



2011/2012 GRANTS-IN-AID Exceptional Grant APPLICATION

**OFFICIAL DETAILS TO ASSIST YOU IN SUCCESSFULLY COMPLETING THIS APPLICATION
MAY BE FOUND IN THE APPLICATION GUIDE.**

2011/2012 COUNTY COUNCIL MEMBERS

Council Chair: Frank Bruno

Patricia Northey, Vice Chair, District #5

Andy Kelly, District #1

Joie Alexander, District #3

Joyce M. Cusack, At-Large

Josh Wagner, District #2

Carl Persis, District #4

2011/2012 ECHO COMMITTEE MEMBERS

Chair – Eugene Gizzi; Vice Chair – Dr. Andrew Gygi

Jeffrey Ault Regina Bateman-Santilli Erik Halleus James Morris Gerard Pendergast Damien Richards

The County Council approved this ECHO Grants-In-Aid Application Guide on 8/18/2011

Instructions for Completing this ECHO Grant Application:

- ❖ **Read the instructions thoroughly in the ECHO Application Guide for specific information on what is required in each section of this application.** Requirements set forth in the 2011/2012 ECHO Application Guide provide the final language used to determine whether an applicant has provided the information required for eligibility. This Application and the Application Guide may be downloaded from the ECHO web page <<http://volusiaforever-echo.com>>. The application was created in Microsoft Word. Please contact the ECHO program staff 740-5210 (DeLand area), 257-6086 (Daytona Beach area), or 424-6835 (New Smyrna Beach area) regarding questions on completing this application.
- ❖ **Write everything as clearly and succinctly as possible. Be concise.**
- ❖ **Answers must be confined to the space provided on the form.** Press F11 to move from section to section on the forms. Narrative answers must be in a type size of 12 point or greater on 8 ½” x 11” white paper. Do not use a reduced type size or make photocopy reductions. Applicants must maintain the format and sequential order of subject titles and TABS as presented in this application.
- ❖ **Print both sides of the paper** to conserve resources where appropriate within the tabs and sections.
- ❖ **Number the pages consecutively** throughout the application regardless of the Tab. Only Tab 1 would have a page numbered “1.” Page “1” is the first page of the application form.
- ❖ **Respond to every question on the application.** Do not write “n/a”; explain why a certain question does not pertain to your organization or project. Do not make assumptions. **Failure to complete all sections shall result in “ineligible” status unless the question is directed to a specific applicant or project category and your organization or project is not in that category.**
- ❖ **Ask yourself the question**, “If I knew nothing about this project, would I understand the descriptions presented in my application?” Better yet, have someone who is not familiar with the project read the application and provide comments.
- ❖ **Do not include letters of support or a cover letter in the application.** Inappropriate documents found within Tabs 1 - 6 will be removed by county staff and not provided to the ECHO Review Panel for consideration.

■ **TAB 1: Exceptional Application Form; Project Team; Management Prospectus and Policy Statement; IRS Letter, Occupation License & State License; Current Uniform (Annual) Business Report (Not-For-Profits only); Proof of Unrestricted Ownership or Undisturbed Use; Restrictive Covenants; Certification of Information and Compliance Form; and Professional Certification Form with Resume:**

ANSWER THE QUESTIONS AND COMPLETE THE FORMS ON THE FOLLOWING PAGES.

1. APPLICANT: (Legal name of organization as incorporated in the State of Florida)

Address: (Mailing) _____

City: _____ **State:** _____ **Zip Code:** _____

Address: (Physical Location) _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone (Area/Number) _____ **Fax** (Area/Number): _____

Email: _____ **Other:** _____

2. FEID #: _____ **3. RESIDENT COUNTY COUNCIL DISTRICT OF PROJECT:** _____

4. CONTACT PERSON:

First: _____ **Last:** _____

Title: _____

Telephone (Area Code/Number): _____ **E-Mail:** _____

5. PROJECT TITLE: _____

6. PROJECT LOCATION ADDRESS: _____

City: _____ **Zip Code:** _____

7. TYPE OF PROJECT (Check One - See ECHO Project Categories - Appendix A – page 1):

a) Acquisition **b)** Renovation **c)** Restoration **d)** New Construction

e) Historic Reimbursement **f)** Off-Beach Parking Reimbursement

g) Other Explain: _____

8. ECHO CATEGORY (see definitions in the Guide, Appendix A-page 1 – check all that apply):

E (Environmental/Ecological) **C** (Cultural) **H** (Historical/Heritage) **O** (Outdoor Recreation)

9. THE PROJECT SITE OR FACILITY IS (Check One):

Owned by the applicant: []

Leased by the applicant: []

Applicant has a Land / Project Management Agreement: []

Applicant requests acquisition: [] and applicant requests check at closing: []

a) If applicant is leasing, has a Land Management or Project Management Agreement, or requesting acquisition, list the lessor or current owner, contact, and address:

b) If Leased or Land or Project Management Agreement:

Length of Lease/Agreement: _____

Lease/Agreement dates from _____ to _____ (include the month /day/year)

NOTE: Leases/Agreements must be binding and non-cancelable.

10. IS THE PROJECT SITE / FACILITY MORTGAGED OR WILL IT BE? Yes [] No []

Currently the mortgage is \$ _____. At closing the mortgage will be \$ _____.

Length of mortgage: _____ years. Date the term ends: _____

What is the Name and Address of the Mortgagee? _____

NOTE: Mortgagee or Lessor must agree to sign the Restrictive Covenants document if a grant is awarded unless the project is on State or Federal public land. You must include in this application, confirmation from the Mortgagee or Lessor that they are willing to sign a Restrictive Covenants. (See section 1.6 of Tab 1 of this application)

11. IS THE FACILITY IN A COMMUNITY REDEVELOPMENT DISTRICT (CRA)? Yes [] No []

12. TYPE OF ORGANIZATION (must be either "A" or "B" to be eligible):

A) [] Municipal government or a budgeted organization of Volusia County government.

B) The applicant is a Not-For-Profit corporation, incorporated in the State of Florida and has been classified as a 501(c)(3) tax exempt under Federal Internal Revenue Service regulations and designated in compliance with s.170 of the Internal Revenue Code of 1954.

AND

[] Has been designated with the 501(c)(3) and incorporated status for a minimum of 2 years prior to the application deadline. OR

[] Has been classified as 501(c)(3) incorporated in the State of Florida for less than 2 years at the time of the application deadline but has provided sufficient evidence of operations for a minimum of 10 years in Volusia County and provided the most recent 5 years of Independent Certified Audits and Management Letters of the organization's Annual Financial Statements. OR

[] Has been classified as 501(c)(3) registered as a Foreign Corporation doing business in the State of Florida, with a local group within Volusia County that can provide sufficient evidence of public service to Volusia County citizens for the five year period prior to the ECHO application deadline.

13. MANDATORY WORKSHOP: Attended by: _____ Date attended: _____

14. EXCEPTIONAL PROJECT FUNDING REQUEST:

ECHO Confirmed

ANNUAL AMOUNT REQUESTED/MATCHED	Request	4:1 Match
*Grant Year #1	\$ _____	\$ _____
Grant Year #2	\$ _____	\$ _____
Grant Year #3	\$ _____	\$ _____
 TOTAL EXCEPTIONAL PROJECT:	 \$ _____	 \$ _____

The availability of the 4:1 Match for all Grant Years must be documented (Tab 3) in Grant Year 1. It is not required; however, that all Match funds be used in the first year and may be shown as Match in the subsequent years – but at a minimum of 4:1.

THE EXCEPTIONAL PROJECT APPLICANT: **AGREES** **DOES NOT AGREE**
TO ACCEPT A GRANT AWARD OF \$400,000 FOR ONE YEAR IF AN EXCEPTIONAL PROJECT GRANT AMOUNT IS NOT APPROVED BY THE ECHO GRANT REVIEW PANEL OR THE VOLUSIA COUNTY COUNCIL.

SIGNATURE: _____

(OFFICIAL WITH APPLICANT SIGNATURE AUTHORITY)

TYPED NAME: _____

TITLE: _____

PHONE: _____

■ **1.2 EXECUTIVE SUMMARY**

1) **APPLICANT:** _____

2) **PROJECT NAME:** _____

3) **ECHO CATEGORIES:** _____

4) **TOTAL PROJECT COST (ESTIMATE):** \$ _____

5) **2011/2012 GRANT REQUEST:** \$ _____

6) **PREVIOUS ECHO GRANT AWARDS:** \$ _____

7) **GRANT MATCH AND CODE:** \$ _____

8) **PROJECT DESCRIPTION:** _____

9) **PUBLIC USE:** _____

10) **FUTURE PHASES:** _____

■ **1.3 PROJECT TEAM** (Up to ½ page limit):

- (1) List names and addresses of the architect, engineer, design consultants, and/or general contractor if available. Be sure to include the name(s) of the person(s) who have signed Form 1.8 (page 7 of this Application).
- (2) List the person(s) who created the 3.1 budget and their experience with this project type.
- (3) If a complete list is not available, explain why and when the project team will be selected.

■ **1.4 MANAGEMENT PROSPECTUS & POLICY STATEMENT** (1 single-sided page limit):

- (1) What is the existing organizational structure of the applicant?
 - a) Include a list of the names of the staff *dedicated to the completion of this project* in the project.

AND

b) What are their project-related responsibilities? Enter the percentage they work. If a Management Service will be used, provide the name of the service, terms of compensation, contact names, addresses, and phone numbers if available. Also, describe the process by which the service was selected. Remember, you may not lease/sublease to a for-profit agency. Insert the Management Agreement.

■ **1.5 NOT-FOR-PROFIT: IRS STATUS LETTER, CURRENT UNIFORM (ANNUAL) BUSINESS REPORT & LOCAL BUSINESS TAX RECEIPT, CHAPTER 496 FLORIDIA STATUTES**

- (1) Insert the official IRS letter granting Not-For-Profit 501(c)(3) status in Florida.
 - a) **Insert the official IRS letter** granting Not-For-Profit 501(c)(3) status demonstrating 501(c)(3) status and incorporation in the State of Florida for a minimum of two years prior to the application deadline.

OR

b) **Insert the official IRS letter** granting 501(c)(3) status and incorporation in the State of Florida for less than two years **and insert sufficient evidence** demonstrating the organization has operated its principal office in Volusia County for a minimum of ten years. **Also, provide one copy of the Independent Certified Audits and Management Letters of the organization's Annual Financial Statements for the most recent five years prior to the application deadline. Provide a paragraph in all copies of the application stating that the five audited annual financial statements and management letters were provided in the original Application.**

OR

- c) **Insert the official IRS letter** granting 501(c)(3) status and incorporation in another State for a minimum of five years and insert sufficient evidence demonstrating there has been a local organization providing important public service in Volusia County for a minimum of five years.
- d) **Insert the Local Business Tax Receipt** and, if applicable, the fundraiser license issued per Chapter 496, Florida Statutes (applicant and/or grant writer).

- (2) Insert the organization's most recent Uniform Business Report (also referred to as an Annual Report) filed with the State of Florida, Division of Corporations.

■ **1.6 UNRESTRICTED OWNERSHIP OR UNDISTURBED USE OF FACILITY:**

Insert unrestricted ownership/undisturbed use documentation unless the project is acquisition of real property. Insert a letter of intent to sell from the owner for Acquisition projects.

■ **1.7 RESTRICTIVE COVENANTS Notice of future requirement if grant is awarded:**

The applicant is required to make a statement in this section that they agree to this requirement or that they have requested and received approval of an alternative document or waiver of this requirement from the County. A sample of the Restrictive Covenants language is found on page 22 & 23 of the Application Guide. **Applicants with projects on State owned land are automatically exempt from this requirement, but are held to the same liquidated damages cited within the Restrictive Covenants through language found in the final ECHO Agreement for which the grantee is held responsible (See Appendix C).**

■ **1.8 FORM – CERTIFICATION OF INFORMATION AND COMPLIANCE:**

I/We certify that all of the information contained within this application and subsequent attachments is true and correct to the best of my/our knowledge, and that the project for which application is made shall be in compliance with the Americans with Disabilities Act of 1990, and that should a grant be awarded, the organization agrees to comply with the conditions of the grant award agreement including the Restrictive Covenants.

1. OFFICIAL WITH AUTHORITY TO CONTRACT FOR THE OWNER OF THE PROPERTY	
Signature: _____	
Typed Name: _____	
Phone Number: _____	Date: _____
2. OFFICIAL WITH AUTHORITY TO CONTRACT FOR THE APPLICANT	
Signature: _____	
Typed Name: _____	
Phone Number: _____	Date: _____
3. CHIEF FINANCIAL OFFICER FOR THE APPLICANT	
Signature: _____	
Typed Name: _____	
Phone Number: _____	Date: _____
4. Not For Profits - PRESIDENT OF THE BOARD OF DIRECTORS	
Signature: _____	
Typed Name: _____	
Executive Board or Board of Directors meeting when this grant application was reviewed and approved. Ex Board meeting date: _____ or Board of Directors meeting date: _____	
Phone Number: _____	Date: _____

1.9 FORM - PROFESSIONAL CERTIFICATION AND RÉSUMÉ:

(1) Insert this form with at least one of the required signatures shown below **AND** (2) insert the Resumé of Experience of the Professional who signed this form. If exempted from Form 1.9: (1) Insert the Letter of Exemption issued to you, by the County, in place of the form **and** (2) Insert a Résumé of Experience for the Project Manager to demonstrate their understanding of the project. (See page 26 of the Guide).

NOTE: *Acquisition projects for vacant land with no improvements are automatically exempt from providing this form.*

PROFESSIONAL CERTIFICATION - PROJECT ARCHITECT/ENGINEER

NAME AND ADDRESS OF PROJECT ARCHITECT/ENGINEER:

APPLICANT NAME AND PROJECT TITLE:

The following preparatory documents for Project Planning have been completed:

- Preliminary and schematic drawings complete
- Design and development documents complete
- Construction documents complete

I certify that I have reviewed this application and that the technical project information is correct as sited.

ARCHITECT/ENGINEER: _____
(Print Name)

SIGNATURE: _____ **DATE:** _____

AND/OR

PROFESSIONAL CERTIFICATION - PROJECT CONTRACTOR

NAME AND ADDRESS OF PROJECT CONTRACTOR:

APPLICANT NAME AND PROJECT TITLE:

The following preparatory documents for Project Planning have been completed:

- Preliminary and schematic drawings complete
- Design and development documents complete
- Construction documents complete

I certify that I have reviewed this application and that the technical project information is correct as sited.

PROJECT CONTRACTOR: _____
(Print Name)

SIGNATURE: _____ **DATE:** _____

■ **TAB 2: SCOPE OF WORK** (Up to 15 Points):

❖ Applicants requesting **Exceptional Project status** must provide answers to all of Tab 2 2.1, 2.2, and 2.4 (not 2.3) for **BOTH** an Exceptional funding amount (more than \$400,000 for one year) and for a standard funding amount (not to exceed \$400,000.00 for one year).

■ **2.1 SCOPE OF PRIOR AND CURRENT PHASE (S)** (½ page limit):

- (1) What prior phases, if any, have been completed and what were the completion dates?
- (2) What phases of this project, if any, are currently in process at this time? Provide the proposed schedule of completion for these phases. (Be sure to discuss permits that have been received or are in the process).

■ **2.2 SCOPE OF ECHO AND MATCH EXPENSES WITH TIMELINE** (3 double-sided page limit):

- (1) Project facility description and construction sequence
 - (a) Provide a narrative of the physical description of: (1) What exists? (2)What will change and be added?
 - (b) Describe expenditures. (1) How will ECHO grant funds be used? (2) How your Match will be/was used?
 - (c) Provide a construction sequence flow chart including estimated expenditures (page 28 of the guide).
- (2) How will you protect the current infrastructure and the possible impact on neighboring facilities or residential units?
- (3) Identify evidence that the construction design and operations use “green” and sustainable standards.
 - (a) Complete Form 2.2 – Sustainable Design Elements, pages 10-11, indicating whether each of the listed items will be used in the design and construction of the site, and to what extent (as a percentage of the site). Write in additional comments if necessary.
 - (b) Provide a narrative for the purpose of explaining how the project was designed with the environment in mind. Answer the question: (1) What steps have you taken or will take to reduce/recycle waste, conserve resources/energy, or utilize/reuse-recycled products during both the construction stage and the operational phase?
- (4) Provide a timeline of expected public access.

■ **2.3 SCOPE OF FUTURE AND/OR CONCURRENT PHASES** (1 double-sided page maximum):

Not required for Exceptional Grant Applications. Information previously provided in 2.1.

■ **2.4 DRAWINGS AND MAPS** (unlimited pages):

- (1) Insert a street locator map demonstrating the physical location of your project within the local area. This should show the panel how to get to your project site. Make sure it is legible, that North is indicated for directional reference, and the map includes a bar scale for distance.
- (2) Provide current design development, architectural drawings, and/or site development plans or archaeological excavation plans. Show both existing conditions and proposed conditions of this project. Drawings must fold to 8 ½” x 11”, fit securely and neatly within the application booklet, be to scale with a bar scale, and include a legend identifying project features.
- (3) Other drawings are required as applicable and/or are helpful in understanding the project scope or features.

2.2 Form - Sustainable Design Elements

Sustainable Design Elements					
	Y/N	Throughout	Partial	N/A	Additional Comments
Energy Audit					
Do-it-yourself Energy Audit					
Professional Energy Audit					
Building Design					
Construction Material					
Insulation Rating					
Recycled/Reused					
Other:					
Flooring					
Low VOC Carpet					
Tile					
Hardwood from renewable sources					
Low VOC Glue					
Other:					
Air Handling/HVAC					
Energy Star approved products					
Programmable Thermostats					
Ceiling Fans					
Other:					
Lighting/Interior					
Energy Star approved					
Skylights					
Motion Sensors					
Fluorescent / LEED					
Programmable system					
Other:					
Lighting/Exterior					
Dark Sky approved products					
Motion Sensor					
Security Design only					
Required Lighting only					
Fluorescent / LEED					
Programmable system					
Other:					
Equipment					
Energy Star approved					
Other:					
Paint/Stains					
Water base acrylic					
Water base stain					
Legend: G-Grant Project, E-Existing, P-Partial (insert % if not 100%), N/A-Not appropriate for this project type					

Sustainable Design Elements

	Y/N	Throughout	Partial	N/A	Additional Comments
Other:					
Water					
Aureated faucets					
Recirculating Hot Water Pumps for sinks					
Low flow toilets					
Programmable irrigation with rain gage					
Sprinkler on reclaimed water					
Insulation around water heater					
Insulation around hot water pipes					
Other:					
Windows					
Energy star approved					
Tinted for UV					
Tinted for Heat					
Insulated Windows					
Other:					
Roof					
Energy star approved					
Metal					
Extended Life					
Other:					
Site Plan					
Bike racks					
Connects directly with light rail					
Located within .25 mile of bus stop					
Percent of green space					
Other:					
Parking					
Porous surface					
Semi-pervious					
Other:					
Landscape					
Deciduous trees					
Existing Native Landscape					
Florida Friendly Landscaping Design					
Drought Tolerant					
Natural Pest Control					
Rain Barrel Collection					
Other:					

Legend: G-Grant Project, E-Existing, P-Partial (insert % if not 100%), N/A-Not appropriate for this project type

■ **TAB 3: BUDGET DETAIL / MATCHING FUNDS** (Up To 15 Points):

❖ Applicants requesting **Exceptional Project status** must provide answers to all of Tab 3 for **BOTH** an Exceptional funding amount (more than \$400,000 annually) and for a standard funding amount (not to exceed \$400,000.00 for one year).

■ **3.1 PROJECT BUDGET DETAIL CHART** (unlimited pages):

(1) **Create and insert your budget** (ECHO and Match) detail spreadsheet(s) of Expenses/Revenues. Use the required format shown on pages 34-35 of the Guide.

(2) **You must include the “Match Codes”** within your budget chart 3.1 (Application Guide, page 33). Include the five items listed on page 28 or 31 of the Guide within your budget chart of 3.1 or discuss them in 3.2(2) (Application Guide, page 32).

(3) **Exceptional Projects** shall provide a budget chart demonstrating the use of ECHO funds and 4:1 Match funds for each annual grant period of the Exceptional grant and a separate budget chart for a single year grant amount and 1:1 Match funds demonstrating the use of ECHO funds.

3.2 MATCHING FUNDS STATEMENT AND CHART (1 double sided page limit):

(1) Compose a statement that addresses: (a) Availability and source of matching funds, (b) Contingency fees, (c) Contractor Fees if not in 3.1, (d) General Requirements, (e) Alternative sign - if applicable, and (f) Ability to maintain reimbursement program. Exceptional projects must provide two statements; one for the 4:1 Match for an Exceptional grant request for each annual grant period and one for the 1:1 Match for a standard single year grant request.

(2) Create and insert your Match summary chart and include Match Codes (ex. page 39 of the Guide). Exceptional projects must provide two charts; one for the Exceptional grant request including the required 4:1 Match and one for a standard single year grant request with 1:1 match.

■ **3.3 MATCH DOCUMENTATION** (no page limit)

Insert official documentation of Match. See section 3.3 – page 43-44 of the Application Guide for specific documents.

■ **TAB 4 OPEN RATING FORECAST DETAIL** (Up to 15 Points):

Applicants requesting **Exceptional project status** must provide answers for **BOTH** the Exceptional funding amount and for a standard maximum amount.

■ **TAB 4: OPERATING FORECAST DETAIL** (Cont.):

■ **4.1 OPERATING FORECAST NARRATIVE** (Up to 1 double sided page limit):

- (1) Complete Form 4.1(1) on page 15 of this application. Insert Business Plan or Feasibility Study.
- (2) Narrative will include the use of the facility and related costs (operating revenues/expenditures) for 2012– 2016 relative to section (3) below.
 - a) What staff will be needed?
 - b) What additional maintenance will be required?
 - c) What new programs will be added?
 - d) What new revenue sources for operations will you have?
- (3) State user fees by inserting the fee schedule or state “No fees will be charged.”
- (4) Provide a five-year budget projection spreadsheet (2012/13, 2013/14, 2014/15, 2015/16, 2016/17).
- (5) Provide two measurable operational goals. Describe how the goals will be tracked.(Guide- appendix D)

■ **4.2 FISCAL STABILITY** (Up to ½ page limit):

- (1) How do you maintain sustained fiscal stability from 2 years prior through 5 years after construction?
- (2) If you have or have had problems, how were they resolved? If you have nothing remarkable make a statement to that affect.

■ **4.3 FINANCIAL AUDIT / REVIEW AND/OR OTHER FINANCIAL DOCUMENTS:**

Insert the required documents as determined in the Application Guide, pages 46.

If applicable: Insert the documentation to prove the organization has operated on less than \$100,000 per year over a three-year average.

If applicable: Insert the documentation required in order to receive ECHO grant payment at closing of an acquisition project.

FORM 4.1(1) Business Information

The Purpose of this form is to gather financial information about your organization based on the most recent complete fiscal year prior to this application.

The first column should reflect the last complete fiscal year of record in a MM/DD/YY format on line 2 and 3.

The second column should reflect the first complete fiscal year that follows the completion of the grant project.

1. Attach to this form:
 - a. The Mission Statement for the Organization
 - b. Attach the Mission Statement for the project – if it is different from the organization’s statement above.
 - c. Attach a brief statement of criteria and methods used to recruit Board members for your organization.

2. Date of prior fiscal year _____ to _____ (1st column)

3. Date of fiscal year projections _____ to _____ (2nd column)

4. For prior and projected FY years above, please provide the following grant information:

Operational funding for this organization

- a. Fundraising, Memberships, Donations, etc
- b. County grant(s)
- c. Grant(s) (non county)

Fiscal Year	Projected Year
\$	\$
\$	\$
\$	\$

5. Please provide the following information for organization

- a. Administrative costs
- b. Program costs
- c. Education and educational outreach programs
- d. Marketing & advertising

\$	\$
\$	\$
\$	\$
\$	\$

6. Employee payroll / volunteer information for organization

- a. Payroll total expense
- b. Number of full time employees
- c. Number of part time employees
- d. Volunteer hours
- e. Value of volunteer hours (@\$_____ per hr rate)

\$	\$
#	#
#	#
#	#
\$	\$

7. Contractor service(s) total expense for this project
(Attach list by type of service only – no names are required)

\$	\$
----	----

8. Capital funding for this specific project

- a. County ECHO grant(s) (grant(s) for this project)
- b. County other funds (Other than ECHO grant(s))
- c. Grant(s)/funds-other (non county)
- d. Donations

\$	\$
\$	\$
\$	\$
\$	\$

9. User totals for this project site

- a. Full price (Count Only)/Non member
- b. Reduced price (Count Only)/Non member
- c. Free (Count Only)/Non member
- d. Members (Count Only)

#	#
#	#
#	#
#	#

10. Has the organization defaulted on any grant (construction, operational, or programming) in the past five years. Yes___No___ If yes, provide name of and amount of grant(s), and explain the situation.

TAB 5: PROJECT IMPACT / NEED (Up to 30 points, 2 pages, double-sided, limit):

❖ Applicants requesting **Exceptional project status** must provide answers to the all of Tab 5 for **BOTH** Exceptional funding amount and for a standard amount not to exceed the standard maximum.

- (1) Explain how the project meets the definition of an Exceptional project as one of crucial countywide importance that provides services to a significantly large number of people in all areas of the County (see definition in Appendix A-2 in the Application Guide).
- (2) **HOW WILL THE PROJECT SERVE THE COMMUNITY?** Select from the list of Goals in the Application Guide, pages 43 or 47. You do not need to, nor are you expected to, have an impact on all goals. **(a)** State the goal at the beginning of your narrative in bold type. **(b)** Use real numerical data in your narrative and insert support data and contract agreements. **(c)** Discuss only the goals that are relative to your project.
- (3) **PROVIDE THREE (3) MEASURABLE GOALS REGARDING SUBJECTS DISCUSSED IN THIS SECTION. DESCRIBE HOW YOU WILL MEASURE EACH OF THE GOALS.**

■ **TAB 6: APPENDICES (NOT REQUIRED):**

This is where the applicant may submit support material that was referenced in the body of the application. **Do not include the documentation required in tabs 1-5 in tab 6. Do not include letters of support or a cover letter in any part of the application.**

LETTERS OR PETITIONS BY USERS OR SURVEYS ARE ACCEPTABLE. User letters may be no more than one page in length and include the organizations name, number of members, comments on how often they would use the facility, and in what ways they would use it. User letters issued from an individual should be from a significant user (i.e. an educator) and not from general visitors who might use the facility one time per year as this should be captured in the data you provide in the narrative relative to the number of users. A “format” letter issued by the applicant just for signature is not appropriate. User letters should not be from individuals that work at the facility as it is reasonable to expect these people will participate in the programs at the facility. Petition lists may be included when the ECHO project was clearly the reason the individuals signed the user petition. This means the petition must include a detailed description of the ECHO project. Surveys should ask specific questions about the project and/or the need for the project. One copy of the survey with the survey result data is appropriate documentation.

VOLUSIA ECHO GRANTS-IN-AID APPLICATION CHECKLIST

► **Insert this checklist at the front of the original application only.** This checklist is for guidance only. The Application Guide is the governing document and takes precedence over this checklist and the Application Form. The Application must be complete as required by the Guide when submitted.

► Exceptional Projects must include additional information. Be sure to refer to TABS 1-5 for details.

► Fill in the Project Title and the Applicant Name where requested. ECHO staff will complete items 1-4. Applicant completes all other items, inserts a check mark in the appropriate square on the left-hand column, and places check marks within the narrative where there is more than one choice.

	Project Title:
	Applicant Name:
<i>ITEMS 1-4 TO BE COMPLETED BY ECHO STAFF</i>	
	1) Arrived on time, _____ Date: _____ Time: _____ Project #: _____
	2) One original application and 12 copies <input type="checkbox"/> Y <input type="checkbox"/> N
	3) Checklist placed at the front of the original <input type="checkbox"/> Y <input type="checkbox"/> N
	4) TABS 1-5 (6 optional) included in original and 12 copies <input type="checkbox"/> Y <input type="checkbox"/> N
<i>THE FOLLOWING ITEMS TO BE COMPLETED BY APPLICANT</i>	
	Applicant does not owe the County money and does not have outstanding code violations <input type="checkbox"/> Y <input type="checkbox"/> N. See page 5 of the Application Guide, Applicant Eligibility Requirements, for County office contacts to verify status.
	Application meets the eligible applicant criteria:
<input type="checkbox"/>	Not-For-Profits.
<input type="checkbox"/>	501(c)(3) status and incorporated in the State of Florida as a Not-For-Profit for at least 2 years prior to the deadline of the ECHO application, with principal offices in Volusia County. <u>OR</u>
<input type="checkbox"/>	501(c)(3) status less than 2 years incorporated in Florida for at least 10 years prior to the application deadline with principal offices in Volusia County and 5 years audited annual financial statements with Management Letters. <u>OR</u>
<input type="checkbox"/>	501(c)(3) status incorporated in a State other than Florida for at least 5 years and registered to do business as a Foreign Corporation in the State of Florida, with a local organization physically located and providing important public service in Volusia County for a minimum of 5 years.
<input type="checkbox"/>	A municipality in Volusia County.
<input type="checkbox"/>	A budgeted organization of Volusia County government.
INSERT INFORMATION IN THE FOLLOWING SEQUENCE-Remember to number pages consecutively throughout the application.	
TAB 1	
<input type="checkbox"/>	1.1 Application Form (2 pages - the form is pages 1-2 of this application).
<input type="checkbox"/>	1.2 Executive Summary
<input type="checkbox"/>	1.3 Project Team (½ page maximum).
<input type="checkbox"/>	1.4 Management Prospectus & Policy Statement (1 single-sided page maximum).
<input type="checkbox"/>	1.5 Not-For-Profits <u>ONLY</u> :
<input type="checkbox"/>	<input type="checkbox"/> IRS Letter for 501(c)(3) status and operating main office in Volusia County for two years <u>OR</u>
<input type="checkbox"/>	<input type="checkbox"/> IRS Letter for 501(c)(3) status less than two years with proof of 10 years incorporation with main office in Volusia County and 5 years audited financial statements with Management Letters <u>OR</u>
<input type="checkbox"/>	<input type="checkbox"/> IRS Letter for 501(c)(3) status in another State for at least 5 years with proof of incorporation and registration to do business in the State of Florida and proof a local group has provided public service for at least five years.
<input type="checkbox"/>	<input type="checkbox"/> Most recent Uniform (Annual) Business Report provided to the State
<input type="checkbox"/>	<input type="checkbox"/> Insert the Occupational license and, if applicable, the fundraiser license per Chapter 496, Florida Statutes for the grant writer.
<input type="checkbox"/>	1.6 Proof of Unrestricted Ownership or Undisturbed Use of Facility. (Complete – 1, 2, 3, or 4)
<input type="checkbox"/>	(1) Unrestricted Ownership: Copy of: <input type="checkbox"/> Deed <u>OR</u> <input type="checkbox"/> Title
<input type="checkbox"/>	(2) Undisturbed Use: Proof of Undisturbed Use for _____ years and copy of:
<input type="checkbox"/>	<input type="checkbox"/> Lease or Land Management Agreement. <u>WITH</u>
<input type="checkbox"/>	<input type="checkbox"/> Written explanation of easements, covenants, <u>AND</u> <input type="checkbox"/> Other conditions affecting use of the property.
<input type="checkbox"/>	(3) Exempt Application – Project is for acquisition of real property. Documents included are:
<input type="checkbox"/>	a) Letter of Intent to sell from Property Owner including expected closing date, legal description, and purchase price <u>AND</u>
<input type="checkbox"/>	b) State certified or MAI Appraisal (see page 19 of application guide)
<input type="checkbox"/>	1.7 Restrictive Covenants – Applicant must file a Restrictive Covenants if a grant is awarded. No document is required with the Application unless the property is mortgaged or leased.
<input type="checkbox"/>	<input type="checkbox"/> (1) If mortgaged or leased, include a written confirmation from Owner, Mortgagee, or Lessor agreeing to sign a Restrictive Covenants if a grant is awarded.
<input type="checkbox"/>	<input type="checkbox"/> (2) Applicant has included a statement that they have agreed to the Restrictive Covenants
<input type="checkbox"/>	<input type="checkbox"/> (3) Exempt Application – Project is on State/Federal land.
<input type="checkbox"/>	1.8 Certification of Information & Compliance Form with all signatures.
<input type="checkbox"/>	1.9 Professional Certification Form with:
<input type="checkbox"/>	(1) At least one signature <u>AND</u>
<input type="checkbox"/>	(2) Résumé of Experience <u>OR</u>
<input type="checkbox"/>	(3) Exempt Application/Project is for vacant land acquisition <u>OR</u>
<input type="checkbox"/>	(4) Exempt Application/approved by the County and document from the County is inserted

VOLUSIA ECHO GRANTS-IN-AID APPLICATION CHECKLIST

TAB 2	
<input type="checkbox"/>	2.1 Scope of prior and current phases (1/2 page maximum):
<input type="checkbox"/>	(1) Describe prior phases including non-construction phases.
<input type="checkbox"/>	(2) Describe current phase and schedule of completion.
<input type="checkbox"/>	2.2 Scope of ECHO & Match (3 double-sided pages maximum)
<input type="checkbox"/>	(1) (a) Physical Description of the project/current and proposed
<input type="checkbox"/>	(b) Describe expenditures
<input type="checkbox"/>	1) ECHO
<input type="checkbox"/>	2) Match
<input type="checkbox"/>	(c) Timeline construction flow chart with estimated expenditures
<input type="checkbox"/>	(2) Infrastructure Protection / Impact on neighboring facilities
<input type="checkbox"/>	(3) Provide information on Project/Operation Sustainability
<input type="checkbox"/>	(a) Complete the Sustainability Form in the application (Form 2.2)
<input type="checkbox"/>	(b) How is the project designed with the environment in mind?
<input type="checkbox"/>	1) Construction phase
<input type="checkbox"/>	2) Operations
<input type="checkbox"/>	(4) Describe when the public will have access.
<input type="checkbox"/>	2.3 Scope of Future Phases (if applicable), (1 double-sided page maximum)
<input type="checkbox"/>	(1) Describe concurrent and/or future phases of this project.
<input type="checkbox"/>	(2) Provide a timeline when these phases will be completed.
<input type="checkbox"/>	(3) Describe when and how the public will have use of these phases.
<input type="checkbox"/>	(4) Describe the total project costs and actual funding sources that are currently available.
<input type="checkbox"/>	2.4 Locator Map / Design Drawings (unlimited number of pages)
<input type="checkbox"/>	(1) Street locator map - Include road names & directional arrow for North
<input type="checkbox"/>	(2) Drawings to scale of project (existing and proposed) with legends
<input type="checkbox"/>	(a) The following drawings are required for all projects: Existing & Proposed, site & facility
<input type="checkbox"/>	(b) The following drawings are required for projects with structures: Elevations
<input type="checkbox"/>	(c) The following drawings are required if the project has expected future phases: Site plan of future phases
<input type="checkbox"/>	(d) Architectural features, landscaping, and other features.
<input type="checkbox"/>	(3) Other drawings
TAB 3	
<input type="checkbox"/>	3.1 Project Budget Detail Chart with Match Codes (unlimited number of pages):
<input type="checkbox"/>	3.2 Matching Funds Statement with Match Summary Chart & Codes: (1 double-sided page limit - w/chart)
<input type="checkbox"/>	3.3 Match documentation inserted.
TAB 4	
<input type="checkbox"/>	4.1 Operating Forecast Narrative (1 double-sided page maximum):
<input type="checkbox"/>	(1) Form 4.1, Business Plan, Feasibility Study
<input type="checkbox"/>	(2) Describe facility use; include expenses and funding sources (5-year minimum)
<input type="checkbox"/>	a) What staff will be needed?
<input type="checkbox"/>	b) What additional maintenance will be required?
<input type="checkbox"/>	c) What new programs will be added?
<input type="checkbox"/>	d) What new revenue sources for operations will you have?
<input type="checkbox"/>	(3) User Fees
<input type="checkbox"/>	a) Insert fee schedule which demonstrates that fees are common for all residents living in Volusia County.
<input type="checkbox"/>	b) Statement of use of facility: organized groups, individual use only, or both.
<input type="checkbox"/>	(4) Example spreadsheet of operating budget (5-year minimum)
<input type="checkbox"/>	(5) Two Measurable Operational Goals and how to track them
<input type="checkbox"/>	a) Two Measurable goals
<input type="checkbox"/>	b) Method of Tracking
<input type="checkbox"/>	4.2 Fiscal Stability (1/2 page maximum):
<input type="checkbox"/>	(1) Narrative on Sustainable Fiscal Stability
<input type="checkbox"/>	(2) Explain Financial Trends, deficits, etc.
<input type="checkbox"/>	4.3 Financial Audit / Review completed within 18 months of the application deadline:
<input type="checkbox"/>	Not-For-Profit Organization
<input type="checkbox"/>	(1) Certified Financial Audit (over \$100K) or Financial Statement Review (under \$100K)
<input type="checkbox"/>	(2) Management letter from Certified Audit or Review
<input type="checkbox"/>	(3) The most recent Response Letter relative to the Management Letter.
<input type="checkbox"/>	(4) Most recent Month-end financial statement

VOLUSIA ECHO GRANTS-IN-AID APPLICATION CHECKLIST

<input type="checkbox"/>	Municipal or County Government
<input type="checkbox"/>	(1) Basic Financial Statement under GASB34 (not the full document)
<input type="checkbox"/>	(2) Management Letter from last fiscal year full audit
<input type="checkbox"/>	(3) Response Letter from last fiscal year full audit
<input type="checkbox"/>	(4) Opinion from certified Audit
<input type="checkbox"/>	Project Management Organization (if different from the applicant)
<input type="checkbox"/>	(1) The financial information as requested above is required for the management organization.
<input type="checkbox"/>	(2) Contractual agreements between the applicant and the management organization must be disclosed, including terms of compensation
<input type="checkbox"/>	Tab 4 (other) If applicable, insert documents to receive a check at closing of an acquisition project.
<input type="checkbox"/>	If applicable, insert documents to prove your organization operated on less than \$100,000 per year, averaged over three (3) years.
TAB 5 (2 double-sided pages maximum)	
<input type="checkbox"/>	5.1 Discuss how the project will meet the goals set by resolution 2000-156 as listed below (When applicable).
<input type="checkbox"/>	(1) Provide environmental/ecological, cultural, historical/heritage, and/or outdoor recreational opportunities
<input type="checkbox"/>	(2) Preserve significant archaeological or historic resources and develop, enhance, and promote heritage tourism opportunities, experiences, and resources
<input type="checkbox"/>	(3) Foster public memory and community identity by promoting and providing access to destinations and experiences
<input type="checkbox"/>	(4) Provide high quality, user oriented outdoor recreational opportunities
<input type="checkbox"/>	(5) Improve the quality of life for Volusia citizens by providing:
<input type="checkbox"/>	(1) access to the cultural arts
<input type="checkbox"/>	(2) increase culturally based tourism
<input type="checkbox"/>	(3) encourage redevelopment and revitalization of downtown/urban areas through provision of cultural arts facilities
<input type="checkbox"/>	(6) Stimulate investment in local projects by Regional, State, and National public and private sources through provision of local matching funds for grants.
<input type="checkbox"/>	5.2 Three Measurable Goals at minimum AND how you will track them.
<input type="checkbox"/>	(1) Provide three program goals
<input type="checkbox"/>	(2) Provide the method that will be used to measure achievement of each of the goals
TAB 6	
<input type="checkbox"/>	Appendices - Applicant has provided additional information.