

**2023-2024 LETTER OF INTENT | PROGRAM**

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

**TIMELINE**

Monday, August 7, 2023 at 9:00 AM Letter of Intent opens
Thursday, September 14, 2023 at 12:00 PM Letter of Intent closes

**HOW TO SUBMIT**

The Letter of Intent is in Microsoft Word and should be submitted as a Word document.
**Specified word counts should be adhered to. 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
* IRS 990
* Audited Financial Statements (a financial review or compilation prepared by a Certified Public Accountant will also be accepted)
* Audit Management Letter (if applicable)
* Board Roster with names, board positions, cumulative years of service and professional affiliations

**Steps to Submit:**

1. Complete the Letter of Intent on the following pages.
2. Email the Letter of Intent and required documents to Grant Committee Chair
Aleese Kopf at aleesekopf@palmbeachunitedway.org by **Thursday, September 14 at 12:00 PM**.
- Please submit all required documents in one email.
- Letter of Intent proposals received past the deadline will not be accepted. **No exceptions.**
- **Submit early** to allow yourself enough time to make any corrections if necessary.

Grant Committee Chair Aleese Kopf will reply to your email with a message that your Letter of Intent and supporting documents have a) been received and accepted, or b) received but require changes. **Your Letter of Intent is not considered accepted until you receive an email specifying so.**

**QUESTIONS?**

Contact Grant Chair Aleese Kopf at 561-655-1919 or [aleesekopf@palmbeachunitedway.org](file:///C%3A%5CUsers%5Cbeth%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CE3D6Y53D%5Caleesekopf%40palmbeachunitedway.org).

**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 19 months.
* The organization must be able to provide the following documents:
	+ IRS Form 990
	+ Financial statements audited by an independent accountant or accounting firm (a financial review or compilation prepared by a Certified Public Accountant will also be accepted)
	+ IRS 501(c)(3) Determination Letter
	+ Florida Department of Agriculture Solicitation Permit
* 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. Organizations chosen as grant recipients in April 2023 are not eligible to receive a grant until April 2027. 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 the 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 reserves the right to change its eligibility criteria in future years.

**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**: A capital campaign is an organized drive to collect and accumulate **SUBSTANTIAL** funds to finance major needs of an organization such as a building or major repair or remodeling project. Capital campaigns are different than requests for capital grants to fund specific equipment, building costs, vehicles or materials that are 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: | **2. AGENCY CONTACT** Name:Position/Title: Phone:Email: |

**3. AGENCY PROFILE** (150 words max)

*Please provide a brief summary of the agency’s history and a statement of the agency’s mission and vision.*

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

**5. IMPACT FOCUS AREA**

*Please select which 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** (250 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** (200 words max)*Who is served by the program? What are the demographics of program participants? Please list the total number of individuals the program serves or will serve. Are these new or existing clients? How will program participants be chosen?*

**10. OUTCOMES** (250 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** (200 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.*

*\*Sustainability definition: the program supports the agency’s mission and strategic plan. The agency’s board and executive leadership provide effective operational and fiscal leadership. The members of the board support the work of the agency financially. The agency is financially stable and conducting effective annual fundraising. The staffing for the program/project is realistic. The agency can demonstrate how they will secure future funding for the program/project.*

**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 (Be Specific) \* |  |  |
| 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) \* |  |
| 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

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Date

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Print Chairman of the Board Signature Chairman of the Board

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Date

**REQUIRED ATTACHMENTS**

*Email the following documents together with the Letter of Intent to Grant Chair Aleese Kopf at* *aleesekopf@palmbeachunitedway.org**.*
1. IRS 501(c)(3) Determination Letter (PDF)
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