

# **SARASOTA COUNTY NEIGHBORHOOD GRANT PROGRAM**

## **NEIGHBORHOOD GRANT APPLICATION GRANT CYCLE 19**

All application materials must be submitted on or before **April 23, 2012**, no later than 5 p.m.

Please deliver copies to:

Sarasota County Administration Building  
1660 Ringling Blvd. 5<sup>th</sup> floor  
Sarasota, FL 34236

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### **All of the following materials must be provided in order for the application to be processed:**

- One (1) original single-sided Neighborhood Grant Application (3 hole punched and paper clipped)
- One (1) double-sided copy of the Neighborhood Grant Application (3 hole punched and paper clipped)
- One (1) copy of the Grant Application emailed in PDF format
- Include vendor quote(s) and reference the insurance guidelines indicated at <http://www.scgov.net/CFPO/Insurance>. The applicant shall endeavor to find the most economical source for the sought services or products using a licensed and insured vendor.

- If 2 or more pages are needed in a section, please label the extra pages with a letter. Example: 6, 6-A, 8, 8-A, etc.

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ORGANIZATION/CONTACT INFORMATION

Project Title:

\_\_\_\_\_

1. Official Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Organization Type:  Homeowner's Association       Neighborhood Association  
 Ad-Hoc       Other

2. Leadership Information:

**Grant Contact Person** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

**President's name/official representative** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

3. Neighborhood Information:

Name of Neighborhood \_\_\_\_\_

Boundaries: North \_\_\_\_\_ South \_\_\_\_\_

East \_\_\_\_\_ West \_\_\_\_\_

Number of homes \_\_\_\_\_ Number of association members \_\_\_\_\_

Is the proposed project on public property?       YES       NO

Is the proposed project on commonly owned property?       YES       NO

Is access to your neighborhood restricted (gate, guard, etc)?       YES       NO

This is a survey question and does not impact the scoring of your application:

Does your neighborhood have a Disaster Preparedness Plan?       YES       NO

# SARASOTA COUNTY NEIGHBORHOOD GRANT PROGRAM

**Form W-9**  
(Rev. October 2007)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

|  |   |
|--|---|
| Name (as shown on your income tax return)  |   |
| Business name, if different from above   |   |
| Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership<br><input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee<br><input type="checkbox"/> Other (see instructions) ▶ |   |
| Address (number, street, and apt. or suite no.)  | Requester's name and address (optional) |
| City, state, and ZIP code  |   |
| List account number(s) here (optional)   |   |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

|                                |
|--------------------------------|
| Social security number         |
| or                             |
| Employer identification number |

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

|                  |                            |        |
|------------------|----------------------------|--------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

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**INSERT YOUR WORKSHOP CERTIFICATE HERE.**

**DO NOT INCLUDE THIS BLANK PAGE AS PART OF THE APPLICATION.**



# **SARASOTA COUNTY NEIGHBORHOOD GRANT PROGRAM**

## **PROJECT DESCRIPTION**

Include Environmental Form(s) if applicable as page 6A, 6B, etc..

**Project Description** – Please be specific (include photos, maps)

**Specific Location of Project** – Physical improvement projects must be located within community owned property or in the public right-of-way. Please include driving directions to the project site.

# **SARASOTA COUNTY NEIGHBORHOOD GRANT PROGRAM**

## **PUBLIC BENEFIT STATEMENT (30 POINTS)**

The project must have a valid public purpose. Please address the following questions:

1. Is the project accessible to the general public? If not, what plans have you made to share your project with the general public?
2. How does the project add value to the surrounding neighborhood, enhance the safety or quality of life of all citizens, provide for a more attractive environment for the community or improve the health and general welfare of the public?

# **SARASOTA COUNTY NEIGHBORHOOD GRANT PROGRAM**

## **COMMUNITY NEED (25 POINTS)**

Include donation forms if applicable as page 8-A, 8-B

1. How does this project address the needs, issues or concerns of your community?
2. Why does your neighborhood need the grant funding to accomplish the proposed project?

# **SARASOTA COUNTY NEIGHBORHOOD GRANT PROGRAM**

## **COMMUNITY STRENGTHENING (25 POINTS)**

1. Explain how the proposed project will strengthen and improve your neighborhood?
2. Explain how the planning process and subsequent implementation will build community among the residents?



# **SARASOTA COUNTY NEIGHBORHOOD GRANT PROGRAM**

## **DISTRIBUTION OF GRANT FUNDS**

Payment Options: Please check one of these options

**OPTION #1:**

Reimbursement to Neighborhood – The neighborhood association pays the vendors and suppliers directly and the neighborhood is reimbursed with the grant funds. A W-9 form from the association is required with this option.

**OPTION #2:**

Purchase Order – The County guarantees payment to the vendor directly by using a Purchase Order. The vendor submits an invoice to the County and a check is issued directly to the vendor. All vendors must comply with the insurance guidelines required by Sarasota County Government. A W-9 form from the vendor is also required.

**OPTION #3:**

A combination of Option 1 and 2.

For more information about the insurance requirements, please refer to the Grant Funding Information or go to <http://www.scgov.net/CFPO/Insurance>.

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**BUDGET**

**Selected Vendor's Name**

*Attach vendor quotes as page 12-A, etc.*

|       | <b>Total Cost</b> | <b>County</b> | <b>Neighborhood</b> |
|-------|-------------------|---------------|---------------------|
| _____ | \$ _____          | \$ _____      | \$ _____            |
| _____ | \$ _____          | \$ _____      | \$ _____            |
| _____ | \$ _____          | \$ _____      | \$ _____            |
| _____ | \$ _____          | \$ _____      | \$ _____            |

**Volunteer Labor Cost**

*Do not include if vendor quote includes labor*

*All volunteer labor must be justified-*

*Attach page 10-A, etc.*

| <b>TYPE</b> | <b>HOURS</b>        |          |          |
|-------------|---------------------|----------|----------|
| _____       | _____ @ \$15.00/HR= | \$ _____ | \$ _____ |
| _____       | _____ @ \$15.00/HR= | \$ _____ | \$ _____ |

**Donated Materials & Services**

*Attach worksheet as page 8-A, etc.*

| <b>ITEM</b> | <b>VALUE</b> |          |          |
|-------------|--------------|----------|----------|
| _____       | _____        | \$ _____ | \$ _____ |
| _____       | _____        | \$ _____ | \$ _____ |

**Permit Fees (indicate type)**

*(include if not indicated on vendor quote)*

|       |          |          |          |
|-------|----------|----------|----------|
| _____ | \$ _____ | \$ _____ | \$ _____ |
|-------|----------|----------|----------|

|               |          |          |          |
|---------------|----------|----------|----------|
| <b>TOTALS</b> | \$ _____ | \$ _____ | \$ _____ |
|---------------|----------|----------|----------|

**NOTE:** A dollar-for-dollar match is required. No other grant monies from the County may be used.

Sarasota County does not pay sales tax on their contribution/match portion. \$10,000 is the maximum amount that can be awarded.

**QUOTES:** \$0.00 to \$2,999.99- ONE (1) QUOTE

\$3,000.00 or MORE – THREE (3) QUOTES