executive Director: _____

Date: _____



PROJECT/PROGRAM SUMMARY

In this section, please provide important details on your organization and project. **You may attach additional pages to provide more details.**

Organization Background Information

Give an overview of the agency mission and history. (No more than one page)

Project Description

*Give a general overview of the project. Why is the project needed? Who will you serve and how will they benefit? How will residents of **Cutler Bay** benefit from your project? Other agencies or organizations involved in the project? (No more than two pages)*

Method or Strategy for Implementation

Describe the activities to achieve objectives. Who will be responsible for the overall project? What staff will be involved? Time frame for implementing the project. (No more than one page)

Evaluation of the Project

How will you measure success or benefits? (i.e. attendance, surveys, pre and posttests, etc.). (No more than ½ page)



PROJECT PROGRAM SUMMARY CONTINUED

Budget Information

Grant request must not exceed \$2,500(maximum)

| ITEM | GRANT REQUEST | OTHER FUNDS/IN-KIND | JUSTIFICATION |
|---------------|---------------|---------------------|---------------|
| Personnel | | | |
| Consultants | | | |
| Supplies | | | |
| Equipment | | | |
| Travel | | | |
| Printing | | | |
| Other/Specify | | | |
| Total | | | |