

One City. One Jacksonville

Criminal Justice & Safe Neighborhoods Small Grant Program Application for Funding



The Jax Journey, in partnership with the Jacksonville Sheriff's Office, will determine the agencies that will receive funding from One City. One Jacksonville Small Grant Program which is funded by funds from the Florida Contraband Forfeiture Act (FCFA). The mission of Jax Journey is to identify significant contributing factors to crime, in particular violent crime, and oversee preventive and intervention measures that assure all programs and actions are focused and effective in reducing and eliminating crime, measurable outcomes are established so effectiveness can be clearly assessed, and all work is cost effective.

Recognizing that nonprofits in Jacksonville are in varying sizes and complexities, the One City. One Jacksonville Small Grant Program will be limited to nonprofits who have been in operation for at least a year and have a budget size of \$100,000 or smaller. **Grant requests must be for \$10,000, or less.** To be considered for an appropriation of funds, complete this application and submit it to the grants manager listed on the last page. Please answer all of the questions and do not submit attachments other than those that are requested in the application.

I. Organization Information

1. Legal Name:
2. Street Address:
3. Mailing Address, if different:
4. Telephone:
5. Executive Director:
6. Contact Person for this application:
7. Contact Telephone:
8. Contact Email:
9. Federal ID Number:

10. Is your organization recognized as a Florida not-for-profit organization by the Florida Division of Corporations? YES NO

If yes, provide a copy your organization's active Sunbiz registration.

11. Briefly describe the history and mission of the organization.

II. Project Information

1. Project Name:

2. Amount of Request:

3. What percent of the total project budget will this grant fund?

4. Has the proposed project been supported, in part or in whole, by Florida Contraband Forfeiture Act funds in the past? YES NO

If yes, describe the accomplishments of the most recent Florida Contraband Forfeiture Act appropriation.

5. Geographical area served by project:

6. Project Period:

7. Project Timeline:

8. Project Location (if there are multiple locations, list all locations):

9. Purpose Area(s) of the proposed project (check all that apply):

Crime Prevention

Safe Neighborhoods

10. Describe the Need for the proposed project, citing data and sources, if available.

11. Describe the proposed project. Include information about the target population, how the project meets the identified Need and how the project relates to the selected Purpose Area(s).

12. Do other local organizations provide the same or similar services to the identified target population? If so, list the organization(s) and describe how duplicative services are identified.

13. Describe the Goal(s) of the proposed project.

14. Describe the Measurable Objective(s) of the proposed project and how progress will be measured.

III. Financial Information

If you are unsure of an answer, contact staff for help. Only answer "none" or "N/A" if truly accurate.

1. Please describe the process your organization uses to make sure your financial accounts balance on an annual basis:

2. Fiscal Year End:

One City. One Jacksonville Small Grant Program

Program Budget Detail

Agency: _____

Program Name: _____

Agency Fiscal Year: _____

Categories and Line Items	Total Cost of Proposed Program	Small Grant Program	Agency Provided Funding
I. Employee Compensation			
Personnel - 01201 (list Title & Name of Employee)			
1			
2			
3			
Subtotal Employee Compensation			
Fringe Benefits			
Payroll Taxes - FICA & Med Tax - 02101			
Health Insurance - 02304			
Retirement - 02201			
Dental - 02301			
Life Insurance - 02303			
Workers Compensation - 02401			
Unemployment Taxes - 02501			
Other Benefits - (Please describe)			
Subtotal Taxes and Benefits			
Total Employee Compensation			
II. Operating Expenses			
Office Expenses			
Office and Other Supplies - 05101			
Postage - 04101			
Printing and Advertising - 04801			
Publications - 05216			
Staff Training - 05401			
Directors & Officers - Insurance - 04501			
Professional Fees & Services (not audit) - 03410			
Background Screening - 04938			
Other - Equipment under \$1,000 - 06403			
Other - (Please describe)			
Equipment Expenses			
Rental & Leases - Equipment - 04402			
Vehicle Fuel and Maintenance - 04216			
Vehicle Insurance - 04502			
Other - (Please describe)			
Direct Client Expenses - 08301			
Client Rent			
Client Utilities			
Client Food			
Client Medical			
Client Educational			
Client Personal			
Client Other (Please describe)			
Client Other (Please describe)			
Total Operating Expenses			
III. Operating Capital Outlay (OVER \$1,000)			
Machinery & Equipment - 06402			
Computers & Software - 06427			
Other - (Please describe)			
Total Capital Outlay			
Total Budgeted Expenses			
Percent of Budget			

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By signing below I certify that I have been authorized to submit this application on behalf of the organization named in the application. I further certify:

1. That I understand that One City. One Jacksonville Small Grant Program appropriations are contingent upon the availability of funds and the approval of City Council.
2. That all One City. One Jacksonville Small Grant Program funds appropriated as a result of this application will be expended for authorized and lawful purposes.
3. That, if One City. One Jacksonville Small Grant Program funds are appropriated, the organization will enter into a formal Agreement with the City of Jacksonville to provide the services outlined in this application.
4. That all expenditures occurring as a result of an appropriation will be used for the purposes contained in this application and all related expenditures will be appropriately documented and maintained.
5. That the organization will provide progress and financial reports as requested by the City of Jacksonville.
6. That, if One City. One Jacksonville Small Grant Program funds are appropriated, the organization will consent to an audit of its financial affairs by the City Council Auditor or his designee.
7. That any information requested by the City of Jacksonville in support of this application and any resulting appropriation will be provided.
8. That equipment purchased with One City. One Jacksonville Small Grant Program funds will become property of the City of Jacksonville if the organization dissolves.

9. That the organization will submit a copy of all FCFA applications directly to the City of Jacksonville, Office of Grant and Contract Compliance grant manager, as listed below.
10. That the organization will abide by all applicable city, state and federal guidelines.
11. That the organization is an equal opportunity employer.
12. That the information contained in this application is true and correct.

Organization Name

Typed or Printed Name

Signature

Title

Date Signed

Questions about this application can be addressed to the grant manager listed below.

Applications may be submitted by mail, fax or email to:

John Snyder
Grant Manager
Office of Grant and Contract Compliance
City of Jacksonville
214 N. Hogan, Suite 800
Jacksonville, FL 32202
Phone: (904) 255-8202
Email: jsnyder@coj.net