



**STATEMENT OF NEED**

3. Why is this program needed (What community problem does it address)? What data suggests that this program should be implemented with this population or in this geographical location? (USE RECENT, RELEVANT DATA. Attach additional pages if necessary.

4. Describe the program in detail and how it will be implemented: (Describe Who, What, Where, and When) All programs must address a specific population and the narrative should indicate the number of clients served, services provided etc. Attach additional pages if necessary.

**PROJECT BUDGET** Project budget should ONLY include costs related to your funding request. Other match funds should not be included below.

LETF Line Item Budget	Calculation	Total Amount
<b>Program Expenses</b>		
Personnel Costs/Salaries	\$	
Fringe Benefits	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and Copying	\$	
Other (specify)	\$	
	<b>Total LETF REQUEST:</b>	<b>\$</b>

**BUDGET NARRATIVE** (Required for ALL applications (Provide a narrative explanation of what the budget will include and its relevance to the project in #4. Please explain any anomalies in the budget above.)

Attach additional pages if necessary.

**SIGNATURE/CERTIFICATION**

**CERTIFICATION AND ASSURANCES** (Please initial next to each, in blue ink. By initialing and signing this application for funding the applicant agrees to comply with the following terms and conditions if awarded LETF Funding.

PERIOD OF PERFORMANCE

**Initial**\_\_\_\_\_APPLICANT shall commence services as soon as practical and reasonable under the circumstances. All program activities must be completed within one (1) year of disbursement, unless said date is extended by SPD. Any request for extension of time must be submitted no later than 30 days before the end of the performance period of the award.

REPORTS AND DELIVERABLES

**Initial**\_\_\_\_\_APPLICANT will keep clear and accurate records throughout the Program period so that the progress of the services rendered may be readily evaluated by SPD at mutually agreed upon times.

**Initial**\_\_\_\_\_APPLICANT will provide SPD with a **quarterly program report** which shall include the current Program status by APPLICANT in completing/servicing the Program and the expenditure of funds in addition to such other pertinent information as requested by SPD on the report form to SPD no later than **fifteen (15) days** after the end of each quarter.

**Initial**\_\_\_\_\_A **final report** of activities and expenditures documented by receipts or other financial proof of expenditure of the Program shall be submitted by APPLICANT on the report form to SPD no later than **forty-five (45) days** of the end of the performance period. All cost and expense in generating and delivery of such documentation shall be burdened by APPLICANT and the documents shall be delivered in a format acceptable to SPD. Failure to comply with the reporting requirements shall result in APPLICANT having to return LETF.

**RETURN OF FUNDS**

**Initial** \_\_\_\_\_ If APPLICANT fails to perform; or is determined later to not be qualified to receive LETF; or if there was an untruthful statement made by APPLICANT within its Request for Funding Application (Application); or fails to provide the necessary reporting documents to SPD, then all LETF disbursed to the APPLICANT shall be returned to SPD within ten (10) business days of BSO’s written demand for the same and APPLICANT may be ineligible for any future LETF disbursements.

**SPECIAL PROVISIONS**

All services should be provided exclusively in Sarasota County to Sarasota County residents.

**Initial** \_\_\_\_\_ APPLICANT will not qualify for subsequent year funding from SPD and will not be able to receive subsequent year funding until a complete report, approved by SPD has been obtained for prior year activities that were funded by LETF award. Notwithstanding the forgoing, SPD shall not be obligated to award any subsequent funding unless and until the APPLICANT reapplies for the same and is approved for disbursements, at the discretion of SPD.

**Initial** \_\_\_\_\_ Failure to spend grant funds in accordance with the approved project budget will result in return of funds to SPD.

**Initial** \_\_\_\_\_ Failure of the APPLICANT to submit a complete report with backup documentation to SPD, at no cost to SPD, will result in immediate return of funds to SPD.

**Initial** \_\_\_\_\_ Failure of the APPLICANT to comply with sub-recipient monitoring will result in immediate return of funds.

False statements or claims made in connection with this LETF Funding Application may result in fines, imprisonment, and/or any other remedy available by law. I certify that the assurances provided are true and accurate to the best of my knowledge.

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

OFFICIAL AUTHORIZED TO SIGN AND BIND APPLICANT AGENCY TO APPLICATION:

Signature: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name & Title)

Date: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by (name of person making statement).

(NOTARY SEAL)

\_\_\_\_\_  
(Signature of Notary Public-State of Florida)

\_\_\_\_\_  
(Name of Notary Typed, Printed, or Stamped)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

## **Attachments**

**Please include the following documents with your application:**

Attachment A--Sunbiz Certificate of Status

Attachment B-- IRS Form 501(C)(3)

Attachment C-- IRS Form W-9

Attachment D—Program Location Letter

Attachment E – Additional Pages as Necessary