



SPECIAL EVENTS FUNDING/DONATION REQUEST PROGRAM INFORMATION GUIDE

Organizations or individuals seeking funding from the City of Margate must complete the Special Events Funding/Donation Request Application for Organizations or the Special Events Funding/Donation Request Application for Individuals. The amount requested cannot exceed \$1,000 per organization or \$500 per individual. Organizations or individuals must submit said application and necessary documentation to the City of Margate, City Clerk's Office, 5790 Margate Blvd., Margate, FL 33063.

For requests by both organizations and individuals, the funding request must provide a public benefit (educational, economic, health, etc.) to the City of Margate and its citizens. If the requestor is an individual, the individual must be a City of Margate resident. For individual requests, registration fees associated with a school, program, or event shall be paid directly to the sponsoring entity, if possible. If the requestor is an organization, the organization must:

- Be a non-profit organization, either with Articles of Incorporation filed with the Florida Department of State, or for those non-profits organized within another state, be registered with the State of Florida as a foreign corporation.
- Must have an active registration with the Florida Department of Agriculture and Consumer Services (FDAC) unless exempt pursuant to Florida Statutes.
- Be in existence and operating within the State of Florida for at least twelve (12) months prior to the date of application to the City for a donation.
- Submit in addition to their application: (1) a copy of their 501(c)3, 501(c)4, or 501(c)6 notification letter; (2) a copy of their current Form 990 (if your organization is required to file this document); (3) a copy of their last completed audit; and (4) annual budget.

After receipt of the application, all applications shall be presented to the City Commission at the next regularly-scheduled City Commission meeting. **Applicants are strongly encouraged to attend the City Commission meeting in which their request is to be heard, in order to provide additional information about their request as needed. Failure to attend the meeting may cause the request to be denied or tabled by the City Commission.** The City Commission, at its sole discretion, shall determine which organizations or individuals are awarded funding. All decisions of the City Commission are final and binding. Once funding has been approved, the approved amount will be provided to the organization or individual. Please note that an affidavit will be prepared by the City and must be completed by the organization or individual recipient within two weeks of the event/expenditure. In addition, reports of service delivery/expenditures of any funds and/or receipts may be required. Furthermore, all individual recipients are requested to provide/present photographs/details following the event/expenditure at a public meeting. If an organization or individual is awarded a donation for a particular purpose/event, and the event is canceled, a full reimbursement to the City is required. Organizations and individuals may apply for one donation per fiscal year. Organizations or individuals that have failed to meet a reimbursement obligation in previous years or additional conditions of approval will not be eligible for future consideration until all prior obligations have been fulfilled.



SPECIAL EVENTS FUNDING/DONATION REQUEST APPLICATION FOR ORGANIZATIONS

Please attach pertinent background information to this application. You may attach additional pages, if needed.

ORGANIZATION PROFILE				
Organization Name:			Today's Date:	
Organization Leader:		Title:		
Mailing Address:	City:	State:	Zip:	
Phone Number:		Email Address:		
Website:			Tax ID:	
Total number served by organization in last calendar year: _____. Of which, _____ were Margate residents.				
Total number of Margate residents projected to be served in next calendar year: _____				
FDACS Charity Registration No.: CH _____		Organization Information <i>(Please indicate which of the following criteria your organization meets):</i> <input type="checkbox"/> Tax Exempt status under Internal Revenue Code 501(c)3, 501(c)4, or 501(c)6. Please include copy of your notification letter and most current Form 990 if your organization is required to file this document. <input type="checkbox"/> Not a private Foundation as defined under Internal Revenue Code 509.4. <input type="checkbox"/> Volunteer Board of Directors is the governing body. <input type="checkbox"/> Independent audit is performed each year. If so, please include last completed audit. <input type="checkbox"/> Annual budget is approved by the Board of Directors. Please include. <input type="checkbox"/> Registered with Charity Navigator.		
Organization Description:				

ABOUT THE FUNDING REQUEST	
Funding Request:	Total Budget/Cost for Special Event:
% of funding request used to provide services:	% of funding request for administration:
Please describe the intended use of requested funds and indicate the time period you are requesting these funds for <i>(please attach letters of community support if applicable):</i>	



SPECIAL EVENTS FUNDING/DONATION REQUEST APPLICATION FOR ORGANIZATIONS

Please provide a needs statement (Why do you need the requested funds?):

Explain the public benefit (educational, economic, health, etc.) to the City of Margate and its citizens from the City funds received:

Please provide an outcome statement (What will be accomplished with the money?) explaining the impact as a result of obtaining funding from the City:

Demonstrate how you will evaluate your results. These measures need to be directly related to the need and expected outcome:



SPECIAL EVENTS FUNDING/DONATION REQUEST APPLICATION FOR ORGANIZATIONS

Please list other sources and amounts being requested from other agencies:

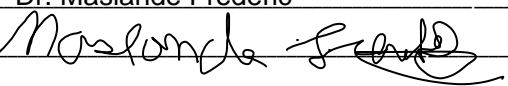
Has your organization received funding from the City of Margate in the past? ☐ Yes ☐ No
If yes, please indicate the amount and the year:

(Organization) Discover The Beauty Women Empowerment inc agrees to ensure compliance with all applicable federal, state, and local laws and regulations.

This application must be signed by the applicant's authorized representative. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the grant request and is able to utilize the funds sought for their stated purpose. Please note that reports of service delivery and expenditures of any funds may be required.

*Pursuant to Florida Statute 95.525, a person who knowingly makes a false written declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree. **Under penalties of perjury, I, Maslande Frederic declare that I have read the foregoing Application and to the best of my knowledge and belief, the facts stated in it are true.***

Authorized Representative (Printed): Dr. Maslande Frederic Date: 08/02/2022

Authorized Representative (Signature):  Date: 08/02/2022

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____ 20____, by _____, who is ☐ personally known to me or ☐ produced identification and did not take an oath.

(seal)

Print Name: _____
Notary Public, State of Florida at Large

OFFICIAL USE ONLY

<input type="checkbox"/> Tax exempt notification letter	<input type="checkbox"/> Most current Form 990	<input type="checkbox"/> FDAC Registration
<input type="checkbox"/> Approved annual budget	<input type="checkbox"/> Last completed audit	<input type="checkbox"/> Charity Navigator Report
<input type="checkbox"/> Broward County Records Review	<input type="checkbox"/> Court records review	<input type="checkbox"/> Local Business Tax Receipt

Date Received:			Application Reviewed By:		
Amount Approved by City Commission:		Date Approved:		Account #	

Request for Redaction of Exempt Personal Information

(rev 6/2021)



I, _____, declare I am:

- ☐ A **victim** of battery, stalking, harassment or domestic violence. [F.S. 119.071(2)(j)1 - documentation required]
- ☐ An active or former sworn or civilian **law enforcement personnel**, including correctional and correctional probation officers or spouse or child of same. [F.S. 119.071(4)(d)2.a]
- ☐ An active or former **personnel of the Department of Children and Families** whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities or spouse or child of same. [F.S. 119.071(4)(d)2.a]
- ☐ An active or former **personnel of the Department of Health** whose duties are to support the investigation of child abuse or neglect or spouse or child of the same. [F.S. 119.071(4)(d)2.a]
- ☐ An active or form **personnel of the Department of Revenue** or local government whose responsibilities include revenue collection and enforcement of child support enforcement or spouse or child of same. [119.071(4)(d)2.a]
- ☐ A current or former nonsworn investigative **personnel of the Department of Financial Services** whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations or spouse or child of same. [F.S. 119.071(4)(d)2.b]
- ☐ A current or former nonsworn investigative **personnel of the Office of Financial Regulation's Bureau of Financial Investigations** whose duties include the investigation of fraud, theft, other related criminal activities, or state regulatory requirement violations or spouse or child of same. [F.S. 119.071(4)(d)2.c]
- ☐ A current or former certified **firefighter**, or spouse or child of same. [F.S. 119.071(4)(d)2.d]
- ☐ A current or former **justice of the Supreme Court, district court of appeal judge, circuit court judge, or county court judge** or spouse or child of same. [F.S. 119.071(4)(d)2.e]
- ☐ A current or former **state attorney, assistant state attorney, statewide prosecutor, or assistant statewide prosecutor** or spouse or child of same. [F.S. 119.071(4)(d)2.f]
- ☐ A **general magistrate, special magistrate, judge of compensation claims, administrative law judge of the Division of Administrative Hearings, or child support enforcement hearing officer**; or spouse or child of same. [F.S. 119.071(4)(d)2.g]
- ☐ A current or former **human resources, labor relations, or employee relations director, assistant director, manager, or assistant manager** of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiations, administration, or other personnel related duties or spouse or child of same. [F.S.119.071(4)(d)2.h]
- ☐ A current or former **code enforcement officer**, or spouse or child of same. [F.S. 119.071(4)(d)2.i]
- ☐ A current or former **guardian ad litem**, or spouse or child of same. [F.S.119.071(4)(d)2.j]
- ☐ A current or former **juvenile probation officer, juvenile probation supervisor, detention superintendent, assistant detention superintendent, juvenile justice detention officer, juvenile justice detention officer supervisor, juvenile justice residential officer, juvenile justice residential officer supervisor, juvenile justice counselor, juvenile justice counselor supervisor, juvenile justice counselor administrator, human services counselor administrator, rehabilitation therapist, or social services counselor of the Department of Juvenile Justice** or spouse or child of same. [F.S.119.071(4)(d)2.k]
- ☐ A current or former **public defender, assistant public defender, criminal conflict and civil regional counsel, and assistant criminal conflict and civil regional counsel** or spouse or child of same. [F.S.119.071(4)(d)2.l]

- ☐ A current or former **investigator or inspector of the Department of Business and Professional Regulation** or spouse or child of same. [F.S. 119.071(4)(d)2.m]
- ☐ A **county tax collector**, or spouse or child of same. [F.S. 119.071(4)(d)2.n]
- ☐ A current or former **Department of Health personnel** whose duties include, or result in, the determination or adjudication of eligibility for social security disability benefits, the investigation or prosecution of complaints filed against health care practitioners, or the inspection of health care practitioners or health care facilities licensed by the Department of Health or spouse or child of same. [F.S. 119.071(4)(d)2.o]
- ☐ A current or former **impaired practitioner consultant** who is retained by an agency or current or former **employee of an impaired practitioner consultant** whose duties result in a determination of a person's skill and safety to practice a licensed profession or spouse or child of same [F.S. 119.071(4)(d)2.p]
- ☐ A current of former **emergency medical technicians or paramedics** certified under chapter 401, F.S. or spouse or child of same. [F.S. 119.071(4)(d)2.q]
- ☐ A current of former **personnel employed in an agency's office of inspector general or internal audit department** whose duties include auditing or investigating waste, fraud, abuse, theft, exploitation, or other activities that could lead to criminal prosecution or administrative discipline. [F.S. 119.071(4)(d)2.r]
- ☐ A current of former **directors, managers, supervisors, nurses, and clinical employees of an addiction treatment facility**. [F.S. 119.071(4)(d)2.s]
- ☐ A current of former **directors, managers, supervisors, and clinical employees of a child advocacy center** that meets the standards of s. 39.3035(1) and fulfills the screening requirement of s. 39.3035(2), and the **members of a Child Protection Team** as described in s. 39.303 whose duties include supporting the investigation of child abuse or sexual abuse, child abandonment, child neglect, and child exploitation or to provide services as part of a multidisciplinary case review team. [F.S. 119.071(4)(d)2.t]
- ☐ Any other exemption not listed above that may apply based on Florida Statute (write exemption below):

Under penalties of perjury I, _____, declare that I have read the foregoing document and that the facts stated in it are true.

Signature

Date

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____, by

_____.

Notary Public

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

(seal)

Physical Presence _____ OR Online Notarization _____