



March 1, 2023

TO: Community Partners  
RE: Requests for funding for Fiscal Year (FY) 2024

Dear Potential Funding Recipient:

Attached please find the Escambia County Community Partner Funding Request Application, which will be used for budget allocation purposes for the upcoming fiscal year.

**The deadline to submit completed applications is Monday, April 3, 2023.**

The application provides you with adequate space to list all your organization's sources of revenue and your major categories of expenditures. When preparing the requested narratives, a clear and concise response is appreciated. If you need more space, please reference the appropriate question for your answers on any additional documentation. This information does not take the place of the requirements of the Tourist Development Council for TDC grant recipients.

**Applications must be submitted electronically.** When submitting your application, please follow all instructions and fill out the questions clearly. Included this year is **an application check list** to ensure all required documents are submitted.

Escambia County is committed to making information accessible. As part of that effort, documents delivered to Escambia County as part of this project are to meet website guidelines for accessible design set forth by the U.S. Department of Justice under the Title II of the Americans with Disabilities Act (ADA) and web content accessibility guidelines. For this reason, please submit Word format documents if ADA guidelines cannot be met.

We look forward to learning how Escambia County may be able to support your organization to maximize outreach to the citizens of our great county!

Sincerely,

*Stephan Hall*

Stephan Hall  
Finance Director  
Escambia County



**FISCAL YEAR 2024  
ESCAMBIA COUNTY  
AGENCY FUNDING REQUEST APPLICATION**

All agencies requesting funding from Escambia County must submit the below-listed information and complete the attached form. Failure to submit all required information or to complete the form will remove your organization from consideration for funding. Please submit the completed application packet electronically to [Budget@myescambia.com](mailto:Budget@myescambia.com).

**DEADLINE - Monday, April 3, 2023**

**ELIGIBILITY CRITERIA:**

Organizations eligible to apply for funding must:

- Demonstrate funding received from sources other than local governments in an amount at least equal to the amount requested from Escambia County.
- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).
- Located in and serve residents of Escambia County.
- Provide at least 3 full years (36 months) of independently prepared, audited or reviewed financial statements or tax returns, unless organization was formed within the last 3 years.
- Not a recipient of Community Partner funding for more than 3 fiscal years unless the organization serves a government purpose OR for years 4 and beyond, funding must reduce at rate of at least 5% per year.
- The Board of County Commissioners retains the right to waive the eligibility criteria.

**APPLICANTS SHOULD:**

- Explain why receiving funding would have an especially significant impact on their organization.
- Have a mission and programs or services that serves a governmental program or citizen focused mission.
- Submit a proposed budget where government funding does not exceed 50% of annual operating budget unless in first 3 years of operation or mandated by statutory or another regulatory requirement.
- Plan to expend funds within 12 months.

Funds may be provided for programs, services, necessary infrastructure or other initiatives that support the organization's core mission. **Funds will not be provided for:**

- debt reduction, operating deficits, interim or bridge funding or endowment funding,
- individuals or private foundations,
- activities that are religious or political in nature,
- fund drives, annual appeals, fundraising events or general capital campaigns, and
- salaries that do not directly impact the program unless mandated by statutory or regulatory requirement.

When submitting your completed application with all required documents, provide your documents in original Word format or a direct PDF of the Word document. **Please limit scanned documents as much as possible.**

**APPLICATION CHECKLIST (Required)**

- \_\_\_ Submit a fully completed Agency Funding Request Application
- \_\_\_ Submit a copy of your organization's current W-9
- \_\_\_ Submit the Letter of Determination from the IRS confirming your organization's federally tax-exempt status
- \_\_\_ Submit a copy of your organization's 2021 or 2022 tax return (Form 990 or 990-EZ with additional backup). You may submit a 2020 tax return along with explanation for late filing.
- \_\_\_ Submit a copy of your organization's most recent 3 years of financial statements, with audit if applicable. Updated financials may be requested by the County periodically including prior and subsequent to reward date.

**GENERAL INFORMATION**

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

\_\_\_\_\_

Program Name for which funding is being requested: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Program Contact: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

25-Word Description of Program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many years has your organization been providing services in the County? \_\_\_\_\_

How many years has your organization received funding from the County? \_\_\_\_\_

Explain how receiving funds from the County would have a significant impact on your organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRIOR YEAR FUNDING**

(if none received, mark N/A and skip to next section)

Amount Received Last Year, if applicable: \_\_\_\_\_

Briefly discuss how last year's funds were used? \_\_\_\_\_

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Briefly discuss the County's Return on Investment relative to last year's funding? In other words, what impact did your program have on the citizens of Escambia County? \_\_\_\_\_

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**CURRENT YEAR REQUEST**

Briefly discuss how the funding you are currently requesting will be used. What does your program do and why is it an asset to the County? \_\_\_\_\_

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Is your program a governmental function or requirement? If a governmental request, please site regulatory/statutory requirement. Please explain: \_\_\_\_\_

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**SIMILAR/PARTNER ORGANIZATIONS**

List any other public or private organizations/agencies that provide similar services and how have you partnered with those organizations in the area: \_\_\_\_\_

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Explain how you are the best partnering agency for your program. Please differentiate your program from a similar program. \_\_\_\_\_

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**FUNDING**

Will these funds be used for salaries/administrative costs or direct programming costs? Please provide a breakdown by percentage within each category. *NOTE: Only salaries directly related to the approved program are eligible for funding.*

- Percentage for salaries/administrative costs: \_\_\_\_\_%
- Percentage for direct programming costs: \_\_\_\_\_%

If Escambia County funding can only fund a portion of your request, how will you offset the difference? \_\_\_\_\_

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If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio: \_\_\_\_\_

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Is there a duplication of funding? Does your organization request funding from other local non-profit agencies? If so, list each agency you request funds from and the amount. Explain what those requested funds would be used for. \_\_\_\_\_

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\_\_\_\_\_

**GOALS AND METRICS**

Provide "Specific and Measurable" metrics in the following three sections:

1. Please complete the Agency Metrics Scorecard below by listing up to three primary goals that this program is targeting. For example, "reduce homelessness in Escambia County by "X"%." Provide three years of trends. If you are an Agency that received funding the prior year use the same metrics for consistent measurement. ALL agencies are required to fill out this template.

Goals & Metrics Scorecard	FY21	FY22	FY23	% Change
1.				%
2.				%
3.				%

2. Please list the goal performance measure(s) by which your organization will measure the success of your program if funding is received. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Program Goals	FY24
1.	
2.	
3.	

3. Please list the actual baseline statistics/agency metrics for the performance measure(s) as listed on the previous question on the application. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Baseline for Goals	FY23
1.	
2.	
3.	

**BUDGET**

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program, you are not required to complete the information for the previous budget year. Please add any additional income or expense sources to the table as necessary to complete your budget application. Please round figures to the nearest whole dollar.

INCOME TABLE			
	Most Recently Completed Budget Year - FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Contributions/Donations from Private Sources			
Programmatic Income			
County Funding/Direct Contribution			
County Funding by Other Source (a)			
City Funding			
Local Non-Profit Funding			
State Funding			
Federal Funding			
Memberships			
Investment Income			
Other Income (b)			
Total Income			

(a) Please explain by Fiscal Year any amount listed in "County Funding by Other Source" line item. (Example: Commissioner Discretionary funding, Sheriff's Office funding, etc.) \_\_\_\_\_

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(b) Please explain by Fiscal Year any amount listed in the "Other Income" line item. \_\_\_\_\_

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<b>EXPENSES TABLE</b>			
	Most Recently Completed Budget Year FY 2022	Current Budget Year FY 2023	Proposed Budget Year FY 2024
Total Number of Staff			
Salaries and Wages			
Employee Benefits			
Professional Services			
Contractual Services			
Travel Expenses			
Rentals and Leases			
Communication			
Postage and Freight			
Repair and Maintenance			
Printing and Binding			
Marketing and Promotion			
Fuel			
Supplies			
Event Expenses			
Capitalizable Assets for County Funding (a)			
Other Expenses (b)			
Total Expenses			
Net Income - (Revenue minus Expense)			



(a) Please explain any capitalizable assets (vehicles, land, or equipment) contained in your request. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Please explain any request listed in the "Other Expenses" line item. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUDGET QUESTIONS**

1. Does your agency run on Calendar Year, State Fiscal Year, or Fiscal Year? \_\_\_\_\_

2. Please explain any discrepancies in the Expense Table and your agency's Financial Statements. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Please explain any Net Income (Revenue less Expense) represented in the Expense Table above on the bottom row. What is the planned use for these left over/residual funds? \_\_\_\_\_

\_\_\_\_\_

4. Please list the salary of the top 5 employees, names and positions of your organization.

Name	Position	Salary

5. Please provide the total amount of cash and investments on hand. \_\_\_\_\_

\_\_\_\_\_

6. Does your organization charge fees for services? If so, provide a list of fees charged.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Does your organization require background checks from volunteers and staff? \_\_\_\_\_

**ECONOMIC DEVELOPMENT AGENCIES**

If you are an economic development agency, please complete the below supplemental questions. If you are not an economic development agency, please mark N/A: \_\_\_\_\_

1. What is your agency's Strategic Plan? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How many jobs were created this year over last year by zip code? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What is the net cost per job created? \_\_\_\_\_

**ADDITIONAL QUESTIONS (Economic Development)**

1. What was done by your agency to address the "Pockets of Poverty"? \_\_\_\_\_

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2. Did your agency receive any grants? List the amount and a detailed use of the funds.

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3. Was there any increase in membership for the local chambers? \_\_\_\_\_

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4. What are your agency's statistics on business creation and minority businesses by zip code? \_\_\_\_\_

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5. Can we reduce the taxpayer subsidy? \_\_\_\_\_

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I hereby certify that the information provided above is a true and correct statement relating to the organization requesting funding named above.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date