

# BOARD OF COUNTY COMMISSIONERS Escambia County, Florida

Title: Board of County Commissioners Community Support Fund Policy

Date Adopted: May 1, 2025 Effective Date: May 1, 2025 Policy Amended: New Policy

#### I. PURPOSE:

The purpose of this Community Support Fund Policy ("Policy") is to ensure that Escambia County is fiscally responsible in the use of County Commissioner community support funding and to ensure that the expenditure of such County funds serves a public purpose. This Policy creates a uniform procedure for the submission, review, approval, and accounting of such funding requests.

#### II. AUTHORITY:

Article VII, Section 10, Florida Constitution, and Section 125.01, Florida Statutes.

#### III. ELIGIBILITY CRITERIA:

- A. Each fiscal year, the Board may allocate community support funding equally to each County Commissioner. Subject to the availability of budgeted funds, Commissioners may request Board authorization for a community support funding allocation to an eligible applicant or for a County project or program.
- **B.** Commissioners may request Board authorization for a community support funding allocation for a County project or program by submitting a recommendation with any supporting documentation for agenda placement. A funding application is not required.
- **C.** An applicant for funding must qualify as:
  - (a) a municipality/city government or other governmental agency in Escambia County; or (b) an organization that is incorporated as a not-for-profit corporation pursuant to Chapter 617, Florida Statutes, authorized to conduct business in the State of Florida, and designated as a tax-exempt corporation by the Internal Revenue Service as provided in the Internal Revenue Code.
- **D.** The applicant must have been established, as described above, for a minimum of one (1) year prior to submitting the application.
- E. The applicant must provide a completed funding application to the sponsoring Commissioner. The application, with any supporting documentation, shall be made available to the Board when the Commissioner requests Board approval.
- F. The applicant must certify that all services associated with the project or program will be made available in a non-discriminatory manner and ensure non-discriminatory access to said services as required by law.
- **G.** The applicant must describe how the project or program will serve a public need for the benefit of the community; how the project or program will be conducted;



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and how the County's funding would be utilized. Funds may not be used for any purpose prohibited by law.

**H.** The applicant must agree to make all documentation relating to the project or program, including financial information, available to the County and must permit on-site visits by representatives designated by the County.

#### IV. APPLICABILITY:

This Policy shall apply to all requests for a community support funding allocation.

#### V. PROCEDURES:

The applicant must submit either a "Not-for-Profit Funding Request Application" or "Governmental Agency Funding Request Application" (as attached to this Policy) to the sponsoring Commissioner, along with supporting documentation necessary to establish that the use of the funds is consistent with this Policy and all applicable county, state, and federal rules, and regulations.

#### VI. REVIEW:

The County Administrator, or designee, will review each application to confirm the eligibility criteria and receipt of all required information prior to agenda placement.

#### VII. APPROVAL:

Applications that meet the eligibility criteria will be submitted to the Board of County Commissioners for consideration. A recommendation requesting Board authorization for a community support funding allocation must be submitted for agenda placement prior to the initial publication of the agenda. Any community support funding allocated in an amount of \$10,000 or more shall also require the Board's approval and authorization to execute a Miscellaneous Appropriations Agreement.

#### VIII. LIMITATIONS:

If a funding allocation is approved to sponsor an event, function, or other program or project, tickets, admission, promotional items, or other gratuities may not be accepted on behalf of an individual Commissioner or County staff, and any such thing of value offered in exchange for said contribution shall be declined.

#### IX. ACCOUNTING & REPORTING:

For funding allocations up to \$10,000, the applicant shall provide adequate supporting documentation showing proof of payment for eligible expenses incurred in accordance with the Policy and provide such other documentation as necessary to show compliance with all applicable county, state, and federal rules, laws, and regulations. For funding allocations of \$10,000 or more, the applicant shall also enter into a Miscellaneous Appropriations Agreement. Any entity that receives funding pursuant to this Policy may be subject to an audit by the Board of County Commissioners or its designee regarding use of these County funds.

#### X. AVAILABILITY:

This Policy and the "Not-for-Profit Funding Request Application" and "Governmental Agency Funding Request Application" (as attached to this Policy) will be posted on the County's website and available at all times to the general public. On a quarterly basis, the County will also post a report of all funding allocations during the preceding quarter.

Approved as to form and legal sufficiency.

By/Title:

Page 2 of 2



## **Not-for-Profit Funding Request Application**

### ESCAMBIA COUNTY BOARD OF COUNTY COMMISSIONERS

Organization Contact Information			
Agency Name:			
Street Address:			
City:	State:	Zip:	
Website:	-		
Executive Director:			
Phone:	Email:		
Name and Title of Principal Contact:			
Phone:	Email:		
Date of Incorporation:	Consecutive Years of	Operation:	
Current Corporate Status:			
	m Information		
Program/Project Name:			
Total Cost:	<b>Total Funding Red</b>	quest:	
<b>Public Need Served:</b> Please identify how the project or program will serve a public need for the benefit of the community.			
of the community.			
	Athletics	Public Infrastructure	
Homelessness Youth Community Hunger Youth	Enrichment	Historic Preservation	
HomelessnessYouth Community HungerYouth Community HealthAccess	Enrichment to Arts and Culture	Historic Preservation Military Veterans Affairs	
HomelessnessYouthCommunity HungerYouthCommunity HealthAccess	Enrichment	Historic Preservation	

Expenditure of Funds: Please explain how the County's funding would be used. If being used for an event, please identify how the County's funds are supporting the event. If being used to acquire equipment, facilities, or similar expenses, please list those items here.	
Certification/Attestation	
The applicant certifies that the services associated with the Project or Program will be made available in a non-discriminatory manner, and the applicant will ensure non-discriminatory access to said services as required by law.	
The applicant agrees to allow on-site visits by the County or its designee. The applicant further agrees to produce all documentation relating to the Project or Program and consents to provide audits of the applicant's financial affairs as may be required by the County.	
The applicant agrees to provide any additional documentation relating to the provision of services associated with the Project or Program as may be required by the Escambia County Clerk of Court.	
The undersigned, on behalf of the applicant, agrees to be bound by Escambia County's Community Support Fund Policy. I have completed this application fully and accurately and have not misrepresented anyinformation contained herein. I certify that the requested funds will be used for the purposes set forth in this application and consistent with the Policy and Florida law.	
Authorized Agency Signature Date	



## Governmental Agency Funding Request Application

### ESCAMBIA COUNTY BOARD OF COUNTY COMMISSIONERS

Governmental Agent	Governmental Agency Organization Contact Information		
Governmental Agency Name:			
Street Address:			
City:	State:	Zip:	
Website:			
Phone:	Email:		
Name and Title of Principal Agency Contac	et:		
Phone:	Email:		
Consecutive Years of Operation:			
Pro	ogram Information		
Program/Project Name:			
Total Cost:	Total Funding Re	quest:	
<del></del>	he project or program will so	erve a public need for the benefitPublic Infrastructure	
Community HealthAc	outh Enrichment cess to Arts and Culture ucation & Outreach	Historic Preservation Military Veterans Affairs Other	

Expenditure of Funds: Please explain how the County's funding would be used. If being used for an event, please identify how the County's funds are supporting the event. If being used to acquire equipment, facilities, or similar expenses, please list those items here.
Certification/Attestation
The applicant certifies that the services associated with the Project or Program will be made available in a non-discriminatory manner, and the applicant will ensure non-discriminatory access to said services as required by law.
The applicant agrees to allow on-site visits by the County or its designee. The applicant further agrees to produce all documentation relating to the Project or Program and consents to provide audits of the applicant's financial affairs as may be required by the County.
The applicant agrees to provide any additional documentation relating to the provision of services associated with the Project or Program as may be required by the Escambia County Clerk of Court.
The undersigned, on behalf of the applicant, agrees to be bound by Escambia County's Community Support Fund Policy. I have completed this application fully and accurately and have not misrepresented anyinformation contained herein. I certify that the requested funds will be used for the purposes set forth in this application and consistent with the Policy and Florida law.
Authorized Agency Signature Date