



Pinellas County Board of County Commissioners  
Social Action Funding FY 17  
APPLICATION FORM

Pinellas County Board of County Commissioners is pleased to offer this funding opportunity for qualified, non-profit social service organizations desiring to provide priority services to low-income residents of Pinellas County. The funding priorities for this program are: food/nutritional services, homeless prevention, support services for the homeless, healthcare and human services for disadvantaged residents, and supportive services for an aging population.

## I. Contact Information

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**Full Legal  
Organization  
Name**

**Street Address**

**City**

**State**

**Zip Code**

**Organization  
Website**

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**Organization  
President /  
Executive  
Director**

**Title**

**Phone Number**

**E-Mail Address**

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**Contact Person**

(if different)

**Title**

**Phone Number**

**E-Mail Address**

## II. Organization Information

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**501(c)(3)?**

Yes  
No

Year Established

Taxpayer/  
Employer ID #:

Registered in  
Florida

Yes  
No

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**Total  
Organization  
Budget**

**Total # of Board Members**

**Total # of Staff**

**Total # of Volunteers**

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**Organizational  
Mission  
Statement**

*(approximately 600  
characters)*

**Brief  
Description of  
Organization**

*(approximately 900  
characters)*

**Population  
Served**

*(approximately  
375 characters)*

### III. Proposal Request

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**Program /  
Project Name**

**Total Program  
Budget**

**Requested  
Amount**

**Percent of Total  
Budget**

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New Program

Expanded Program

**Priority Area**

**Geographic Area**    Entire County  
*(multiple choices may be selected)*

North County

Mid County

South County

**Priority funding  
areas**

*(indicate how your  
request fits within the  
County's Priority  
Areas)  
(approximately 475  
characters)*

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**Project Abstract:** *(approximately 950 characters)*

**Authorized Signature**

Printed Name/  
Title

Signature

Date

## IV. Project Narrative

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**Organizational Profile:** Briefly describe your organization's mission and experience relevant to the proposed program; strengths your organization possesses to implement the program; who will lead the program and their qualifications. *(approximately 2500 characters)*

**Community Need:** Describe the problem to be addressed and need for services, include data/statistics where applicable; Describe the target population to be served and geographic area. *(approximately 2500 characters)*

**Program Summary:** Describe the program you are seeking funding for and how it will address the problem; describe any evidence-based models or best practices; Does the program reflect an innovative solution to the problem? Describe how services will be delivered; Describe what is currently being done and evidence (surveys, waiting lists, trends) that suggest the community "wants" the program. Does this program leverage other funders? Describe any collaborative relationships/partnerships. *(approximately 6200 characters)*

**Program Outcomes:** Describe each of the program's goals and activities. Describe the timeline by which they will be accomplished including short-term, intermediate, and long-term results; How will the organization define success; Describe what data will be collected and measurement tools.

*(approximately 2500 characters)*

## V. Budget Request Form (all fields are required; please use "0" or "N/A" if none.)

Organization  
Name:

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### Personnel

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Personnel Cost	# FTEs
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### Program Services

Direct Client Services	<i>bus passes, clothing, medical, utilities, gift cards, etc</i>
Food	<i>food service, take home meals, groceries</i>
Travel	<i>local and long distance travel/mileage by staff</i>
Professional	<i>contracted services/individuals</i>
Advertising/ Promotional	<i>brochures, social media, printing, advertising, events</i>
Conference/Training	<i>workshops, conferences, meetings, events for staff</i>

### SUB TOTAL

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### Operational (expenditures must be relevant and necessary for the proposed program)

Professional Fees	<i>accounting, legal, auditing, payroll, licensing fees</i>
Insurance	<i>professional, liability, auto, workers comp, other...</i>
Dues/Memberships	<i>subscriptions</i>
Communications	<i>telephone, internet, web fees, fax...</i>
Utility Services	<i>water, electric, gas, sewer for administrative offices</i>
Rentals/Leases	<i>buildings, land, vehicles for administrative offices</i>
Maintenance/Repair	<i>repair for housing, shelter, residents, offices</i>
Office Supplies	<i>program specific office supplies/computer equipment</i>
Other (specify)	<i>specify</i>

### SUB TOTAL

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### TOTAL BUDGET