



City Hall Location

71 U.S. Highway 90 West
DeFuniak Springs, FL 32433

Mailing Address

Post Office Box 685
DeFuniak Springs, FL 32435
Phone: (850) 892-8500
Fax: (850) 892-8506
www.defuniaksprings.net

Mayor

Bob Campbell

City Council

Todd Bierbaum
Council Member, Seat 1
Mayor Pro-Tem

Robert McKnight
Council Member, Seat 2

Kevin Crystal
Council Member, Seat 3

Henry Ennis, Sr.
Council Member, Seat 4

Anthony J. Vallee
Council Member, Seat 5

City Manager

Robert Thompson

City Clerk

Koby Townsend

July 1, 2022

Dear Non-Profit Organizations,

The City of DeFuniak Springs is preparing for our upcoming budget season and we are excited to invite non-profit organizations the opportunity to apply for funding during our 2022 fiscal year.

Funding is at the discretion of the City Council and per available budget funds. The DeFuniak Springs City Council, collectively, has placed a maximum amount of \$30,000.00 to be funded for all non-profit agencies with a \$5,000.00 maximum funding per agency. The emphasis for funding this year will be placed on Youth Services. Application submission does not guarantee funding.

To apply for funding, an application must be completed and submitted to City Hall **no later than July 22, 2022, at 5 p.m.** The application can be found at www.defuniaksprings.net under the Government tab, Finance Department, Non-profit resources. Please provide one stapled original and eleven stapled copies, along with all requested documentation, for Council consideration.

Should you have any questions, please do not hesitate to contact the Administration department at 850-892-8500.

Regards,

City of DeFuniak Springs



City of DeFuniak Springs

APPLICATION FOR FUNDING

Deadline for Small-Scale funding by non-profit organizations for Fiscal year 2023 (October 1, 2022 through September 30, 2023) is **July 22, 2022**. **Completed application and requested documentation must be received by the City of DeFuniak Springs by 5pm on July 22, 2022. Late applications will not be accepted.**

1. Name of Organization: _____

2. Amount Requested: _____ (\$5,000.00 maximum)

3. Contact Person: _____

4. Mailing Address: _____

City: _____ State: _____ Zip Code: _____

5. Contact Number(s): _____

6. E-mail Address: _____

7. Organization's IRS 501(c)(3) Taxpayer I.D. Number: _____

- Other IRS Recognized Non-Profit Organizations Taxpayer I.D. Number: _____

Application must be submitted with:

- Copy of Organization's current IRS form 990 or 990 e-Postcard.
- Summarized copy of your Organization's Operating Budget for the current year.
- One (1) stapled original and eleven (11) stapled copies of application package.

Applications will receive consideration without discrimination because of race, color, religion, sex, age, national origin, or disability.

8. Check the *one* category that *best matches* how the funds will be used:

Recreation Cultural Health Aesthetic Social Educational

Youth Service Other (specify) _____

9. How long has your Organization been in existence? _____ Years (*two year minimum required to qualify for funding*)

10. Has your Organization been funded by the City of DeFuniak Springs previously?

Yes ___ No ___ If yes, when and for how much? _____

11. Has your Organization received federal or state funding in the last 18 months?

Yes ___ No ___ If yes, when and for how much? _____

12. What is your Organization's fiscal year? _____ to _____

13. For the **current** fiscal year, what is the *estimated* annual operating budget of your organization?

\$ _____

14. For the **upcoming** fiscal year, please estimate your organization's *anticipated* annual operating budget.

\$ _____

15. Describe how your Organization is managed and/or governed:

16. How many paid employees/volunteers assist your Organization?

Full time employees _____ Part time employees _____ Volunteers _____

****Additional sheet may be attached to provide sufficient answer to the below questions – ensure each response is numbered in accordance with the question****

17. Is your organization located within the city limits of DeFuniak Springs?

Yes ___ No ___

18. Will the funding requested (if approved) be used within the city limits of DeFuniak Springs?

Yes ___ No ___

19. What is the overall purpose and/or goal of your Organization?

20. Briefly describe the activities and/or services of your Organization:

21. Clearly and plainly state the specific, detailed need for the requested funds and describe how the city funds will be used to address those needs.

22. **Impact and results:** Describe the benefits or impacts resulting from these requested funds, including how you intend to measure that impact.

Evaluation Criteria for City Non-Profit Applications:

Applications will be judged on the following five criteria:

1. Thoroughness and completeness of the application and its attachments.
2. The extent to which the activities using City funds are properly aligned with the organization's overall mission, purpose, and capacity.
3. The extent to which the need or problem is clearly described, is true, and it is accurate.
4. The extent to which the activities which use City funds are appropriate and valid strategies to address the identified emphasis.
5. The extent to which the activities using City funds are likely to achieve the desired benefit or impact stated by the applicant.