Policies and Procedures for Grant Application

Approval Process

Grant Proposals will be accepted by the CRA and reviewed on a first-come, first-serve basis, until the allocated funds have been exhausted. CRA Staff will evaluate the Grant Proposals to determine funding priority and will make recommendations to the CRA Board for approval. Priority will be assigned to Grant Proposals based on the following:

1. Qualifications of the Applicant
2. Meet the Goals of the CRA Plan
3. Fall within the CRA boundaries
4. The need for the proposed project
5. The target population and geographic area or neighborhood that will be affected

Grant Proposal Requirements

Purpose of the Funding Request – Proposals must meet the following:

6. Specify how you plan to use CRA funding, and how it would add value to the services provided by your organization.
7. Describe the needs in your area based on your current work, data that your organization, has analyzed, existing community plans/ projects or census information.
8. Please list any additional support you are currently receiving and or requesting from other organizations.
9. How do you currently fund your organization’s activities?
10. Please describe how this program/purpose effectively correlates with the goals of the CRA.
11. Please describe the approaches and evaluation measures used by your organization to measure success of your programs and initiatives.
# CheckList of Documentation to Be Provided
Please retain a copy of all items submitted to CRA

## A. Required Information:
*Failure to provide the following information may render the applicant's grant application incomplete*

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<tr>
<th>Yes</th>
<th>No</th>
<th>Description</th>
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<td>Completed grant application</td>
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<td>Cover letter summarizing the funding request, benefits to the community and other integral highlights of the grant proposal</td>
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<td>Minimum of 2 photographs of the location or the planned program or activity</td>
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<td>A detailed grant proposal that conforms to the objectives of the City Business Plan (if applicable)</td>
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<td>Detailed budget for the proposed project or program and organization’s current year operations budget</td>
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<td>List of current officers/directors/board members</td>
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<td>If applicant is a lease holder, and grant funds are to be utilized for physical improvements to a leased property, please provide a copy of the lease agreement</td>
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<td>Verification of tax-exempt status under Section 501 (c) (3) of the IRS Code.</td>
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<td>For rehabilitation projects, provide a copy of the property insurance policy.</td>
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<td>Provide a list of key organizational staff, including titles and functions.</td>
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<td>Provide 1 copy of audited financial statements for the previous year.</td>
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<td>Provide list of grant or loan funding sources and amounts received over the most recent three (3) years.</td>
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**FOR OFFICIAL USE ONLY**

Date Application Received: ____________________________

GRANT DECISIONING: Approved:______ Denied:______ Returned Incomplete:______

Grant Amount Approved: ____________________________ Authorizing Signature: ____________________________
B. Applicant Information:

Name of Entity (if applicable)____________________ Contact Name________________________

Fictitious Name (if applicable)____________________ Title________________________________

Work Telephone (     )___________________________ Alternate Telephone (    )_______________

Facsimile (    )_________________________________ Email Address ________________________

Physical Address ______________________________ Mailing Address_______________________

City, State, Zip Code____________________________ City, State, Zip Code____________________

1. Has the applicant previously received a grant from the CRA?  
   Yes___. No___. If yes, please provide the date the grant was awarded, the amount and describe how the grant funds were utilized.

   ________________________________________________________________________________

2. In the past three (3) years has the applicant been in default of any agreement with the CRA, The City of Homestead, Miami Dade County or the State of Florida? Yes___. No___. If yes, please explain.

   ________________________________________________________________________________

3. Has the applicant ever been disbarred from doing business with the City of Homestead, Miami Dade County or the State of Florida? Yes___. No___. If yes, please explain.

   ________________________________________________________________________________

4. In the past three (3) years, has the applicant received loans, grants, and/or other subsidies from other public organizations or governmental entities? Yes___. No___. If yes, please state the date and purpose for the loan, grant and/or subsidy received.

   ________________________________________________________________________________
C. Grant Funding Request:
(The completion of the following information does not satisfy the applicant’s obligation to submit a detailed budget.)

Requested Grant Amount: $_________  Total Project Cost: $____________

Identify the project/ program location:
______________________________________________________________________________
______________________________________________________________________________

How will the grant funds be utilized? (Check all that apply)
___Affordable Housing
___Job Creation/ Retention
___Infrastructure Improvement
___Commercial Improvements
___Growth and Economic Development
___Historic Preservation
___Arts and Culture
___Parks/ Open Space
___Other (Please specify)

D. Representations of Applicant:

The applicant agrees to:
1. Comply with all federal, state and local rules and regulations with respect to the use of the grant funds.
2. Cooperate fully with the CRA in implementing the terms and conditions of any subsequent agreement, if awarded.
3. Provide the CRA with quarterly status reports.
4. Promptly accommodate any CRA request for information with respect to the grant.
5. Promptly review the conflict of interest laws of the City of Homestead, Miami Dade County, and the State of Florida and agrees that it will fully comply in all respects with the terms and said laws and any future correspondence.
6. Applicant declares that no person or entity under its employ, presently exercising functions or responsibilities in connection with this grant application, has personal financial interests, direct or indirect, with the City of Homestead or the Community Redevelopment Agency.
7. Applicant declares that, in the performance of this Grant, no person or entity having such conflicting interest was utilized in respect to the Grant. Any conflict of interest(s) on the part of applicant, its employees and associated parties with respect to this grant application must be disclosed in writing to the CRA.

By signing, I certify that the information contained herein is true, complete and accurate to the best of my knowledge. Should any of the representations made herein change, I hereby acknowledge my obligation to immediately notify the CRA and update those representations.

Applicant’s Signature: ___________________________ Date: _________________________

Print Name: ___________________________ Title: ________________________________