



Office of the Mayor

## CONTRIBUTION REQUEST APPLICATION

Complete and attach the City of Florida City Supportive Contribution Application  
 Attach any links, flyers or event registration forms  
 Attach copy of 501 ( c ) 3  
 Attach completed W9  
 Email to: [cityclerk@floridacityfl.gov](mailto:cityclerk@floridacityfl.gov)

<b>Contact Name:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Name &amp; Address of the Organization:</b>	<b>Type of Nonprofit:</b>	<b>Website, Social Media links:</b>
	<input type="checkbox"/> 501 (c) 3 <input type="checkbox"/> Social Advocacy Group <input type="checkbox"/> Private Charitable Foundation <input type="checkbox"/> Corporate Giving Program <input type="checkbox"/> Other (Explain):	
<b>Name of Program or Event:</b>	<b>Requested Amount:</b>	<b>Start/Event Date &amp; Location:</b>
	\$	
<b>Briefly describe how the Supportive Contribution Funds will be applied and how the program or event will substantially benefit the City of Florida City</b>		
<b>List other sources of Capital funding or donations for this Program or Event:</b>	<b>Dollar Amount(s):</b>	<b>How will these other funds be used?</b>
	Total \$:	
<b>Has your organization or program received Supportive Contribution from the City in the past?</b>	<b>If yes, how much?</b>	<b>How was past supportive contribution money used?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	



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<p>Do you or your organization employ or have on your board or management or advisory team (whether on a compensated or a voluntary basis) any City <span style="background-color: black; color: black;">██████████</span> employee(s) or official(s) or member(s) of their immediate family?</p>	<p>If the answer is "Yes", please identify such individual(s) by name and role with you or your organization; and state whether to your knowledge such person has any decision-making authority on behalf of the City with respect to this funding request.*</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

*\* Supportive Contributions funds will not be awarded if and when there is a conflict of interest.*

Applicant Signature	Applicant Printed Name	Application Date
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\*\*\*\*\* Who referred you to Florida City? \*\*\*\*\*

DO NOT FILL OUT SECTION BELOW (FOR OFFICE-USE ONLY):		
DATE RECEIVED:	DATE REVIEWED BY THE PANEL:	
<input type="checkbox"/> APPROVED FOR SUPPORTIVE CONTRIBUTION	REQUESTED AMOUNT:	AWARDED AMOUNT:
<input type="checkbox"/> NOT APPROVED FOR SUPPORTIVE CONTRIBUTION <i>Reason for denial:</i>		
<input type="checkbox"/> Not a Non-Profit <input type="checkbox"/> Does not substantially benefit Florida City Community <input type="checkbox"/> Incomplete application <input type="checkbox"/> Submitted less than 15 days before the scheduled event	<input type="checkbox"/> False Statements: _____ <input type="checkbox"/> Conflict of Interest _____ <input type="checkbox"/> Project duplicates initiative already funded by the City: _____	



## SUPPORTIVE CONTRIBUTION APPLICATION RULES

1. Mayor & City Commissioners will review the applications
2. Applications should be submitted to [cityclerk@floridacityfl.gov](mailto:cityclerk@floridacityfl.gov)
3. Applications should be received by the Thursday 12 Noon preceding the regularly scheduled commission meeting and a minimum of 15 days in advance of the event or program start date to enable the City to issue payment of approved applications.
4. An application must satisfy all of the following criteria;
  - a. 501c3 Organization (proof must be submitted)
  - b. Florida City Based Organization
  - c. Project or event must substantially benefit Florida City residents
5. What disqualifies an applicant?
  - a. False statements including but not limited to the following:
    - Failure to disclose additional funding sources from City of Florida City entities
    - Failure to disclose previous supportive contribution from the City of Florida City
    - Failure to disclose if previous supportive contribution was awarded and the event did not take place
    - Failure to disclose conflict of interest
    - Misappropriation or failure to expend previous supportive contribution from the City of Florida City
  - b. Incomplete application (i.e. missing information, unsigned)
  - c. Failure to submit application at least 15 days in advance of the event
  - d. The project duplicates an initiative already funded by the City (i.e. backpacks for kids and after school programs)
  - e. Such other legal and appropriate bases as reasonably determined by the Mayor & City Commissioners
6. Supportive contribution awards are contingent on available City funds.
7. The City reserves the right to reduce the requested funding or withdraw awarded funding.
8. If an applicant has received funds in prior years, there is no guarantee that they will be approved for new funding.
9. Only one supportive contribution request per applicant, per fiscal year. If rejected, the applicant must wait until the next fiscal year to reapply.
10. A detailed description, history of the organization and social media links must be provided (the City reserves the right to conduct further research on the organization and the event).
11. Applicants will be notified by email if award has been granted or denied. There will be a check-off list of reasons why application was not approved for payment.