Orange County Neighborhood Services Division

NONPROFIT HOUSING REPAIR GRANT APPLICATION (*$20,000 funding cap*)

Applicant Contact Information

Organization Name: _____

**Must be a 501(c)(3) nonprofit, faith-based or community organization*

Project Contact Name: _____

Mailing Address: _____

Street

_____

City *State* *Zip Code*

Mobile Phone: _____ Office Phone: _____

Email: _____

Alternate Contact Name: _____

Mobile Phone: _____ Office Phone: _____

Email: _____

Are you within city limits? ☐ **YES** ☐ **NO**

If so, does your city offer a grant program? ☐ **YES** ☐ **NO**

Has your organization ever been awarded an Orange County grant before?

☐ **YES** * ☐ **NO If yes, which grant program and when?** _____

How did you learn about the grant program? _____

Project Request

Type of Project – please select all that apply:

- ☐ Minor exterior household repairs, e.g., replacement of fascia, soffit, and/or shutters
- ☐ Gutter repairs
- ☐ Pressure washing and painting

☐ Materials

☐ Window and door replacement

☐ Other: *If your project does not appear on this list, please contact the Neighborhood Services Division prior to completing an application.*

Project Location

Mailing Address:_____
Street

_____
City State Zip Code

Community/Subdivision Name: _____

Project Budget

A. TOTAL PROJECT COST: **$**_____

INCLUDE:
Materials
Labor
Delivery
Equipment rental
Professional services
Permits/impact fees

C. GRANT AMOUNT REQUESTED **$**_____

Organizations must not initiate projects, purchase any materials, or deliver deposits to vendors/contractors before delivery of Purchase Order.

_____ _____
Applicant Signature Print Name
(must be authorized to sign on behalf of organization)

_____
Title

Project Information

- Please provide the answers to the following questions on a separate sheet of paper.
- No more than three (3), 8 1/2 x 11 pages will be accepted.
- We require all submittals to be single space and no less than 10pt font.

A. DESCRIPTION OF PROJECT

1. **Why this project is important to the community.**

   Provide a brief summary of how the project will enhance the quality of life in the community. How will this project empower your organization to work together to accomplish common goals and objectives?

2. **Describe the project.**

   Provide details pertaining to the project your organization is proposing. Indicate the desired outcome(s), project location map, photos of the site, target population, and number of households assisted. Proposed project must have exterior improvements to be considered i.e. - exterior painting and minor façade repairs.

3. **Implementation Plan.**

   Explain the organization's plan to implement project. Include how the project will be organized, implemented, monitored, operated, and administered, and the timeline from initiation to completion.

4. **Proposed Project Budget.**

   Provide a detailed line item budget that lists, total grant request, anticipated expenditures, estimated cost, and an explanation of the expenditure. Please be as detailed as possible and ensure your project budget includes only expenses related to the service your organization is providing.

B. ORGANIZATIONAL BACKGROUND

1. What is the legal status of your organization? (e.g., 501(c)(3), 501(c)(4), etc.). Please provide supporting documentation.
2. Please provide a copy of your articles of incorporation and/or bylaws.
3. If none of the above applies to your group, is your group an organized neighborhood organization with elected officers? If the answer is yes, please provide a list of your current officers.
4. Please provide meeting minutes showing the support from your organization's Board as documented proof of the organization's intent to participate in the activities being funded by the Nonprofit Housing Repair Grant.
5. How are the financial accounting books kept in your organization and by whom? If this grant is awarded to your organization, what process will be in place to manage funds received through the Nonprofit Housing Repair Grant?
6. Please describe the organization's experience in the oversight and management of programs similar to the Nonprofit Housing Repair grant program. Please provide a list of previous projects, programs, grants, or any other activities that show experience with similar projects.
7. Explain how this project will increase the level of service for your organization.

C. PROJECT READINESS

1. If your organization will be utilizing contract labor for any part of your proposed project, please describe the method that will be used to select your vendor.

   Note: Before funds are released, your organization will be required to provide the credentials of your selected vendor.

2. Describe the process that will be used to select project participants.

3. If awarded the grant, your organization will sign a statement indemnifying Orange County.

Submissions can be emailed to OCNeighborhoods@ocfl.net. Delivered in person or mailed to Neighborhood Services Division, Attn: Non-Profit Housing Repair Grant, 2450 33rd Street, 2nd Floor, Orlando, FL 32839.