COMMUNITY ENRICHMENT GRANT 2021 APPLICATION



CHAD CHRONISTER, SHERIFF

Hillsborough County Sheriff's Office Community Outreach Division
Malcolm E. Beard Sheriff's Operations Center
2008 East 8th Avenue, Tampa, Florida 33605

HILLSBOROUGH COUNTY SHERIFF'S OFFICE

Community Enrichment Grant

PURPOSE: The purpose of this grant is to suppport "quality of life" community projects/programs within Hillsborough County, Florida.

EXCLUSIONS: The purchase of capital items, primary and/or supplemental construction projects, compliance reward projects/programs, and projects/programs which are duplicitative of those offered by the Hillsborough County Sheriff's Office or other local government are not permitted under this grant.

APPLICATION PERIOD: Applications for the 2021 Community Enrichment Grant will be accepted, through Friday, April 30, 2021 at 5:00pm EST.

ORGANIZATION APPLICANT: The organization applicant must be a current board member or officer for the organization and on record with the Florida Department of State or other governmental agency if incorporated outside of Florida.

SUBMISSION: Grant applications must be typewritten, accompanied by all required supporting documents, and received within the specified application period.

Email submission is preferred. Send completed applications to: communityevents@hcso.tampa.fl.us

Mailing Address:

Hillsborough County Sheriff's Office Malcolm E. Beard Sheriff's Operations Center Community Outreach Division - CEG 2021 2008 East 8th Avenue Tampa, Florida 33605

SUPPORTING DOCUMENT(S): Supporting document(s) may be attached to the 2021 grant application. Each document must reference, in the upper right hand corner, the organization's name and employer identification number.

2020 GRANT AWARDS: Organizations who received a 2020 Community Enrichment Grant must provide, as part of this application, expenditure receipts for the 2020 grant award.

IRS Form W-9: A completed IRS Form W-9 must be submitted as part of this application. Use version IRS Form W-9 Revised October 2018.

INTERNAL REVENUE SERVICE DESIGNATION AS CHARITABLE ORGANIZATION: Organizations applying for the 2021 Community Enrichment Grant must be designated by the Internal Revenue Service as a tax-exempt charitable organization, 501(C)3 or other similar designation. A copy of the organization's designation/status letter must accompany the grant application.

The Internal Revenue Service does not require specified organizations, such as religious organizations, to apply for and obtain tax-exempt status. However, the Internal Revenue Service recommends specified organizations apply for and obtain tax-exempt status.

For the purpose of the 2021 Community Enrichment Grant, all organizations must have obtained tax-exempt status from the Internal Revenue Service.

INCOMPLETE APPLICATION: Grant applications classified as "incomplete" will not be considered. Organizations must resolve the "incomplete" status on or before the grant submission deadline.

The organization has the exclusive responsibility to provide all document(s) as required by the 2021 grant application and those which may be requested.

VAGUE PROJECT DESCRIPTION: Organizations are encouraged to provide a detailed project/program description. Grant applications whose project/program descriptions are vague in nature, will be classified as "incomplete". In these cases, the organization will be notified and afforded the opportunity to provide greater specificity, which is due on or before the grant submission deadline.

GRANT PRESENTATION(S): In person presentations are not permitted. Organizations are encouraged to provide all relevant and compelling materials as part of their grant application. A digital accompaniment for review is permitted and should not exceed three (3) minutes in total length.

QUESTIONS: Questions concerning the 2021 Community Enrichment Grant should be directed to the Community Outreach Division via email communityevents@hcso.tampa.fl.us

ORGANIZATION				
LEGAL NAME OF ORGANIZATION	DOING BUSINES	SS AS D/B/A		
INTERNAL REVENUE SERVICE TAX/EMPLOYER IDENTIFICATION NUMBER	INTERNAL REVENUE SERVICE CHARITABLE ORGANIZATION TYPE			
STATE OF INCORPORATION	LEGAL NAME OF CENTRAL ORGANIZATION (IF APPLYING AS SUBORDINATE)			
ORGANIZATION'S MAILING ADDRESS	SUITE	CITY	STATE	ZIP CODE (ZIP+4)
ORGANIZATION'S MISSION STATEMENT				
ORGANIZATION APPLICANT ORGANIZATION APPLICANT (BOARD MEMBER OR OFFICER)	TELEPHONE N	IMPED	I FAAAII AS	DDE-00
	TELEPHONE IN	UIMBER	EMAIL A	
MAILING ADDRESS SAME AS ORGANIZATION'S MAILING ADDRESS	SUITE	CITY	STATE	ZIP CODE (ZIP+4)
CONTACT PERSON				
CONTACT PERSON IF DIFFERENT FROM ORGANIZATION APPLICANT	TELEPHONE NU	JMBER	EMAIL AD	DDRESS
MAILING ADDRESS SAME AS ORGANIZATION'S MAILING ADDRESS	SUITE	CITY	STATE	ZIP CODE (ZIP+4)
PROJECT/PROGRAM INFORMATION				
PROJECT/PROGRAM NAME	PRIMARY SERV	/ICE AREA(S) WITH	IN HILLSBOROUGI	H COUNTY
PROJECT/PROGRAM PRIMARY AGE DEMOGRAPHIC □0-4 □5-10 □11-15 □16-18 □19-25 □26-35 □36-54		OJECT/PROGRAM I		
DETAILED PROJECT/PROGRAM DESCRIPTION				
□Contine	ued ~ See	Supplement	tal/Additions	al Information Section

PROJECT/PROGRAM BUDGET					
PROJECT/PROGRAM BUDGET (LINE ITEM BUDGET: ITEM, DESCRIPTION, QUANTITY, C	COST PER UNIT, TOTAL).				
	ued ~ See Supplemental/Additional Information Section				
PRIOR COMMUNITY ENRICHMENT GRANT(S					
HAS THE ORGANIZATION PREVIOUSLY APPLIED FOR A COMMUNITY ENRICHMENT GE ☐ Yes ☐ No ~ If yes, which year(s) ☐ 2015 ☐ 2016 ☐ 20					
*If the organization received a 2020 Community Enrichment Grant, expenditure receipts must be attached to this grant application.					
CERTIFICATION					
I hereby certify, the information provided herein is true	and accurate.				
I understand and acknowledge exclusive responsibility application and those additional documents which may application will not be eligible for review/consideration "eligible for consideration".	be requested. Furthermore, I understand this grant				
If a Community Enrichment Grant is awarded, I agree to outlined within this grant application or as modified by					
If a Community Enrichment Grant is awarded, I acknow Office has full authority to audit all records pertaining to	vledge and agree that the Hillsborough County Sheriff's the awarded funds, at any time and without notice.				
ORGANIZATION APPLICANT SIGNATURE	DATE				
ORGANIZATION APPLICANT PRINTED NAME	TITLE				



CHECKLIST

Before submitting a 2021 Community Enrichment Grant Application......

Are all portions of the application complete? For questions not pertaining to your organization, did you indicate such with N/A or not applicable?

Is the application signed by a current board member or officer for the organization who is on record with the Florida Department of State or other governmental agency if incorporated outside of Florida.

Is your organization's name and Federal Tax Identification Number (FEIN) listed on each supporting document in the upper right hand corner?

If your organization received a 2020 Community Enrichment Grant, are the 2020 expenditure receipts attached?

Did you complete and attach Internal Revenue Service Form W-9 (Rev. October 2018)?

Is your organization's Internal Revenue Service 501(c)3 Determination Letter attached?

(A Florida Department of Revenue Consumers Certificate of Exemption is not acceptable.)

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QUESTIONS: Questions concerning the 2021 Community Enrichment Grant should be directed to the Community Outreach Division communityevents@hcso.tampa.fl.us

SUBMISSION: Grant applications must be typewritten, accompanied by all required supporting documents, and received within the specified application period.

Email submission is preferred.Send completed applications to:

communityevents@hcso.tampa.fl.us

Email receipt confirmation will be provided for all applications submitted via email.

Mailing Address:

Hillsborough County Sheriff's Office
Malcolm E. Beard Sheriff's Operations Center
Community Outreach Division - 2021 CEG
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Tampa, Florida 33605