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**2008/2009 GRANTS-IN-AID
Exceptional Grant
APPLICATION**

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

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14 **2008/2009 COUNTY COUNCIL MEMBERS**

15
16 Council Chair: Frank Bruno
17 Joie Alexander, Vice Chair/ At-Large Andy Kelly, District #1
18 Art Giles, District #2 Jack Hayman, District #3
19 Carl Persis, District #4 Patricia Northey, District #5

20
21
22
23 **2008/09 ECHO Advisory Board Members**

24
25 Chair - Gary R. Libby, Vice Chair - David Rigsby,
26 Eugene Gizzi, Karen Jans, Charles Matousek, John Nelson, Bruce Piatek, Joe Rudolph, Stuart Sixma

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29 The County Council approved this ECHO Grants-In-Aid Application Guide on August 7, 2008
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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 2008/2009 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: 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:**

COMPLETE THE QUESTIONS AND FORMS ON THE FOLLOWING SIX PAGES.

VOLUSIA ECHO GRANTS-IN-AID APPLICATION CHECKLIST

1.1 EXCEPTIONAL APPLICATION FORM

PAGE 1 OF 3

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)

150

■ 1.1 EXCEPTIONAL APPLICATION FORM

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

152 Owned by the applicant:

153 Leased by the applicant:

154 Applicant has a Land / Project Management Agreement:

155 Applicant requests acquisition: and applicant requests check at closing:

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

158 _____

159 b) If Leased or Land or Project Management Agreement:

160 Length of Lease/Agreement: _____

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

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

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

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

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

166 What is the Name and Address of the Mortgagee? _____

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

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

172 Are you using CRA funds as match? Yes No

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

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

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

178 **AND**

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

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

185 **OR**

186 Has been classified as 501(c)(3) registered as a Foreign Corporation doing business in the State
187 of Florida, with a local group within Volusia County that can provide sufficient evidence of
188 public service to Volusia County citizens for the five year period prior to the ECHO application
189 deadline.
190

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

193
194 **14. EXCEPTIONAL PROJECT FUNDING REQUEST:**

195 **ECHO Confirmed**

	Request	4:1 Match
196		
197	ANNUAL AMOUNT REQUESTED/MATCHED	
198	*Grant Year #1 \$ _____	\$ _____
199	Grant Year #2 \$ _____	\$ _____
200	Grant Year #3 \$ _____	\$ _____
201		
202		
203	TOTAL EXCEPTIONAL PROJECT:	\$ _____
204	\$ _____	\$ _____

205 **The availability of the 4:1 Match for all Grant Years must be documented (Tab 3) in Grant Year**
206 **1. It is not required; however, that all Match funds be used in the first year and may therefore**
207 **be shown as Match in the subsequent years – but at a minimum of 4:1.**
208

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211 **THE EXCEPTIONAL PROJECT APPLICANT: AGREES DOES NOT AGREE**
212 **TO ACCEPT A GRANT AWARD OF \$600,000 FOR ONE YEAR IF AN EXCEPTIONAL**
213 **PROJECT GRANT AMOUNT IS NOT APPROVED BY THE ECHO GRANT REVIEW**
214 **PANEL OR THE VOLUSIA COUNTY COUNCIL.**

215
216
217 **SIGNATURE:** _____
218 (OFFICIAL WITH APPLICANT SIGNATURE AUTHORITY)

219 **TYPED NAME:** _____

220 **TITLE:** _____

221 **PHONE:** _____

230 ■ **1.2 PROJECT TEAM** (Up to ½ page limit):

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

236 ■ **1.3 MANAGEMENT PROSPECTUS & POLICY STATEMENT** (1 single-sided page limit):

- 237 (1) What is the existing organizational structure of the applicant?
238 a) Include a list of the names of the staff *dedicated to the completion of this project* in the project.
239 **AND**
240 b) What are their project-related responsibilities? Enter the percentage they work. If a Management
241 Service will be used, provide the name of the service, terms of compensation, contact names,
242 addresses, and phone numbers if available. Also, describe the process by which the service was
243 selected. Remember, you may not lease/sublease to a for-profit agency. Insert the Management
244 Agreement.

245 ■ **1.4 NOT-FOR-PROFIT: IRS STATUS LETTER, CURRENT UNIFORM (ANNUAL) BUSINESS**
246 **REPORT & LOCAL BUSINESS TAX RECEIPT, CHAPTER 496 FLORDIA STATUTES**

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

251 **OR**

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

259 **OR**

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

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

267 ■ **1.5 UNRESTRICTED OWNERSHIP OR UNDISTURBED USE OF FACILITY:**

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

270 ■ **1.6 RESTRICTIVE COVENANTS** **Notice of future requirement if grant is awarded:**

271 The applicant is required to make a statement in this section that they agree to this requirement or that they
272 have requested and received approval of an alternative document or waiver of this requirement from the
273 County. A sample of the Restrictive Covenants language is found on page 21 of the Application Guide.
274 **Applicants with projects on State owned land are automatically exempt from this requirement,**
275 **but are held to the same liquidated damages cited within the Restrictive Covenants through**
276 **language found in the final ECHO Agreement for which the grantee is held responsible (See**
277 **Appendix C).**

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■ **1.7 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: _____
Title: _____ Date: _____
Phone Number: _____
2. OFFICIAL WITH AUTHORITY TO CONTRACT FOR THE APPLICANT
Signature: _____
Typed Name: _____
Title: _____ Date: _____
Phone Number: _____
3. CHIEF FINANCIAL OFFICER FOR THE APPLICANT
Signature: _____
Typed Name: _____
Title: _____ Date: _____
Phone Number: _____
4. CONTACT PERSON AS LISTED ON FIRST PAGE OF APPLICATION FORM
Signature: _____
Typed Name: _____
Title: _____ Date: _____
Phone Number: _____

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1.8 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 1.8: (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 22-23 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:** _____

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■ **TAB 2: SCOPE OF WORK** (Up to 10 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 \$600,000 for one year) and for a standard funding amount (not to exceed \$600,000.00 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.
- (2) How will you protect the current infrastructure and the possible impact on neighboring facilities or residential units?
- (3) Identify areas where the project is designed and will operate to reduce/recycle waste, conserve resources/energy, and/or utilize/reuse recycled products in both construction and operational phases. Include information if you are meeting LEED standards.
- (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.

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TAB 3: BUDGET DETAIL / MATCHING FUNDS (Up To 10 Points):

❖ Applicants requesting **Exceptional Project status** must provide answers to all of Tab 3 for **BOTH** an Exceptional funding amount (more than \$600,000 annually) and for a standard funding amount (not to exceed \$600,000.00 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 30-31 of the Guide.
- (2) **You must include the “Match Codes”** within your budget chart 3.1 (Application Guide, page 29). Include the five items listed on page 28 of the Guide within your budget chart of 3.1 or discuss them in 3.2(2) (Application Guide, page 34).
- (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 (\$600,000 or less) 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 single year grant request (\$600,000).
- (2) Create and insert your Match summary chart and include Match Codes (ex. page 36 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 single year grant request (up to \$600,000) showing the 1:1 Match.

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

Insert official documentation of Match. See section 3.3 – page 40 of the Application Guide for specific documents.

■ **3.4 TOTAL PROJECT VALUE with Concurrent and Future Phases** (no page limit)

Applicants may provide a budget chart or provide a written statement of the total value of the project beyond the ECHO grant request and Match of this application. Insert that document in 3.4 below. **This is not required but is encouraged for a greater understanding of the project.**

■ **TAB 4: OPERATING FORECAST DETAIL** (Up to 20 Points):

Applicants requesting **Exceptional project status** must provide answers for **BOTH** the Exceptional funding amount (greater than \$600,000 but not more than \$1,000,000 per year for up to three years) and for a standard amount not to exceed the standard maximum (\$600,000 for one year).

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

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

409

(1) Narrative will include the use of the facility and related costs (operating revenues/expenditures) for 2009 – 2013 relative to section (3) below.

410

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a) What staff will be needed?

412

b) What additional maintenance will be required?

413

c) What new programs will be added?

414

d) What new revenue sources for operations will you have?

415

(2) State user fees by inserting the fee schedule or state “No fees will be charged.”

416

(3) Provide a five-year budget projection spreadsheet (2008/9, 2009/10, 2010/11, 2011/12, 2012/13).

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(3) Provide two measurable operational goals. Describe how the goals will be tracked. (Guide-see appendix D)

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

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(1) How do you maintain sustained fiscal stability from 2 years prior through 5 years after construction?

422

423

(2) If you have or have had problems, how were they resolved? If you have nothing remarkable make a statement to that affect.

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

426

Insert the required documents as determined in the Application Guide, pages 43-44.

427

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

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

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■ **TAB 5: PROJECT IMPACT / NEED** (Up to 40 points, 2 pages, double-sided, limit):

433

❖ Applicants requesting **Exceptional project status** must provide answers to the all of Tab 5 for **BOTH** Exceptional funding amount (greater than \$600,000 but not more than \$1,000,000 per year for up to three years) and for a standard amount not to exceed the standard maximum (\$600,000 for one year).

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(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).

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(2) How will the project serve the community? Select from the list of Goals in the Application 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.

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(3) Provide **three** (3) measurable goals regarding subjects discussed in this section. Describe how you will measure each of the goals.

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

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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.**

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

VOLUSIA ECHO GRANTS-IN-AID APPLICATION CHECKLIST

465

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

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

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

Project Title:	
Applicant Name:	
ITEMS 1-4 TO BE COMPLETED BY ECHO STAFF	
1)	Arrived on time, December 4, 2008, 4pm 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 <input type="checkbox"/> Y <input type="checkbox"/> N. See page 3 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. OR	
<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. OR	
<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 Project Team (½ page maximum).
<input type="checkbox"/>	1.3 Management Prospectus & Policy Statement (1 single-sided page maximum).
<input type="checkbox"/>	1.4 Not-For-Profits ONLY: <input type="checkbox"/> IRS Letter for 501(c)(3) status and operating main office in Volusia County for two years OR <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 OR <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. AND <input type="checkbox"/> Most recent Uniform (Annual) Business Report provided to the State
<input type="checkbox"/>	1.5 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 OR <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. WITH <input type="checkbox"/> Written explanation of easements, covenants, AND <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: a) Letter of Intent to sell from Property Owner including expected closing date, legal description, and purchase price AND b) MAI Appraisal
<input type="checkbox"/>	(4) Exempt Application – Project is on State/Federal land.
<input type="checkbox"/>	1.6 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. 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"/>	1.7 Certification of Information & Compliance Form with all signatures.
<input type="checkbox"/>	1.8 Professional Certification Form with:
<input type="checkbox"/>	(1) At least one signature AND
<input type="checkbox"/>	(2) Résumé of Experience OR

