

## **CITY OF DELTONA** **REQUEST FOR CITY NON-PROFIT FUNDING**

On October 1, 2016, the City of Deltona (City) approved \$35,000 in funding from the General Fund for FY 2016-2017 for public service agencies and organizations. Requests are now being accepted from social service agencies or other public service organizations that are Florida registered not-for-profit entities through 501c3 or similar capacity. Funding may be used for special/unexpected non-reoccurring social service situations for the youth population. Documentation will be requested as verification that City residents are directly served through this source of City funding.

The requests for funding will be submitted to the Deltona City Commission for their decision for the funding request. Unless otherwise determined by the City Commission, funding awarded to any one (1) agency or organization with a \$1,000 limit; and is limited to one (1) payment per agency or organization per City fiscal year.

### **REQUEST PROCESS AND AWARD OF FUNDS**

- All requests must be submitted to the City's Manager's office.
- All requests shall be completed in-full, as verified by the City, and be signed by an authorized agent for the organization. Any incomplete or unsigned application received by the City will not be considered this fiscal year.
- All requests with original signatures may be mailed, hand-delivered, emailed, or faxed.
- No more than one funding request per agency or organization per fiscal year.
- Grant awards will be a maximum of \$1,000 for any one agency or organization per fiscal year.
- **All requests will be approved or denied at the discretion of the City Commission. The guiding criterion for funding will be based on how and the number of City of Deltona residents will directly be benefitted from the funds. Funds can be awarded retroactive to the situation.**

Requests to be submitted to:

CITY OF DELTONA  
CITY MANAGER'S OFFICE  
2345 PROVIDENCE BOULEVARD  
DELTONA, FLORIDA 32725

## REQUEST FOR CITY OF DELTONA FUNDS

AMOUNT OF FUNDS BEING REQUESTED: \$ \_\_\_\_\_

1. Requestor's Name: \_\_\_\_\_

2. Type of Organization: \_\_\_\_\_

3. Contact Person: \_\_\_\_\_

4. Telephone number: \_\_\_\_\_

5. Email address: \_\_\_\_\_

6. Business office address: \_\_\_\_\_

\_\_\_\_\_

7. Public service activity: \_\_\_\_\_

8. Reason for request of funds: \_\_\_\_\_

\_\_\_\_\_

9. Is this a one-time request or is this for an on-going program/project? \_\_\_\_\_

10. Description of program/project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Please describe how residents will directly be benefitted about the program/project being offered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. By no later than 6 months from receipt of funding, provide a report to the City Manager accounting how funds were spent and how many people were benefitted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE

COMMISSION APPROVAL:            YES                                NO   

DATE OF APPROVAL: \_\_\_\_\_