**STAFF CHECKLIST FOR PSG APPLICATION REQUIREMENTS**

Requesting Agency Name

Date Submitted:

Staff Name:

**ELIGIBILITY REQUIREMENTS** (must contain all of the following).

\_\_\_\_\_\_\_ Agency’s **program doesn’t** receive funding through another COJ program (i.e. CSGP, AIPP, KHA/JCC, DIA/OED, ESG, CDBG, HOPWA, Social Services Division, or direct line item, etc.)

\_\_\_\_\_\_\_ A copy of a good standing certificate issued by the Florida Division of Corporations evidencing that the requesting agency is in good standing and has been in existence for three (3) years prior to the Public Service Grant application deadline. The certificate must be dated within 60 days of the grant application deadline and list the requesting agency as a Florida non-profit corporation

\_\_\_\_\_\_\_ A copy of the requesting agency’s current Charitable Solicitation Permit

\_\_\_\_\_\_\_ Copies of the requesting agency’s completed/ filed federal tax returns for the last three tax years

\_\_\_\_\_\_\_ A copy of the completed Mandatory Application Workshop certificate issued by the Grants Administrator evidencing the requesting agency’s compliance with the Mandatory Application Workshop pursuant to Section 118.803 herein

\_\_\_\_\_\_\_ An original affidavit, in the form provided by the Office of General Counsel

\_\_\_\_ Requesting agency’s program operates in Duval County, and serves the people of the City

\_\_\_\_ Requesting agency’s program will serve a Priority Population or Priority Need designated

by the City Council for the grant application cycle in which the requesting agency is

applying for

\_\_\_\_Requesting agency’s program is not eligible to receive funding from any of the City

programs listed in Section 118.805(a) (1)-(7)

\_\_\_\_The requesting agency’s appropriation request for multiple or single programs does not

exceed in the aggregate 24 percent of the requesting agency’s annual revenue (as shown on

filed tax returns) averaged over the previous three tax years

\_\_\_\_The requesting agency is in compliance with the terms of all existing City agreements in

which the requesting agency is a party; and

\_\_\_\_The requesting agency is in compliance with all applicable federal, state, local laws, rules,

regulations and ordinances, as the same may exist and may be amended from time to time.

**APPLICATION REQUIREMENTS** (must contain all of the following).

**\_\_\_\_\_\_\_ Cover Page** containing the following information:

\_\_\_\_Name of the requesting agency;

\_\_\_\_Name of the Program;

\_\_\_\_The Priority Population or Need that the Program will serve;

\_\_\_\_Amount of the Appropriation Request;

\_\_\_\_The Fiscal Year that the requesting agency is submitting an appropriation request for

\_\_\_\_The certification executed (electronically or manually) by the executive director, chief executive or operating officer, president, vice president or board chairman in the form below:

“I, name/title , hereby certify that the information and representations contained in this Fiscal Year Public Service Grant application is true and correct.”

By:

Print Name/Title:

Date:

Section entitled **Agency Background and Experience** andinformation describing same (max 3 pages)

Section entitled **Program Overview** and information describing same (max 3 pages)

\_\_\_\_\_\_\_Section entitled **Program Activities** and information describing same (max 1 page)

Section entitled **Program Management and General Overhead** and information describing same (max 3 pages)

Section entitled **Operating Budget and Budget Narrative Section** and information describing same (max 2 pages) not include budget forms

Section entitled **Program Impact and Effectiveness Section** and information describing same (max 4 pages) to include any Auditor’s Non-Compliance issues (COJ staff must verify)

**APPLICATION FORMAT**

\_\_\_\_\_\_\_\_The application shall have 1 inch margins and contain no more than sixteen (16) single-sided double-spaced 8½” by 11” pages. The font style shall be Times New Roman or Arial with a minimum font size of 11 points and a maximum font size of 12.

Based on the above the application requirements pursuant to Section 118.806, the above referenced requesting agency is (circle one) qualified / disqualified and (circle one) may / may not apply for a FY Public Service Grant.

Staff Signature: