

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:

City of Margate City Clerk's Office 5790 Margate Boulevard 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.
- 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. 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: Fire Chiefs Association of Broward County Today's Date: 03/19/2018 Organization Leader: Frank Babenic Title: FCABC President Mailing Address: 6919 West Broward Blvd. #152 City: Plantation State: FI Email Address:fbab@coralsprings.org Phone Number: 754-224-1979 Website: http://fcabc.com/US/ Tax ID: 91-1909626 Total number served by organization in last calendar year: 1.91 million Of which, 55,000 __ were Margate residents. Total number of Margate residents projected to be served in next calendar year: 55,000 Organization Description: Organization Information (Please indicate which of the following criteria your organization meets): FCABC is made up of Chief Fire Officers from all of the Tax Exempt status under Internal Revenue Code municipal Fire Departments in Broward County, Fl. 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. Not a private Foundation as defined under Internal Revenue Code 509.4. Volunteer Board of Directors is the governing body. Independent audit is performed each year. If so, please include last completed audit. Annual budget is approved by the Board of Directors. Please include. Registered with Charity Navigator. ABOUT THE FUNDING REQUEST Total Budget/Cost for Special Event: 30,000.00 Funding Request: 1000.00 % of funding request used to provide services: 100% % of funding request for administration: Please describe the intended use of requested funds and indicate the time period you are requesting these funds for (please attach letters of community support if applicable): Funds will be used to purchase prizes for the "Duck Pond" game.



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

All municipalities are being asked to support Florida Family Safety Fest 2018 (family fun day) with prizes, personnel, resources and donations.

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

Florida Family Safety Fest is held at the Sportsplex in Coral Springs as a fundraiser for ALL of the Community Emergency Response Teams (CERT Teams) in Broward County. We are supported by the Fire Chiefs' Association of Broward County, a 501(c)(3) corporation.

CERT Teams provide free training in disaster response to ordinary citizens throughout the country. Team members work closely with a sponsoring agency, usually a fire or police department, to advance their training and to learn new skills. When called upon, teams provide large-scale emergency and disaster response, first aid and safety at public service events, assistance with missing person searches, firefighter rehab, along with many other support functions as requested by the local agencies and municipalities.

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

Public Safety Education and awareness, first and foremost. Proceeds will be utilized to maintain equipment and infrastructure for Broward County Municipal CERT Teams.

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

Turn out, feedback and public image enhancement.



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

Broward County Sheriff Office FR(BSO), Hollywood FR, Sunrise FR Hazmat and BSO TRT crews for static display. Coral Springs will provide parks and rec resources and well as crews and equipment. Coconut Creek PD, Margate PD, Coral Springs PD and BSO Law Enforcement demos.

Has your organization received funding from the City of Margate in the past? Type Yes If yes, please indicate the amount and the year:	☐ No	
City resources were utilized from 2010-2015 at Firefighters Park.		
(Agency) Fire Chiefs Association of Broward County	agrees to assu	re compliance with all
applicable federal, state, and local laws and regulations, including but not limited to:		
Civil Rights Act of 1964 Section 501 of the Rehabilitation Act of 1973		
Title IX of the Education Amendments of 1975		
Age Discrimination Act of 1975		
Section 654 of OBRA of 1981		
ADA of 1990		
HIPPA of 1996		
This application must be signed by the applicant's authorized representative. By sig representative certifies that the organization for which funding is sought has full know to utilize the funds sought for their stated purpose. Please note that reports of serv funds may be required.	ledge of the gro	int request and is able
I certify that the above information is true and accurate		
Authorized Representative (Printed): Frank Babines	Date:_	3-25-18
Authorized Representative (Signature):	Date:_	3-28-18
This application and its content are considered a public record in acco Statutes Chapter 119. If you believe any information on this applicat public records in accordance with Florida Statutes Chapter 119, pl	ion is exempt fro	rida om

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explanation and attach to this application.

Date Received:

Application Reviewed By:

Amount Approved by City Commission:

Date Approved:

Account #