

1. Qualifying Criteria

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Case Id: 30836

Name: UPHS - 2021 TLC

Address: *No Address Assigned

1. Qualifying Criteria

The Tallahassee-Leon County Nonprofit Services Grant Program, established by the City of Tallahassee and Leon County Government, is providing direct assistance to support local nonprofit organizations that are providing or will provide human services to Leon County residents impacted by COVID-19. Organizations must be a currently established 501(c)(3) or 501(c)(19) with the U.S. Department of Treasury and authorized to provide services in the State of Florida.

FIRST, A FEW QUICK CHECKS.

1. Is your organization a currently established 501(c)(3) or 501(c)(19) with the U.S. Department of Treasury and authorized to provide service in the State of Florida?

Churches, associations, political, and for-profit organizations are not eligible. However, churches under a current contract with either the City of Tallahassee or Leon County to provide human services are eligible for purposes of supporting the continued provision of such services.

Proof of 501(c)(3) or 501(c)(19) status from the U.S. Department of Treasury ***Required**

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Proof of registration as an active nonprofit corporation in the State of Florida ***Required**

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2. Was your organization established prior to December 31, 2020?

If your organization was established on or before December 31, 2020, your organization is eligible.

3. Is your organization based in Leon County (main physical location)?

If your organization is located within the boundaries of Leon County, including a defined municipality in Leon County, your organization is eligible.

4. Was your organization awarded any of the following grant opportunities? (Please check all that apply):

The award and/or receipt of the grant opportunities listed below WILL NOT make an organization ineligible. However, organizations that were not awarded any of the listed grant opportunities will be prioritized for review and award July 26, 2021 – August 8, 2021.

Leon CARES Human Services Grant Program (2020)

OEV/Blueprint Local Emergency Assistance for Non-Profits (LEAN) Program (2020)

Leon CARES Non-profit Assistance Grant Program (2020)

PLEASE NOTE: YOUR ORGANIZATION MUST MEET ALL OF THE ABOVE CRITERIA TO QUALIFY FOR THE TALLAHASSEE-

LEON COUNTY NONPROFIT SERVICES GRANT PROGRAM.

2. Basic Information

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2. Basic Information

Great, looks like your business meets the qualifying criteria. Let's talk details:

ORGANIZATION INFORMATION

A.1. Organization name

This needs to match the name on file on Sunbiz.org.

A.2. Organization address

A.3. Employer Identification Number (EIN)

A.4. Organization Website

A.5. Year the nonprofit was established as a 501c3 or 501c19

If your organization was established on or before December 31, 2020, your organization is eligible.

PRIMARY CONTACT INFORMATION

A.6. First Name

A.7. Last Name

A.8. Phone Number

A.9. Email Address

3. Award Eligibility

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3. Award Eligibility

Thanks. Just a few more specific questions:

B.1. Please complete and upload the W-9 form for your organization. (Click [here](#) for a blank copy)

W-9 Form ***Required**

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B.2. Provide your organization's mission statement.

B.3. What service(s) does your organization provide?

B.4. Provide a description of use of funds for COVID-19 related Project/Program and/or Services.

B.5. Include Budget for proposed funding. **TOTAL AMOUNTS EXCEEDING \$20,000 WILL AUTOMATICALLY BE DENIED FUNDING.**

Personnel

\$0.00

Rent/Mortgage

\$0.00

Utilities

\$0.00

Supplies/Equipment

SUPPLEMENTAL QUESTIONS

ANSWERING THE FOLLOWING QUESTIONS (B.6 – B.8) WILL NOT IMPACT YOUR ORGANIZATION'S REQUEST FOR FUNDING.

B.6. Is the organization minority-led or founded?
Minority= Race and/or Gender Identity

B.7. Please check the box(es) if your organization is a member or funded by the following:

- United Partners for Human Services (UPHS)
- Council on Culture & Arts (COCA)
- Institute of Nonprofit Innovation and Excellence (INIE)
- United Way of the Big Bend (UWBB)

B.8 Staffing – please input the following:
Enter 0 if applicable.

Number of full-time paid staff

Number of part-time paid staff

Number of unpaid staff

\$0.00

Capital

\$0.00

Other* **Explanation is required in the text box below the table.**

\$0.00

Total **TOTAL AMOUNTS EXCEEDING \$20,000 WILL AUTOMATICALLY BE DENIED FUNDING.**

\$0.00

***If amount indicated under "Other", please explain.**

4. Confirmation

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4. Confirmation

You're done! Time to submit.

Please note: once an application is submitted, it can not be revised by an applicant.

By submitting your application, you confirm the following:

- I certify the information listed on this application is complete and accurate to the best of my knowledge. I understand that withholding information or giving false information may result in denial of funding.
- I certify that my organization will use this funding to address a human service need in the community resulting from the effects of COVID-19 and the subsequent economic crisis as authorized under Section 603(c)(1)(A) of Title VI of the Social Security Act and the rules promulgated thereunder.
- I shall cooperate fully, as and to the extent requested by the City of Tallahassee and/or Leon County, in connection with any audit or report required under Title VI of the Social Security Act and the rules promulgated thereunder and with any other audit or reporting requirements under federal, state, or local law. Subject to Section 119.0701, Florida Statutes, such cooperation shall include the retention and provision of records and information reasonably relevant to any such report or audit and making employees available to provide additional information and explanation of any service provided pursuant to this grant.
- I acknowledge that any grant funding is contingent on the execution of an agreement consistent with the requirements and guidelines of the American Rescue Plan Act.
- I acknowledge that my organization will complete any additional reporting documentation upon receipt of funding, if requested.
- I acknowledge that my organization is not utilizing and will not utilize funds for any ineligible activities and/or expenses, including alcohol, tobacco, firearms and/or illegal drugs, or those prohibited by local, state and federal law.
- I understand that if the TOTAL AMOUNT of assistance requested EXCEEDS \$20,000 this application WILL BE AUTOMATICALLY DENIED FUNDING AND I MAY NOT BE ABLE TO REAPPLY.

Signature

Printed By: Amber Tynan on 7/20/2021

***Not signed*

**ONCE AN APPLICATION IS SUBMITTED, YOU WILL NOT BE ABLE TO REVISE IT.
TO RETAIN A COPY FOR YOUR RECORDS, PLEASE PRINT BEFORE SUBMITTING.
YOUR APPLICATION WILL BE VERIFIED BY AN ADMINISTRATOR. PLEASE CHECK YOUR EMAIL FOR REQUESTS FOR
ADDITIONAL INFORMATION.**