

# DESOTO COUNTY AMERICAN RESCUE PLAN ACT NOTICE OF FUNDING AVAILABILITY TO NONPROFIT SERVICE PROVIDERS

**SUBMISSION DEADLINE: EXTENDED TO FEBRUARY 24, 2023 – 4:30PM**

## **PROGRAM OVERVIEW**

The DeSoto County Board of County Commissioners is offering a limited amount of non-recurring funding for Nonprofits to support COVID-19 efforts in the community. The County will accept applications from existing, qualifying not-for-profit organizations that serve the residents in DeSoto County. Please carefully read the information contained herein to assist your organization in determining eligibility and required application information. Please note, Incomplete applications will NOT be considered. This application cycle is intended to be flexible and to allow applicants to request funds for an array of services and assistance to DeSoto County residents. This flexibility is designed to allow for innovative approaches to meet a myriad of unmet needs in the community.

## **ELIGIBLE APPLICANTS:**

- Active State of Florida registered Nonprofit 501 (c)(3).
- Has been in operation and provided services for a minimum of the last two years.
- Demonstrate services to address a negative economic impact caused by COVID-19: General unmet needs.
- Provides direct services to DeSoto County Residents

## **ELIGIBLE ACTIVITIES**

Eligible services are not specifically defined in this application for the purpose of not specifying services, or over-limiting activities for funding consideration. If your organization provides services that you believe meet the primary purpose of responding to COVID-19 impacts as an eligible entity, you are encouraged to apply. Applications that address needs in a holistic manner, that help recipients achieve recovery and self-reliance, will receive priority. The following are provided as examples of the types of services and activities, **but not limited to**, that may be eligible;

- Career Services/Job Training/Employment services.
- Counseling (Budgeting, financial planning, mental health, credit counseling, etc.)
- Child care assistance, where childcare presents a barrier to employment.

- Child learning services, tutoring, and similar activities. Services/assistance to fill gaps in immediate, non-recurring needs. (Addressing educational disparities exacerbated by COVID-19)
- Family Casework.
- Employment training and related assistance.
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**INELIGIBLE USES:**

- SALARIES AND OTHER INDIRECT ADMINISTRATIVE COSTS.
- SUPPLANTING (REPLACING) FUNDS PREVIOUSLY OR CURRENTLY IDENTIFIED TO SERVE DESOTO COUNTY PROGRAMS OR RESIDENTS.

**AWARDS:**

- Award authority is the sole discretion of the Board of County Commissioners.
- The County reserves the right to make any awards or no awards. There is no established minimum or maximum award established for each applicant.
- The Board of County Commissioners has set an anticipated aggregate award of up to \$100,000.
- Any award of funds will be subject to a funding agreement that will outline a report that will outline performance benchmarks, reporting requirements, and other terms.

**FUNDING REQUEST APPLICATION  
DESOTO COUNTY, FLORIDA**

**General Information**

Organization Name: \_\_\_\_\_

Main Contact Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Taxpayer Identification Number: \_\_\_\_\_

Project/Program Title: \_\_\_\_\_

Amount of Funding Requested: \_\_\_\_\_

Program/ Project Description: The description should provide a clear overview of the program or project goals in addition to relevant background information. Please also describe the negative impact that COVID-19 has had on your organization and your community:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program/ Project Type: The description should provide a clear overview of the program or project goals in addition to relevant background information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Target Area & Community: Which areas and communities would be served by this project? How do you intend to continue to serve within the target community?

\_\_\_\_\_  
\_\_\_\_\_  
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Annual Service Projections

Describe how the projected service programs and amount of funding requested will provide projected total units of service to be provided and the total number of unduplicated clients to be served.

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## Project Detailed Budget

Activity	Use of Funds	Local	Other	Total
Total				

Provide a copy of the following documents:

- a. W-9, including the organization's Employer Identification Number (EIN);
- b. Current (no more than twelve (12) months old) IRS tax-exempt determination letter-501(c)(3), if applicable;

c. Business license;

d. List of the organization's Board of Directors or Advisory Council that provides oversight