

**2024-2025 LETTER OF INTENT | PROGRAM**

Thank you for your interest in applying for a grant from Impact the Palm Beaches. Completing a Letter of Intent is the first step in our process. Please provide specifics on the proposed program, who it serves, why it is needed and how it will be sustainable. We also require financial information and a proposed budget.

**TIMELINE**

Monday, September 30, 2024 Letter of Intent opens
Friday, October 25, 2024 at 12:00 PM Letter of Intent closes

**STEPS TO SUBMIT**

1. Complete the Letter of Intent (LOI) on the following pages.
2. Before the deadline of Friday October 25, 2024 at noon, email the Letter of Intent and all required documents to the Grant Committee at impactpbgrants@outlook.com

 - please submit all required documents in one email

 - LOI proposals received past the deadline will not be accepted - No Exceptions

 - submit early to allow enough time to make any corrections if necessary

1. You will receive an email reply confirming receipt and acceptance of the documents submitted. Your LOI is not considered accepted until you receive an email specifying acceptance.

**HOW TO SUBMIT**

The Letter of Intent is in Microsoft Word and should be submitted as a Word document.
**Please comply with specified word counts. Text that goes over the word limit will be manually deleted.**
The Signature Authorization (page 5) should be scanned and submitted as a PDF.
The Required Attachments listed below (and on page 5) should be submitted as PDFs.

* IRS 501(c)(3) Determination Letter
* Florida Department of Agriculture Solicitation Permit
* most recent IRS 990
* most recent Audited Financial Statements (a financial review or compilation prepared by a Certified Public Accountant will no longer be accepted)
* most recent Audit Management Letter (if applicable)
* Board Roster with names, board positions, cumulative years of service and professional affiliations

**QUESTIONS?**

Contact impactpbgrants@outlook.com

**ELIGIBILITY REQUIREMENTS**

Before applying, please carefully review the eligibility requirements listed below.

* The applicant must be a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and designated as such for at least 24 months.
* The applicant must be registered with the Florida Dept of State, Division of Corporations
* The applicant must report total revenue for the last full fiscal year of at least $500,000 in the most recent IRS 990. If exempt from filing IRS 990, the revenue requirement is taken from the audit.
* The applicant must have a substantial local presence and programming in Palm Beach County

*Substantial local presence is defined as a staffed facility or office dedicated exclusively to the organization, available to the public seeking services or benefits. The facility must be open at least 15 hours a week and have a telephone dedicated exclusively to the organization.*

* The organization must be able to provide the following documents:
	+ IRS 501(c)(3) Determination Letter
	+ Florida Department of Agriculture Solicitation Permit
	+ An audit (in the most recently completed fiscal year) that expresses an unqualified opinion and conducted by an independent Certified Public Accountant in accordance with Generally Accepted Auditing Standards (GAAS). Cash basis, cash modified, or modified accrual basis of accounting are unacceptable. Compilations and/or reviews are no longer acceptable.
	+ IRS Form 990
* The project must serve the residents of Palm Beach County within the boundaries of:
	+ Lake Worth Road north to the Martin County line
	+ The Atlantic Ocean west to the Palm Beach County line
	**The entire $100,000 grant must be utilized within those geographical boundaries.**
* Recipients of an Impact the Palm Beaches $100,000 grant are not eligible to receive a grant for at least 4 years from the date the grant was awarded. Agencies awarded full grants in April 2024 are not eligible for a new grant until April 2028. Merit award winners may reapply the following year. Recipients of a $100,000 grant cannot receive new grant funds through collaborations with another agency within 4-year time period.
* The program or project may be new, an expansion of an existing program, or a collaborative effort between more than one qualifying agency.
* The organization must use the full amount of the grant within two years of the award date.

**IMPACT THE PALM BEACHES WILL NOT ACCEPT APPLICATIONS TO SUPPORT**

* Activities outside our 5 focus areas of Arts & Culture, Education, Environment & Animal Welfare, Family, and Health & Wellness
* Programs that take place outside of our geographic area
* Debt reduction or operational deficits
* Fundraising campaigns or events
* Capital campaigns (\*definition below)
* Endowments or memorials
* Bridge funding or interim financing
* Partisan or political activities
* Legal expenses
* Travel expenses
* Loans
* Grants to individuals
* Grants to private foundations
* Religious organizations for religious purpose

\* **Capital Campaign**: an organized drive to accumulate **SUBSTANTIAL** funds to finance major needs of an organization such as a building or major repair/remodeling project. Capital campaigns are different than a capital grant to fund specific equipment, building costs, vehicles or materials clearly wrapped around a program or a project serving clients of the organization. Impact the Palm Beaches **WILL** permit grant requests for capital projects.

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| --- | --- |
| **1. AGENCY INFORMATION**Agency Name:Mailing Address:Website:Federal EIN: | **2. AGENCY CONTACT** Name:Position/Title: Phone:Email: |

**3. AGENCY PROFILE** (75 words max)

*Please provide a brief summary of your agency.*

**4. PROGRAM NAME***Please provide a name for the program.*

**5. IMPACT FOCUS AREA**

*Please select ONE focus area the program falls under: Arts & Culture, Education, Environment & Animal Welfare, Family, or Health & Wellness*

**6. PROGRAM SERVICE AREA***Please list the address(es) of where services for this program will take place. Please keep in mind the program must serve the residents of Palm Beach County within the boundaries of Lake Worth Road north to the Martin County line and from the Atlantic Ocean west to the Palm Beach County line.*

**7. PROGRAM DESCRIPTION** (450 words max)
*Please describe the program and how it will be executed. Please specify if the program is new or existing.*

**8. COMMUNITY NEED** (150 words max)

*What community need in Palm Beach County does this program address? How does the proposed program meet this need? Why is the program important and necessary?*

**9. TARGET POPULATION** (100 words max)*Who is served by the program? Are these new or existing clients? How will program participants be chosen?*

*How does this program change a client’s life?*

* + *# of anticipated clients served by the program: \_\_\_\_\_\_\_\_*
	+ *Age group of program clients: \_\_\_\_\_\_\_\_*

**10. OUTCOMES** (200 words max)
*How will you measure the success of this program? What tangible outcomes do you hope to achieve? What tools will you use to measure and track program outcomes? How will the program improve lives and create impactful change in our community?*

**11. SUSTAINABILITY** (75 words max)*Impact grant funds must be used within 24 months of the award date. Please demonstrate how the program will continue to be funded after that time, including salaries and operating costs.*

**12. PRELIMINARY PROGRAM BUDGET**
*Submit the proposed income and expenses for the program demonstrating how the Impact grant will be used. List the expenses for the program in Column 2 and what dollar amount will be covered by the Impact grant in Column 3. Please add additional lines if necessary. If the program serves the community beyond the boundaries of Impact, please prorate Total Program Expenses to* ***ONLY*** *include those incurred within the Impact grant boundaries.* ***The Total Program Expense should equal the Total Program Income.***

|  |  |  |
| --- | --- | --- |
| **EXPENSE DESCRIPTION** | **TOTAL PROGRAM EXPENSE** | **IMPACT EXPENSE** |
| Salary and Wages |  |  |
| Employee Benefits |  |  |
| Payroll Taxes |  |  |
| Insurance |  |  |
| Consultants/Professional Fees |  |  |
| Employee Transportation |  |  |
| Client Transportation |  |  |
| Equipment/Technology |  |  |
| Training and Staff Development |  |  |
| Conferences/Meetings |  |  |
| Program Supplies |  |  |
| Printing/Copying/Publications |  |  |
| Utilities/Telephone |  |  |
| Lease/Mortgage |  |  |
| Repair/Maintenance |  |  |
| Other (Please Specify) \* |  |  |
| **TOTAL PROGRAM EXPENSE** |  | **$100,000** |

|  |  |
| --- | --- |
|  | **TOTAL PROGRAM INCOME** |
| IMPACT THE PALM BEACHES | **$100,000** |
| Government Grants |  |
| United Way |  |
| Foundations |  |
| Corporate Grants |  |
| Individual Contributions |  |
| Fundraising Events |  |
| Other (Please Specify) \* |  |
| **TOTAL PROGRAM INCOME** |  |

\*Add more lines if necessary

**SIGNATURE AUTHORIZATION***Please obtain signatures signifying the Letter of Intent has been reviewed and approved by the agency’s Chief Executive Officer and Chairman of the Board. Please acquire original signatures. If an electronic signature is necessary, please explain.*

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Print Chief Executive Officer Signature Chief Executive Officer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date

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Print Chairman of the Board Signature Chairman of the Board

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date

**REQUIRED ATTACHMENTS**

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