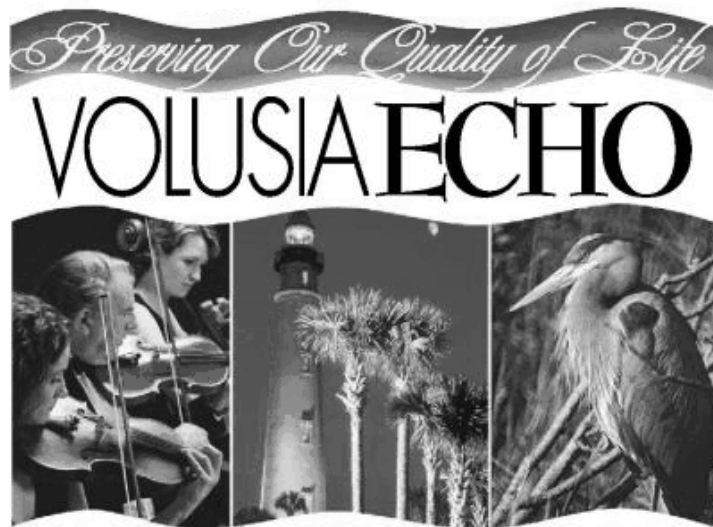


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**2008/2009 GRANTS-IN-AID  
Standard Grant  
APPLICATION**

**OFFICIAL DETAILS TO ASSIST YOU IN SUCCESSFULLY COMPLETING THIS  
APPLICATION MAY BE FOUND IN THE APPLICATION GUIDE.**

**2008/2009 COUNTY COUNCIL MEMBERS**

Council Chair: Frank Bruno	
Joie Alexander, Vice Chair/ At-Large	Andy Kelly, District #1
Art Giles, District #2	Jack Hayman, District #3
Carl Persis, District #4	Patricia Northey, District #5

**2008/09 ECHO Advisory Board Members**

Chair - Gary R. Libby, Vice Chair - David Rigsby,  
Eugene Gizzi, Karen Jans, Charles Matousek, John Nelson, Bruce Piatek, Joe Rudolph, Stuart Sixma

The County Council approved this ECHO Grants-In-Aid Application Guide on August 7, 2008

## **Instructions For Completing This Echo Grant Application:**

- ❖ **Read the instructions thoroughly in the ECHO Application Guide for specific information on what is required in each section of this application.** Requirements set forth in the 2009 ECHO Application Guide provide the final language used to determine whether an applicant has provided the information required for eligibility. This Application and the Application Guide may be downloaded from the ECHO web page <<http://volusiaforever-echo.com>>. The application was created in Microsoft Word. Please contact the ECHO program staff 740-5210 (DeLand area), 257-6086 (Daytona Beach area), or 424-6835 (New Smyrna Beach area) regarding questions on completing this application.
- ❖ **Write everything as clearly and succinctly as possible. Be concise.**
- ❖ **Answers must be confined to the space provided on the form.** Press F11 to move from section to section on the forms. Narrative answers must be in a type size of 12 point or greater on 8 ½” x 11” white paper. Do not use a reduced type size or make photocopy reductions. Applicants must maintain the format and sequential order of subject titles and TABS as presented in this application.
- ❖ **Print both sides of the paper** to conserve resources where appropriate within the tabs and sections.
- ❖ **Number the pages consecutively** throughout the application regardless of the Tab. Only Tab 1 would have a page numbered “1.” Page “1” is the first page of the application form.
- ❖ **Respond to every question on the application.** Do not write “n/a;” explain why a certain question does not pertain to your organization or project. Do not make assumptions. **Failure to complete all sections shall result in “ineligible” status unless the question is directed to a specific applicant or project category and your organization or project is not in that category.**
- ❖ **Ask yourself the question,** “If I knew nothing about this project, would I understand the descriptions presented in my application?” Better yet, have someone who is not familiar with the project read the application and provide comments.
- ❖ **Do not include letters of support or cover letter in the application.** Inappropriate documents found within Tabs 1-6 will be removed by county staff and not provided to the ECHO Review Panel for consideration.
- **TAB 1: Standard Application Form; Project Team; Management Prospectus and Policy Statement; IRS Letter, Occupational License and State License; Uniform (Annual) Business Report (Not-For-Profits only); Proof of Unrestricted Ownership or Undisturbed Use; Restrictive Covenants; Certification of Information and Compliance Form; and Professional Certification Form with Resume:**

COMPLETE THE QUESTIONS AND FORMS ON THE FOLLOWING SIX PAGES.

78 **1. APPLICANT:** (Legal name of organization as incorporated in the State of Florida)

79 \_\_\_\_\_

80 **Address:** (Mailing) \_\_\_\_\_

81 **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

82 **Address:** (Physical Location) \_\_\_\_\_

83 **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

84 **Telephone** (Area/Number): \_\_\_\_\_ **Fax** (Area/Number): \_\_\_\_\_

85 **Email:** \_\_\_\_\_ **Other:** \_\_\_\_\_

86 **2. FEID #:** \_\_\_\_\_ **3. RESIDENT COUNTY COUNCIL DISTRICT OF PROJECT:** \_\_\_\_\_

87 **4. CONTACT PERSON:**

88 **First:** \_\_\_\_\_ **Last:** \_\_\_\_\_

89 **Title:** \_\_\_\_\_

90 **Telephone** (Area Code/Number): \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

91 **5. PROJECT TITLE:** \_\_\_\_\_

92 **6. PROJECT LOCATION ADDRESS:** \_\_\_\_\_

93 **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

94 **7. TYPE OF PROJECT** (Check One - See ECHO Project Categories - Appendix A – page 1):

95 a)  Acquisition b)  Renovation c)  Restoration d)  New Construction

96 e)  Historic Reimbursement f)  Off-Beach Parking Reimbursement

97 g)  Other Explain: \_\_\_\_\_

98 **8. ECHO CATEGORY** (see definitions in the Guide, Appendix A-page 1 – check-off all that apply):

99 **E**  (Environmental/Ecological) **C**  (Cultural) **H**  (Historical/Heritage) **O**  (Outdoor Recreation)

100 \_\_\_\_\_

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**VOLUSIA ECHO GRANTS-IN-AID STANDARD APPLICATION CHECKLIST**

**1.1 STANDARD APPLICATION FORM (Cont.)**

**9. THE PROJECT SITE OR FACILITY IS (Check One):**

Owned by the applicant:  Leased by the applicant:

Applicant has a Land / Project Management Agreement:

Applicant requests acquisition:  and applicant requests check at closing:

a) If applicant is leasing, has a Land Management or Project Management Agreement, or requesting acquisition, list the lessor or current owner, contact and address:

b) If Leased or Land or Project Management Agreement:

Length of Lease/Agreement: \_\_\_\_\_ (years remaining)

Lease/Agreement dates: \_\_\_\_\_ to \_\_\_\_\_ (include month /day/year)

**NOTE:** Leases/Agreements must be binding and non-cancelable.

**10. IS THE PROJECT SITE / FACILITY MORTGAGED OR WILL IT BE? Yes  No**

Current mortgage \$ \_\_\_\_\_ At closing, mortgage will be \$ \_\_\_\_\_

Mortgage length: \_\_\_\_\_ years. Date the term ends: \_\_\_\_\_

What is the Name and Address of the Mortgagee?

**NOTE:** Mortgagee or Lessor must agree to sign the Restrictive Covenants document if a grant is awarded unless the project is on State or Federal public land. You must include in this application confirmation from the Mortgagee or Lessor that they are willing to sign a Restrictive Covenants. (See section 1.6 of Tab 1 of this application)

**11. IS THE FACILITY IN A COMMUNITY REDEVELOPMENT DISTRICT (CRA)? Yes  No**

Are you using CRA funds as match? Yes  No

**12. TYPE OF ORGANIZATION (must be either "A" or "B" to be eligible):**

A)  Municipal government or a budgeted organization of Volusia County government.

B)  The applicant is a Not-For-Profit corporation, incorporated in the State of Florida and has been classified as a 501(c)(3) tax exempt under Federal Internal Revenue Service regulations and designated in compliance with s.170 of the Internal Revenue Code of 1954.

**AND**

Has been designated with the 501(c)(3) and incorporated status for a minimum of 2 years prior to the application deadline.

**OR**

Has been classified as 501(c)(3) incorporated in the State of Florida for less than 2 years at the time of the application deadline but has provided sufficient evidence of operations for a minimum of 10 years in Volusia County and provided the most recent 5 years of Independent Certified Audits and Management Letters of the organization's Annual Financial Statements.

**OR**

Has been classified as 501(c)(3) registered as a Foreign Corporation doing business in the State of Florida, with a local group within Volusia County that can provide sufficient evidence of public service to Volusia County citizens for the five year period prior to the ECHO application deadline.

**13. MANDATORY WORKSHOP: Attended by: \_\_\_\_\_ Date attended: \_\_\_\_\_**

**14. PROJECT FUNDING (GRANT AMOUNT REQUESTED AND MATCH):**

a) Total Amount Requested from the Volusia ECHO Program: \$ \_\_\_\_\_

b) Confirmed Match Funds for this Project: (UC + OM) \$ \_\_\_\_\_ (from Chart 3.2)

c) Overmatch (not required) \$ \_\_\_\_\_ (from Chart 3.2)

d) Total Project Cost (This application Grant, Match, and Overmatch): \$ \_\_\_\_\_

156 ■ **1.2 PROJECT TEAM** (Up to ½ page limit):

- 157 (1) List names and addresses of the architect, engineer, design consultants, and/or general contractor if  
158 available. Be sure to include the name(s) of the person(s) who have signed Form 1.8 (page 6 of this  
159 Application).  
160 (2) List the person(s) who created the section 3.1 budget and their experience with this project type.  
161 (3) If a complete list is not available, you must explain why and when the project team will be selected.

162 ■ **1.3 MANAGEMENT PROSPECTUS & POLICY STATEMENT** (1 single-sided page limit):

- 163 (1) What is the existing organizational structure of the applicant?  
164 a) Include a list of the names of the staff *dedicated to the completion of this project*.  
165 **AND**  
166 b) What are their project related responsibilities? Enter the percentage they work. If a Management  
167 Service will be used, provide the name of the service, terms of compensation, contact names,  
168 addresses, and phone numbers if available. Also, describe the process by which the service was  
169 selected. Remember, you may not lease/sublease to a for-profit agency. Insert the Management  
170 Agreement.

171 ■ **1.4 NOT-FOR-PROFIT ONLY: IRS STATUS LETTER, CURRENT UNIFORM ( ANNUAL)**  
172 **BUSINESS REPORT & LOCAL BUSINESS TAX RECEIPT, CHAPTER 496 FLORDIA**  
173 **STATUTES.**

- 174 (1) Insert the official IRS letter granting Not-For-Profit 501(c)(3) status in Florida.  
175 a) **Insert the official IRS letter** granting Not-For-Profit 501(c)(3) status demonstrating 501(c)(3)  
176 status and incorporation in the State of Florida for a minimum of two years prior to the application  
177 deadline.  
178 **OR**  
179 b) **Insert the official IRS letter** granting 501(c)(3) status and incorporation in the State of Florida for  
180 less than two years **and insert sufficient evidence** demonstrating the organization has operated its  
181 principal office in Volusia County for a minimum of ten years. **Also, provide one copy of** the  
182 Independent Certified Audits **and** Management Letters of the organization's Annual Financial  
183 Statements for the most recent five years prior to the application deadline. **Provide a paragraph**  
184 **in all copies of the application** stating that the five audited annual financial statements and  
185 management letters were provided in the original Application.  
186 **OR**  
187 c) **Insert the official IRS letter** granting 501(c)(3) status and incorporation in another State for a  
188 minimum of five years and insert sufficient evidence demonstrating there has been a local  
189 organization providing important public service in Volusia County for a minimum of five years.  
190 d) **Insert the Local Business Tax Receipt** and, if applicable, the fundraiser license issued per  
191 Chapter 496, Florida Statutes (applicant and/or grant writer).  
192 (2) Insert the organization's most recent Uniform Business Report (also referred to as an Annual Report)  
filed with the State of Florida, Division of Corporations.

193 ■ **1.5 UNRESTRICTED OWNERSHIP OR UNDISTURBED USE OF FACILITY:**

194 Insert unrestricted ownership/undisturbed use documentation unless the project is an acquisition of real  
195 property. Insert a letter of intent to sell from the owner for Acquisition projects.

196 ■ **1.6 RESTRICTIVE COVENANTS** Notice of future requirement if grant is awarded:

197 The applicant is required to make a statement in this section that they agree to this requirement or that they  
198 have requested and received approval of an alternative document or waiver of this requirement from the  
199 County. A sample of the Restrictive Covenants language is found on page 21 & 22 of the Application  
200 Guides. **Applicants with projects on State owned land are automatically exempt from this**  
201 **requirement, but are held to the same liquidated damages cited within the Restrictive Covenants**  
202 **through language found in the final ECHO Agreement for which the grantee is held**  
203 **responsible (See Appendix C).**  
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■ **1.7 FORM – CERTIFICATION OF INFORMATION AND COMPLIANCE:**

I/We certify that all of the information contained within this application and subsequent attachments is true and correct to the best of my/our knowledge, and that the project for which application is made shall be in compliance with the Americans with Disabilities Act of 1990, and that should a grant be awarded, the organization agrees to comply with the conditions of the grant award agreement including the Restrictive Covenants.

<b>1. OFFICIAL WITH AUTHORITY TO CONTRACT FOR THE OWNER OF THE PROPERTY</b>	
Signature: _____	
Typed Name: _____	
Title: _____	Date: _____
Phone Number: _____	
<b>2. OFFICIAL WITH AUTHORITY TO CONTRACT FOR THE APPLICANT</b>	
Signature: _____	
Typed Name: _____	
Title: _____	Date: _____
Phone Number: _____	
<b>3. CHIEF FINANCIAL OFFICER FOR THE APPLICANT</b>	
Signature: _____	
Typed Name: _____	
Title: _____	Date: _____
Phone Number: _____	
<b>4. CONTACT PERSON AS LISTED ON FIRST PAGE OF APPLICATION FORM</b>	
Signature: _____	
Typed Name: _____	
Title: _____	Date: _____
Phone Number: _____	

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■ **1.8 FORM - PROFESSIONAL CERTIFICATION AND RÉSUMÉ:**

(1) Insert this form with at least one of the required signatures shown below AND (2) insert the résumé of Experience of the Professional who signed this form. If exempted from Form 1.8: (1) Insert the Letter of Exemption issued to you by the County in place of the form AND (2) Insert a résumé of experience for the Project Manager to demonstrate their understanding of the project. (See page 22 of the Guide).

**NOTE:** *Acquisition projects for vacant land with no improvements are automatically exempt from providing this form.*

**PROFESSIONAL CERTIFICATION - PROJECT ARCHITECT/ENGINEER**

**NAME AND ADDRESS OF PROJECT ARCHITECT/ENGINEER:**

\_\_\_\_\_

**APPLICANT NAME AND PROJECT TITLE:**

\_\_\_\_\_

The following preparatory documents for Project Planning have been completed:

- Preliminary and schematic drawings complete
- Design and development documents complete
- Construction documents complete

I certify that I have reviewed this application and that the technical project information is correct as sited.

**ARCHITECT/ENGINEER:** \_\_\_\_\_  
(Print Name)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AND/OR**

**PROFESSIONAL CERTIFICATION - PROJECT CONTRACTOR**

**NAME AND ADDRESS OF PROJECT CONTRACTOR:**

\_\_\_\_\_

**APPLICANT NAME AND PROJECT TITLE:**

\_\_\_\_\_

The following preparatory documents for Project Planning have been completed:

- Preliminary and schematic drawings complete
- Design and development documents complete
- Construction documents complete

I certify that I have reviewed this application and that the technical project information is correct as sited.

**PROJECT CONTRACTOR:** \_\_\_\_\_  
(Print Name)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

252 ■ **TAB 2: SCOPE OF WORK** (Up to 10 Points):

253 ■ **2.1 SCOPE OF PRIOR AND CURRENT PHASE (S)** (½ page limit):

- 254 (1) What prior phases, if any, have been completed and what were the completion dates?  
255 (2) What phases of this project, if any, are currently in process at this time? Provide the proposed  
256 schedule of completion for these phases. (Be sure to discuss permits that have been received or  
257 are in the process.)  
258

259 ■ **2.2 SCOPE OF ECHO AND MATCH EXPENSES WITH TIMELINE** (3 double-sided page limit):

- 260 (1) Project facility description and construction sequence:  
261 (a) Provide a narrative of the physical description: (1) What exists? (2) What will change  
262 and be added?  
263 (b) Describe expenditures: (1) How will ECHO grant funds be used? (2) How will/have your  
264 Match funds be/been used?  
265 (c) Provide a construction sequence flow chart including estimated expenditures (page 24 of  
266 the guide).  
267 (2) How will you protect the current infrastructure and the possible impact on neighboring facilities  
268 or residential units?  
269 (3) Identify areas where the project is designed and will operate to reduce/recycle waste, conserve  
270 resources/energy, and/or utilize/reuse recycled products in both construction and operational  
271 phases. Include information if you area meeting LEED standards.  
272 (4) Provide a timeline of expected public access.  
273

274 ■ **2.3 SCOPE OF FUTURE AND/OR CONCURRENT PHASES** (1 double-sided page maximum):

- 275 (1) Describe concurrent and/or future phases of this project.  
276 (2) Provide a timeline when these phases will be completed.  
277 (3) Describe when and how the public will have use of the total facility.  
278 (4) Describe the total project costs and funding sources.  
279

280 ■ **2.4 DRAWINGS AND MAPS** (unlimited pages):

- 281 (1) Insert a street locator map demonstrating the physical location of your project within the local  
282 area. This should show the panel how to get to your project site. Make sure it is legible, that  
283 North is indicated for directional reference, and the map includes a bar scale for distance.  
284 (2) Provide current design development, architectural drawings, and/or site development plans or  
285 archaeological excavation plans. Show both existing conditions and proposed conditions of this  
286 project. Drawings must fold to 8 ½” x 11,” fit securely and neatly within the application booklet,  
287 be to scale with a bar scale, and include a legend identifying project features.  
288 (3) Other drawings are required as applicable and/or are helpful in understanding the project scope  
289 or features.  
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297 ■ **TAB 3: BUDGET DETAIL / MATCHING FUNDS** (Up To 10 Points):

298 ■ **3.1 PROJECT BUDGET DETAIL CHART** (unlimited pages):

299 (1) **Create and insert your budget** (ECHO and Match) detail spreadsheet(s) of Expenses/Revenues.  
300 Use the required format shown on pages 30-31 of the Guide.

301 (2) **You must include the “Match Codes”** within your budget chart 3.1 (Application Guide, page 29–  
302 30). Include the five items listed on page 28-29 of the Guide within your budget chart of 3.1 or  
303 discuss them in 3.2(2) (Application Guide, page 35-36).

304 ■ **3.2 MATCHING FUNDS STATEMENT AND CHART** (1 double-sided page limit):

305 (1) Compose a statement that addresses: (a) Availability and source of matching funds,  
306 (b) Contingency fees, (c) Contractor Fees if not in 3.1, (d) General Requirements, (e) Alternative  
307 sign - if applicable, and (f) Ability to maintain reimbursement program.

308 (2) Create and insert your Match summary chart including Match Codes (See the example, on page 34-  
309 35 of the ECHO Guide).

310 ■ **3.3 MATCH DOCUMENTATION** (no page limit)

311 Insert official documentation of Match. See section 3.3, page 38-39, of the Application Guide for  
312 specific documents.

313 ■ **3.4 TOTAL PROJECT VALUE with Concurrent and Future Phases** (no page limit)

314 **Applicants may provide a budget chart or provide a written statement of the total value of the**  
315 **project** beyond the ECHO grant request and Match of this application. Insert that document in 3.4  
316 below. **This is not required but is encouraged for a greater understanding of the project.**

317 ■ **TAB 4: OPERATING FORECAST DETAIL** (Up to 20 Points):

318 ■ **4.1 OPERATING FORECAST NARRATIVE** (Up to 1 double-sided page limit):

319 (1) Narrative will include the use of the facility and related costs (operating revenues/expenditures) for  
320 2009 through 2013 relative to section (3) below.

321 a) What staff will be needed?

322 b) What additional maintenance will be required?

323 c) What new programs will be added?

324 d) What new revenue sources for operations will you have?

325 (2) State user fees by inserting the fee schedule or state, “No fees will be charged.”

326 (3) Provide a five-year budget projection spreadsheet, 2008/09, 2009/10, 20010/11, 2011/12, and  
327 2012/13.

328 (4) Provide two measurable operational goals. Describe how the goals will be tracked. (Guide, see  
329 appendix D)  
330

331 ■ **4.2 FISCAL STABILITY** (Up to ½ page limit):

332 (1) How do you maintain sustained fiscal stability from 2 years prior through 5 years after  
333 construction?

334 (2) If you have or have had problems, how were they resolved? If you have nothing remarkable, make  
335 a statement to that affect.  
336

337 ■ **4.3 FINANCIAL AUDIT / REVIEW AND/OR OTHER FINANCIAL DOCUMENTS:**

338 Insert the appropriate required documents as determined in the Application Guide, pages 41.

339 ■ **TAB 5: PROJECT IMPACT / NEED** (Up to 40 points, 2 pages, double-sided, limit):  
340

- 341 ■ **5.1 How will your project meet the goals set by Resolution 2000-156?** Select from the  
342 list of Goals in the Application Guide, pages 41-42. You do not need to, nor are you expected to, have  
343 an impact on all goals. **(a)** State the goal at the beginning of your narrative in bold type. **(b)** Use real  
344 numerical data in your narrative and insert support data and contract agreements. **(c)** Discuss only the  
345 goals that are relative to your project.
- 346 ■ **5.2 Provide three measurable program goals regarding subjects discussed in this**  
347 **section. Describe in detail how you will measure each of the goals.**  
348  
349

350 ■ **TAB 6: APPENDICES** (NOT REQUIRED):

351 This is where the applicant may submit support material that was referenced in the body of the  
352 application. **Do not include the documentation required in tabs 1-5 in tab 6. Do not include letters**  
353 **of support or a cover letter in any part of the application.**  
354

355 **LETTERS OR PETITIONS BY USERS OR SURVEYS ARE ACCEPTABLE.** User letters may be  
356 no more than one page in length and include the organizations name, number of members, comments on  
357 how often they would use the facility, and in what ways they would use it. User letters issued from an  
358 individual should be from a significant user (i.e. an educator) and not from general visitors who might use  
359 the facility one time per year as this should be captured in the data you provide in the narrative relative to  
360 the number of users. A “format” letter issued by the applicant just for signature is not appropriate. User  
361 letters should not be from individuals that work at the facility as it is reasonable to expect these people  
362 will participate in the programs at the facility. Petition lists may be included when the ECHO project was  
363 clearly the reason the individuals signed the user petition. This means the petition must include a detailed  
364 description of the ECHO project. Surveys should ask specific questions about the project and/or the need  
365 for the project. One copy of the survey with the survey result data is appropriate documentation.

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► **Insert this checklist at the front of the original application only.** This checklist is for guidance only. The Application Guide is the governing document and takes precedence over this checklist and the Application Form. The Application must be complete as required by the Guide when submitted.

► Exceptional Projects must include additional information. Be sure to refer to TABS 1-5 for details.

► Fill in the Project Title and the Applicant Name where requested. ECHO staff will complete items 1-4. Applicant completes all other items, inserts a check mark in the appropriate square on the left-hand column, and places check marks within the narrative where there is more than one choice.

<b>Project Title:</b>	
<b>Applicant Name:</b>	
<b>ITEMS 1-4 TO BE COMPLETED BY ECHO STAFF</b>	
<input type="checkbox"/>	1) Arrived on time, December 4, 2008, 4 PM Date: _____ Time: _____ Project #: _____
<input type="checkbox"/>	2) One original application and 12 copies <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/>	3) Checklist placed at the front of the original <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/>	4) TABS 1-5 (6 optional) included in original and 12 copies <input type="checkbox"/> Y <input type="checkbox"/> N
<b>THE FOLLOWING ITEMS TO BE COMPLETED BY APPLICANT</b>	
Applicant does not owe the County money and does not have outstanding code violations <input type="checkbox"/> Y <input type="checkbox"/> N. See page 3 of the Application Guide, Applicant Eligibility Requirements, for County office contacts to verify status.	
Application meets the eligible applicant criteria:	
<input type="checkbox"/>	<b>Not-For-Profits.</b>
<input type="checkbox"/>	501(c)(3) status and incorporated in the State of Florida as a Not-For-Profit for at least 2 years prior to the deadline of the ECHO application, with principal offices in Volusia County. <b>OR</b>
<input type="checkbox"/>	501(c)(3) status less than 2 years incorporated in Florida for at least 10 years prior to the application deadline with principal offices in Volusia County and 5 years audited annual financial statements with Management Letters. <b>OR</b>
<input type="checkbox"/>	501(c)(3) status incorporated in a State other than Florida for at least 5 years and registered to do business as a Foreign Corporation in the State of Florida, with a local organization physically located and providing important public service in Volusia County for a minimum of 5 years.
<input type="checkbox"/>	<b>A municipality in Volusia County.</b>
<input type="checkbox"/>	<b>A budgeted organization of Volusia County government.</b>
<b>INSERT INFORMATION IN THE FOLLOWING SEQUENCE-Remember to number pages consecutively throughout the application.</b>	
<b>TAB 1</b>	
<input type="checkbox"/>	<b>1.1</b> Application Form (2 pages - the form is pages 1-2 of this application).
<input type="checkbox"/>	<b>1.2</b> Project Team (½ page maximum).
<input type="checkbox"/>	<b>1.3</b> Management Prospectus & Policy Statement (1 single-sided page maximum).
<input type="checkbox"/>	<b>1.4 Not-For-Profits ONLY:</b>
<input type="checkbox"/>	<input type="checkbox"/> IRS Letter for 501(c)(3) status and operating main office in Volusia County for two years <b>OR</b>
<input type="checkbox"/>	<input type="checkbox"/> IRS Letter for 501(c)(3) status less than two years with proof of 10 years incorporation with main office in Volusia County and 5 years audited financial statements with Management Letters <b>OR</b>
<input type="checkbox"/>	<input type="checkbox"/> IRS Letter for 501(c)(3) status in another State for at least 5 years with proof of incorporation and registration to do business in the State of Florida and proof a local group has provided public service for at least five years.
<input type="checkbox"/>	<input type="checkbox"/> Most recent Uniform (Annual) Business Report provided to the State
<input type="checkbox"/>	<input type="checkbox"/> Insert the Occupational license and, if applicable, the fundraiser license per Chapter 496, Florida Statutes for the grant writer.
<input type="checkbox"/>	<b>1.5</b> Proof of Unrestricted Ownership or Undisturbed Use of Facility. (Complete – 1, 2, 3, or 4)
<input type="checkbox"/>	(1) Unrestricted Ownership: Copy of: <input type="checkbox"/> Deed <b>OR</b> <input type="checkbox"/> Title
<input type="checkbox"/>	(2) Undisturbed Use: Proof of Undisturbed Use for _____ years and copy of:
<input type="checkbox"/>	<input type="checkbox"/> Lease or Land Management Agreement. <b>WITH</b>
<input type="checkbox"/>	<input type="checkbox"/> Written explanation of easements, covenants, <b>AND</b> <input type="checkbox"/> Other conditions affecting use of the property.
<input type="checkbox"/>	(3) Exempt Application – Project is for acquisition of real property. Documents included are:
<input type="checkbox"/>	a) Letter of Intent to sell from Property Owner including expected closing date, legal description, and purchase price <b>AND</b>
<input type="checkbox"/>	b) State certified or MAI Appraisal (see page 19 of application guide)
<input type="checkbox"/>	(4) Exempt Application – Project is on State/Federal land.
<input type="checkbox"/>	<b>1.6</b> Restrictive Covenants – Applicant must file a Restrictive Covenants if a grant is awarded. No document is required with the Application unless the property is mortgaged or leased. If mortgaged or leased, include a written confirmation from Owner, Mortgagee, or Lessor agreeing to sign a Restrictive Covenants if a grant is awarded.
<input type="checkbox"/>	<b>1.7</b> Certification of Information & Compliance Form with all signatures.
<input type="checkbox"/>	<b>1.8</b> Professional Certification Form with:
<input type="checkbox"/>	(1) At least one signature <b>AND</b>
<input type="checkbox"/>	(2) Résumé of Experience <b>OR</b>
<input type="checkbox"/>	(3) Exempt Application/Project is for vacant land acquisition <b>OR</b>
<input type="checkbox"/>	(4) Exempt Application/approved by the County and document from the County is inserted

<b>TAB 2</b>	
<input type="checkbox"/>	<b>2.1 Standard Project/Scope of prior and current phases (1/2 page maximum):</b>
<input type="checkbox"/>	(1) Describe prior phases including non-construction phases.
<input type="checkbox"/>	(2) Describe current phase and schedule of completion.
<input type="checkbox"/>	<b>2.2 Standard Project/Scope of ECHO &amp; Match (3 double-sided pages maximum)</b>
<input type="checkbox"/>	(1) (a) Physical Description of the project/current and proposed
<input type="checkbox"/>	(b) ECHO and Match expenditures discussed individually
<input type="checkbox"/>	(c) Timeline construction flow chart with estimated expenditures
<input type="checkbox"/>	(2) Infrastructure Protection / Impact on neighboring facilities
<input type="checkbox"/>	(3) Save energy, reduce waste, recycle, reuse
<input type="checkbox"/>	(4) Timeline of expected public access
<input type="checkbox"/>	<b>2.3 Scope of Future Phases (if applicable), (1 double-sided page maximum)</b>
<input type="checkbox"/>	<b>2.4 Locator Map / Design Drawings (unlimited number of pages)</b>
<input type="checkbox"/>	(1) Street locator map
<input type="checkbox"/>	(2) Drawings to scale of project (existing and proposed) with legends
<input type="checkbox"/>	(3) Other drawings
<b>TAB 3</b>	
<input type="checkbox"/>	<b>3.1 Project Budget Detail Chart with Match Codes (unlimited number of pages):</b>
<input type="checkbox"/>	<b>3.2 Matching Funds Statement including Match Summary Chart with Match Codes: (1 double-sided page limit-w/chart)</b>
<input type="checkbox"/>	<b>3.3 Match documentation inserted.</b>
<input type="checkbox"/>	<b>3.4 Total project value (not required – no page minimum)</b>
<b>TAB 4</b>	
<input type="checkbox"/>	<b>4.1 Operating Forecast Narrative (1 double-sided page maximum):</b>
<input type="checkbox"/>	(1) Describe facility use; include expenses and funding sources (5-year minimum)
<input type="checkbox"/>	(2) User Fees
<input type="checkbox"/>	(3) Example spreadsheet of operating budget (5-year minimum)
<input type="checkbox"/>	(4) Two Measurable Operational Goals and how to track them
<input type="checkbox"/>	<b>4.2 Fiscal Stability (1/2 page maximum):</b>
<input type="checkbox"/>	<b>4.3 Financial Audit / Review completed within 18 months of the application deadline:</b>
<input type="checkbox"/>	<b>Not-For-Profit Organization</b>
<input type="checkbox"/>	(1) <b>Management letter</b> from Certified Audit or Review and Response Letter
<input type="checkbox"/>	(2) The most recent <b>Response Letter</b> relative to the Management Letter.
<input type="checkbox"/>	(3) Most recent <b>month-end financial statement</b>
<input type="checkbox"/>	<b>Municipal or County Government</b>
<input type="checkbox"/>	(1) Basic Financial Statement under GASB34 (not the full document)
<input type="checkbox"/>	(2) Management Letter from last fiscal year full audit
<input type="checkbox"/>	(3) Response Letter from last fiscal year full audit
<input type="checkbox"/>	(4) Opinion from certified Audit
<input type="checkbox"/>	<b>Project Management Organization (if different from the applicant)</b>
<input type="checkbox"/>	(1) Management letter from Certified Audit or Review
<input type="checkbox"/>	(2) Certified Audit or Review of last completed fiscal year
<input type="checkbox"/>	(3) Most recent month-end financial statement
<input type="checkbox"/>	<b>Tab 4 (other)</b> If applicable, insert documents to receive a check at closing of an acquisition project.
<input type="checkbox"/>	If applicable, insert documents to prove your organization operated on less than \$100,000 per year, averaged over three (3) years.
<b>TAB 5 (2 double-sided pages maximum)</b>	
<input type="checkbox"/>	<b>5.1 Project Impact</b>
<input type="checkbox"/>	(1-6) Select goals and provide a narrative supporting each goal selected following the goal.
<input type="checkbox"/>	<b>5.2 Three Measurable Goals at minimum <u>AND</u> how you will track them.</b>
<b>TAB 6</b>	
<input type="checkbox"/>	Appendices - Applicant has provided additional information.