



# 2011/2012 GRANTS-IN-AID Standard 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

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Joyce M. Cusack, At-Large

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## **2011/2012 ECHO COMMITTEE MEMBERS**

Chair – Eugene Gizzi      Vice Chair – Andrew Gygi

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

## **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 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: Standard Application Form; Project Team; Management Prospectus and Policy Statement; IRS Letter, Occupational License and State License; 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-off 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: \_\_\_\_\_ (years remaining)  
Lease/Agreement dates: \_\_\_\_\_ to \_\_\_\_\_ (include 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

Current mortgage \$ \_\_\_\_\_ At closing, mortgage will be \$ \_\_\_\_\_  
Mortgage length: \_\_\_\_\_ 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. PROJECT FUNDING (GRANT AMOUNT REQUESTED AND MATCH):**

- a) Total Amount Requested from the Volusia ECHO Program: \$ \_\_\_\_\_
- b) Confirmed Match Funds for this Project: (UC + OM) \$ \_\_\_\_\_ (from Chart 3.2)
- c) Overmatch (not required) \$ \_\_\_\_\_ (from Chart 3.2)
- d) Total Project Cost (This application Grant, Match, and Overmatch): \$ \_\_\_\_\_

■ **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 6 of this Application).
- (2) List the person(s) who created the section 3.1 budget and their experience with this project type.
- (3) If a complete list is not available, you must 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.*

**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 ONLY: IRS STATUS LETTER, CURRENT UNIFORM ( ANNUAL) BUSINESS REPORT & LOCAL BUSINESS TAX RECEIPT, CHAPTER 496 FLORIDA 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 an 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 24 in both the NFP and GOV Application Guides. **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.

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

■ **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: (1) What exists? (2) What will change and be added?
  - (b) Describe expenditures: (1) How will ECHO grant funds be used? (2) How will/have your Match funds be/been used?
  - (c) Provide a construction sequence flow chart including estimated expenditures (page 28 of the NFP and GOV 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 (pages 9-10) – Sustainable Design Elements, 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):

- (1) Describe concurrent and/or future phases of this project.
- (2) Provide a timeline when these phases will be completed.
- (3) Describe when and how the public will have use of the total facility.
- (4) Describe the total project costs and funding sources.

■ **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					
	G	E	Partial	N/A	Additional Comments
<b>Energy Audit</b>					
Do-it-yourself Energy Audit					Evaluation Resources:
Professional Energy Audit					Audit Providers:
<b>Building Design</b>					
<b>Construction Material</b>					
Insulation Rating					
Recycled/Reused					
Other:					
<b>Flooring</b>					
Low VOC Carpet					
Tile					
Hardwood from renewable sources					
Low VOC Glue					
Other:					
<b>Air Handling/HVAC</b>					
Energy Star approved products					
Programmable Thermostats					
Ceiling Fans					
Other:					
<b>Lighting/Interior</b>					
Energy Star approved					
Skylights					
Motion Sensors					
Fluorescent / LED					
Programmable system					
Other:					
<b>Lighting/Exterior</b>					
Dark Sky approved products					
Motion Sensor					
Security Design only					
Required Lighting only					
Fluorescent / LEED					
Programmable system					
Other:					
<b>Equipment</b>					
Energy Star approved					
Other:					
<b>Paint/Stains</b>					
Water base acrylic					
Water base stain					
Natural finishes					
Other:					

<b>Water</b>					
Aureated faucets					
Recirculating sink hot water pumps					
Low flow toilets					
Programmable irrigation w rain gage					
Sprinkler on reclaimed water					
Insulation around water heater					
Insulation around hot water pipes					
Other:					
<b>Windows</b>					
Energy star approved					
Tinted for UV					
Tinted for Heat					
Insulated Windows					
Other:					
<b>Roof</b>					
Energy star approved					
Metal					
Extended Life					
Other:					
<b>Site Plan</b>					
Bike racks					
Connects directly with light rail					
Located within .25 miles of bus stop					
Percent of green space					
Other:					
<b>Parking</b>					
Porous surface					
Semi-pervious					
Other:					
<b>Landscape</b>					
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):

■ **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 of the NFP and GOV Application Guide.
- (2) You must include the “Match Codes” within your budget chart 3.1 (Application Guide, page 33 of the NFP or GOV guide). Include the five items listed on page 32 of the NFP and GOV Guide within your budget chart of 3.1 or discuss them in 3.2(2) (Application Guide, page 39 of NFP and GOV).

■ **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.
- (2) Create and insert your Match summary chart including Match Codes (See the example, on page 39 of the NFP and GOV Guide).

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

Insert official documentation of Match. See section 3.3, page 43 in the NFP and GOV Application Guide for specific documents.

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

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

- (1) Complete Form 4.1 (1), page 12. Insert Business Plan and Feasibility Study.
- (2) Narrative will include the use of the facility and related costs (operating revenues/expenditures) for 2013 - 2017 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, and 2016/17.
- (5) Provide two measurable operational goals. Describe how the goals will be tracked. (Guide, see 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 appropriate required documents as determined in the Application Guide, page 46 of NFP and GOV.

## 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 \_\_\_\_\_ (1<sup>st</sup> column)

3. Date of fiscal year projections \_\_\_\_\_ to \_\_\_\_\_ (2<sup>nd</sup> 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 40 points, 2 pages, double-sided, limit):

- **5.1 How will your project meet the goals set by Resolution 2000-156?** Select from the list of Goals in the Application Guide, pages 47 of NFP and page 48 GOV Guide. 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.
- **5.2 Provide three measurable program goals regarding subjects discussed in this section. Describe in detail 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.

<b>Project Title:</b>
<b>Applicant Name:</b>

### ITEMS 1-4 TO BE COMPLETED BY ECHO STAFF

- |   |
|---|
| 1) Arrived on time, December 3, 2009, Noon 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 |

### THE FOLLOWING ITEMS TO BE COMPLETED BY APPLICANT

Applicant does not owe the County money and does not have outstanding code violations  Y  N.  
See page 5 of the Application Guide, Applicant Eligibility Requirements, for County office contacts to verify status.

Application meets the eligible applicant criteria:

- Not-For-Profits.**
- 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. **OR**
- 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. **OR**
- 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.
- A municipality in Volusia County.**
- 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"/>	<b>1.5 Not-For-Profits ONLY:</b> <input type="checkbox"/> IRS Letter for 501(c)(3) status and operating main office in Volusia County for two years <b>OR</b> <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 <b>OR</b> <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"/> Most recent Uniform (Annual) Business Report provided to the State <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"/>	<b>1.6 Proof of Unrestricted Ownership or Undisturbed Use of Facility. (Complete – 1, 2, 3, or 4)</b> <input type="checkbox"/> (1) Unrestricted Ownership: Copy of: <input type="checkbox"/> Deed <b>OR</b> <input type="checkbox"/> Title <input type="checkbox"/> (2) Undisturbed Use: Proof of Undisturbed Use for _____ years and copy of: <input type="checkbox"/> Lease or Land Management Agreement. <b>WITH</b> <input type="checkbox"/> Written explanation of easements, covenants, <b>AND</b> <input type="checkbox"/> Other conditions affecting use of the property.
<input type="checkbox"/>	<input type="checkbox"/> (3) Exempt Application – Project is for acquisition of real property. Documents included are: a) Letter of Intent to sell from Property Owner including expected closing date, legal description, and purchase price <b>AND</b> b) State certified or MAI Appraisal (see page 19 of application guide)
<input type="checkbox"/>	<b>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.</b> <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"/> (2) Applicant has included a statement that they have agreed to the Restrictive Covenants <input type="checkbox"/> (3) Exempt Application – Project is on State/Federal land.
<input type="checkbox"/>	<b>1.8 Certification of Information &amp; Compliance Form with all signatures.</b>
<input type="checkbox"/>	<b>1.9 Professional Certification Form with:</b>
<input type="checkbox"/>	(1) At least one signature <b>AND</b>
<input type="checkbox"/>	(2) Résumé of Experience <b>OR</b>
<input type="checkbox"/>	(3) Exempt Application/Project is for vacant land acquisition <b>OR</b>
<input type="checkbox"/>	(4) Exempt Application/approved by the County and document from the County is inserted

<b>TAB 2 Scope of Work</b>	
<input type="checkbox"/>	<b>2.1</b> 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"/>	<b>2.2</b> 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 (2.2 Form) in the application.
<input type="checkbox"/>	(b) How is 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"/>	<b>2.3</b> 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"/>	<b>2.4</b> Locator Map / Design Drawings (unlimited number of pages)
<input type="checkbox"/>	(1) Street locator map – Include Road names and 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
<b>TAB 3</b>	
<input type="checkbox"/>	<b>3.1</b> Project Budget Detail Chart with Match Codes (unlimited number of pages):
<input type="checkbox"/>	<b>3.2</b> Matching Funds Statement with Match Summary Chart: (1 double-sided page limit - w/chart)
<input type="checkbox"/>	<b>3.3</b> Match documentation inserted. (Unlimited number of pages)
<b>TAB 4</b>	
<input type="checkbox"/>	<b>4.1</b> 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"/>	<b>4.2</b> 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"/>	<b>4.3</b> Financial Audit / Review completed within 18 months of the application deadline:
<input type="checkbox"/>	<b>Not-For-Profit Organization</b>
<input type="checkbox"/>	(1) <b>Certified Financial Audit</b> (over \$100K) or <b>Financial Statement Review</b> (under \$100K)
<input type="checkbox"/>	(2) <b>Management letter</b> from Certified Audit or Review
<input type="checkbox"/>	(3) The most recent <b>Response Letter</b> relative to the Management Letter.
<input type="checkbox"/>	(4) Most recent <b>Month-end financial statement</b>

## VOLUSIA ECHO GRANTS-IN-AID APPLICATION CHECKLIST

<input type="checkbox"/>	<b>Municipal or County Government</b>
<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"/>	<b>Project Management Organization</b> (if different from the applicant)
<input type="checkbox"/>	(1) Management letter from Certified Audit or Review
<input type="checkbox"/>	(2) Certified Audit or Review of last completed fiscal year
<input type="checkbox"/>	(3) Most recent month-end financial statement
<input type="checkbox"/>	<b>Tab 4 (other)</b> 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.
<b>TAB 5 (2 double-sided pages maximum)</b>	
<input type="checkbox"/>	<b>5.1 Project Impact</b>
<input type="checkbox"/>	Describe how the project meets the definition of an Exceptional project.
<input type="checkbox"/>	(1-6) Select goals and provide a narrative supporting each goal selected following the goal.
<input type="checkbox"/>	<b>5.2 Three Measurable Goals</b> at minimum <b>AND</b> how you will track them.
<b>TAB 6</b>	
<input type="checkbox"/>	Appendices - Applicant has provided additional information.