

# EXHIBIT 1: APPLICATION INSTRUCTIONS

## SECTION I: PROJECT IDENTIFICATION

Write in the name of the project to be funded by the Toolkit for Economic Development.

**SECTION II: APPLICANT DATA:** Check yes or no to indicate whether the application is a joint application.

1. **Name of Applicant** - Enter the complete name and E-mail address of the Applicant or organization.
2. **Street Address** - Enter the physical street address of the Applicant; if the address is a residence, enter the appropriate address.
  - 2a. **City** - Enter the city.
  - 2b. **State** - Enter the state: Florida.
  - 2c. **Zip** - Enter the zip code.
3. **Mailing Address** - Enter the mailing address for the Applicant if it is different than the address in #2. If the same, enter SAME AS #2.
  - 3a. **City** - Enter the City. If the Same, enter SAME AS #2b.
  - 3b. **State** - Enter the state: Florida.
  - 3c. **Zip** - Enter the zip code. If the Same, enter SAME as #2b.
4. **Project Coordinator** - Enter the name, address, and E-mail address of the person who will implement and oversee the project.
  - 4a. **Telephone Numbers** - Enter an area code and telephone numbers where the Project Coordinator may be reached.
  - 4b. **Other Contact** - Enter the name, address, and E-mail address of an alternate project coordinator who may be reached if the Project Coordinator is not available.
  - 4c. **Telephone Numbers** - Enter the area code and telephone numbers of an alternate project coordinator who may be reached if the Project Coordinator is not available.
5. **Type of Organization** – Check the box that best describes your organization.
  - 5a. **Number of years in business** - Enter the number of years the organization has been in existence.
  - 5b. **Number of years providing this service** - Enter the number of years it has provided this service.

## JOINT APPLICANT INFORMATION

6. **Name of Joint Applicant** – Enter the complete name and E-mail address of the Applicant or organization.
7. **Street Address** - Enter the street address of the community organization
  - 7a. **City** - Enter the city.
  - 7b. **State** - Enter the state.
  - 7c. **Zip** - Enter the zip code.
8. **Mailing Address** - Enter the mailing address, if different from #6.
  - 8a. **City** - Enter the city, if different than #7a.
  - 8b. **State** - Enter the state, if different than #7b.
  - 8c. **Zip** - Enter the zip, if different than #7c.

9. **Contact Person/Title** - Enter the organization's contact person, title, address, and E-mail address.
  - 9a. **Telephone Numbers** - Enter the area code and telephone numbers of the contact person.
  - 9b. **Other Contact** - Enter an alternate contact person for the community organization, including an address and E-mail address
  - 9c. **Telephone Numbers** - Enter the area code and telephone numbers for the alternate contact person.
10. **Type of Organization** - Check the type of organization
  - 10a. **Number of years in business** - Enter the number of years the organization has been in existence.
  - 10b. **Number of years providing this service** - Enter the number of years it has provided this service.

### **SECTION III: FUNDING REQUEST**

1. **Amount of Funding Requested** - Enter the amount requested in this application.
2. **Total Project Cost** - Enter the amount of the total project cost, including the amount requested in this application.
3. **Other funds** - Indicate if other funds from partners or volunteers will be used to fund this project.
- 3a. **Source/Amount** - Enter the source of other funds and the amount.
- 3b. **Description/Estimated Value** – Describe any local resources, other than cash, that will be given or donated from other entities/organizations within the community to implement, support and maintain the project. You may include such things as services, printing, postage, labor, commodities, equipment, computer support, expertise, and other similar in-kind donations.

### **SECTION IV: PROJECT OVERVIEW**

1. **Type of Project** - Check the type of project proposed.
2. **Describe the Project** – Briefly describe your project, in one or two sentences.
3. **Neighborhood Action Plan** – If the project will be located in a Front Porch Florida Community, indicate that the project is part of the Neighborhood Action Plan.
4. **Start Date** – The project must be operational within 90 days of the first receipt of funds.
5. **Ending Date** – If the project will not be ongoing, when will it end or close?

### **SECTION V: PROJECT QUESTIONNAIRE (QUESTIONS 1-11)**

- 1-11. Please answer each question thoroughly and in narrative form and provide as **Attachment A**. Please type your answers on a computer. Label your response and include it in the appropriate location in the three-ring binder.

### **SECTION VI: BUDGET AND DELIVERABLES**

1. Submit a detailed budget of proposed project as Attachment B.
2. Submit a Schedule of Deliverables for the proposed project as Attachment C

### **SECTION VII: PERFORMANCE MEASUREMENTS**

- 1-4. Please answer each question thoroughly and in narrative form and provide as appropriate attachments. Please type your answers on a computer. Label your responses and include them in the appropriate locations in the three-ring binder.

### **SECTION VIII: PARTNERSHIP INFORMATION**

- 1-2. Answer each question in narrative form.

## EXHIBIT 2: APPLICATION GUIDELINES

**NOTE: THE FOLLOWING INSTRUCTIONS MUST BE FOLLOWED CAREFULLY IN ORDER TO ADEQUATELY PREPARE AN APPLICATION TO BE SUBMITTED TO WORKFORCE FLORIDA IN TALLAHASSEE.**

**All sections must be completed thoroughly.** Any questions not applicable to the community, should be answered as NOT APPLICABLE. Any incomplete information may cause a delay in the review process. Please ensure that the Applicant's response specifically answers the questions asked.

1. Submit one **(1) original** completed application (containing original signatures) and four (4) copies. A total of five **(5) applications** must be submitted. Each application must be in a three-ring binder, separated by tabs that are labeled.
2. Applications must be completed utilizing forms included in this application packet. DO NOT reformat from their original format the application or forms included with the application.
3. The application may be made available on diskette as a Microsoft WORD file or as a WORD attachment to an E-mail message. The application is designed for the Applicant to fill in information in the space or blank that follows each question. Because of differences in printer compatibility and the differing versions of software available for WORD, some minor formatting changes may be required (i.e. deleting spaces or adding spaces due to text overflow). If no space is included for your response, please type your response on a computer and locate it in the appropriate space in your three-ring binder.
4. Applications must be typed with Exhibits and other supporting documentation properly labeled with separate tabs. Facsimile applications **will not** be accepted.
5. The original application and four copies should be mailed or delivered to:  
Workforce Florida  
Building 200  
325 John Knox Road  
Tallahassee, FL 32303
6. **Applications including all supporting documents and attachments, must be received by 4 PM, Friday, June 22, 2001 for consideration in the first round of funding. An application may be submitted until 4 PM, Friday, July 27, 2001.** Any applications received after 4 PM, July 27, 2001 will not be considered. **NO EXCEPTIONS.**
7. The initial round of applications should be approved by Wednesday, June 27, 2001. Decisions about the second round of applications will be announced by Friday, August 17, 2001. The Coordinating Partners will inform the applicant in writing of their final determination of funding.
8. If you have any questions, please call Sheree Keeler at (850) 921-1119 or E-mail her at: [skeeler@workforceflorida.com](mailto:skeeler@workforceflorida.com).

**WARNING**

Applications received after July 27, 2001, will not be reviewed or considered. Applications or supplemental information submitted by telephone, telegraph, or facsimile (fax) will not be accepted. It is the responsibility of the applicant to ensure that the application is received by Workforce Florida in Tallahassee by the 4 PM, Friday, July 27, 2001.

Failure by the US Postal Service, courier service, or other method to deliver the application by the deadline will not excuse compliance with the deadline. This includes an application that is hand delivered, an application delivered by an individual, air or land courier, or anyone else who experiences a delay that causes the application to be delivered after 4 PM, Friday, July 27, 2001.

APPLICANTS ARE ENCOURAGED TO SUBMIT APPLICATIONS PRIOR TO THE DUE DATE.

**EXHIBIT 3:  
SAMPLE BUDGET**

**NOTE: THIS DOCUMENT IS INTENDED AS A SAMPLE ONLY; THE INFORMATION INCLUDED IN THE SAMPLE DOES NOT IMPLY THAT WORKFORCE FLORIDA OR ANY OF THE TOOLKIT COORDINATING PARTNERS ENDORSES ITEMS LISTED BELOW.**

Please complete the line items that are applicable to the project. This budget may be modified after it is submitted, however, no more than 10 percent may be moved across each line item.

Total Project Cost - **\$20,240**

<b>ITEM</b>	<b>COST</b>
Administrative Costs	\$ 1,500
Contractual Services (class materials, room rental)	\$14,500
Office Expenses	\$ 4,240
Other Budget Category	\$ complete if needed
Other Budget Category	\$ complete if needed

## BUDGET SUMMARY:

### **Administrative Costs** (part time personnel)

Staff (1) part time 20 hrs/wk @8.00/hr	\$1,060.00
Other Admin Costs	<u>\$ 440.00</u>
<b>Total</b>	<b>\$1,500.00</b>

### **Office Expenses**

Rent/Utilities	\$400/month - 4 months	\$1,600.00
Telephone	\$60/month - 4 months	\$ 240.00
Copier (Lease Agreement)	\$100/month - 4 months	<u>\$ 400.00</u>
<b>Total</b>		<b>\$4,240.00</b>

### **Project Costs (contractual services)**

Parenting Classes	10 classes @ \$500 each	\$5,000.00
Teen Pregnancy Prevention	5 classes @ \$600 each	\$3,000.00
Family Skills	5 classes @ \$500 each	\$2,500.00
Printing Costs	20 classes X 5 students @ \$20 each	\$2,000.00
Class Room Rental	20 classes @ \$100 each	\$2,000.00
<b>Total</b>		<b>\$14,500.00</b>
<b>Total Project Cost</b>	<b>\$20,240.00</b>	

## EXHIBIT 4: SAMPLE PERFORMANCE MEASURES

### Baseline Measures

Statistics on the number of births within XYZ community to single mothers for 1998-2000 were collected from the Bureau of Vital Statistics. A copy of the statistics for the community is included, with births to unwed mothers reported monthly, including annual totals.

Monthly Police and sheriff reports from the XYZ community for domestic violence for the period 1998-2000 were collected and totaled. The statistics are included.

Monthly reports of referrals for child abuse and neglect from the Department of Children and Families district office that serves the XYZ community were collected and totaled. The statistics are included.

## Monthly Performance Measures

Month Submitted: **October 2001**

PERFORMANCE MEASURES  Outcomes and Outputs	STANDARDS					ACCOMPLISHMENTS		
	Month 1 Sept.	Month 2 Oct.	Month 3 Nov.	Month 4 Dec.	Month 5 Jan 2002	Expected Totals	Current Period	Year to Date
<p><b><u>Baselines:</u></b></p> <p><b>Measure number of families within targeted community reported monthly for abuse or neglect of their children</b></p> <p><b>Count the number of babies delivered to unwed mothers in the community</b></p> <p><b>Count the number of police reports for domestic violence.</b></p> <p><b><u>Outcomes:</u></b></p> <p>Increase healthy families, Increase healthy parenting techniques, discourage pregnancies among unwed partners</p> <p><b><u>Outputs:</u></b></p> <p>1. Offer 10 three-night parenting classes</p> <p>2. Teach 5 Pregnancy Prevention classes</p> <p>3. Teach 5 Family Skills classes</p>	12	15						
	3	6						
	2	2						
	1	1						
	1	1						

## EXHIBIT 5: SAMPLE PAYMENT SCHEDULE (Schedule of Deliverables)

Complete this form for each deliverable. This form may be subject to change once reviewed. Deliverables submitted later than the due date will require prior explanation and approval and may result in the delay of the processing of payments.

Deliverable #	Deliverable	Documentation	Due Date	Amount Due
1	Application	Documentation of the approval of the application and an executed contract	04/09/01	\$1,000.00
2	Statistics on number of families reported for child abuse or neglect	Letter from the local district office of the Department of Children and Families	05/15/01	\$1,000.00
3	Statistics on the number of children born in the community to unwed mothers	Letter from local hospitals and associated health care providers	05/15/01	\$2,000.00
4				\$
5				\$
6				\$
7				\$
8				\$
<b>Total</b>				<b>\$14,500.00</b>

## EXHIBIT 6: DEFINITIONS OF TERMS

This list of terms and definitions is intended to help applicants properly understand some of the terminology included in the Toolkit for Economic Development grant application and instructions.

**An Applicant** may be a community-based organization, a unit of local government, chamber of commerce, economic development council or board, a regional workforce development board, improvement authority, neighborhood association, urban league, or other similar entity that supports the improvement or development of a specified area.

**Baseline Measure** or **Current Situation** is the accurate description of the situation to be remedied or improved as a result of this project. You should be able to describe or measure the current situation in quantifiable terms. For example: current rate of births to unwed mothers; current unemployment rate. You must include the source of your information as part of your baseline measures.

**Coordinating Partners** are the four agencies assigned by law to administer the Toolkit for Economic Development. The Coordinating Partners include Enterprise Florida, Inc.; the Governor's Office of Urban Opportunity; Workforce Florida, Inc.; and the Florida Department of Community Affairs.

**Economically Distressed** means a community is experiencing conditions affecting its economic viability and hampering the self-sufficiency of its residents, including low per capita income; low property values; high unemployment; high under-employment; low weekly wages compared to the state average; low housing values compared to the state or area average; high percentage of the population receiving public assistance; high poverty levels compared to the state average; and the community must have a high percentage of needy families.

**Outcome** or **Outcome Measure** is an anticipated result or change that will occur as a result of the implementation of this project. For example: lower rate of pregnancies to unmarried women; lower rate of unemployment.

**Output** is a specific indicator or standard used to measure change over time. For example: fewer single women having babies within a specified period of time; specific, measurable drop in the unemployment rate during a specified time period.

**Performance Measure** is a tangible criterion that allows for the analysis or measurement of change over time.