



## GRANT PARTNERSHIP APPLICATION

Agency Name: \_\_\_\_\_  
(As filed with the Florida Division of Corporations)

Agency Address: \_\_\_\_\_  
\_\_\_\_\_

Agency Contact Name and Title: \_\_\_\_\_

Agency Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency Contact e-mail address: \_\_\_\_\_

Grant Program Title: \_\_\_\_\_

Grantor Agency Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

Amount Requested of Grantor: \$ \_\_\_\_\_

Match Requirement Amount: \$ \_\_\_\_\_  Cash  In-Kind Services

Source of Match: \_\_\_\_\_

Amount Requested of Seminole County: \$ \_\_\_\_\_

Grantee (please check one):  County  Agency

**1. Seminole County's mission is to deliver excellent public service that enhances quality of life and addresses our community's needs, now and in the future. To live out this mission, the priority focus areas detailed below were identified in our Strategic Plan. Please check the box next to the focus area that bests aligns with your project.**

- Providing an effective and efficient government
- Continuing to address growth management and the environment
- Advancing social and economic opportunities in Seminole County

**2. Please give a brief summary of the project for which grant funding is being requested. Please be specific in describing how the funds would be utilized.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **What needs or problems in the community does this project address?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. **What role is Seminole County to assume in your project?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. **When Seminole County is the grantee, the following documents are required to be attached with this application.** (Failure to provide requested documentation and information essential to the purpose of the partnership shall result in denial of the request.):

- 501(c)3 designation with the Internal Revenue Service
- Registration with Florida Division of Corporations
- Financial Statements and/or Independent Audit documentation

**GENERAL INFORMATION**

When Seminole County is the applicant, the partnering agency shall consent to County oversight of the project for which grant funding is being pursued; and, upon notification of grant award, shall enter into a subcontract agreement which would detail the responsibility of each participating agency. Oversight shall include both program and financial activities under the grant and require access to all relevant documents and client files for auditing purposes. Additionally, Seminole County reserves the right to retain a portion of the grant award as an administrative fee for oversight and management of the grant if allowable by the grantor.

**For County Use Only**

<b>Department Director:</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<i>Comments</i> _____		
_____		
<b>Grants Administrator/Fiscal Services Dept:</b>	<input type="checkbox"/> Reviewed	
<i>Comments</i> _____		
_____		
<b>County Manager:</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<i>Comments</i> _____		
_____		
<b>BCC:</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<i>Comments</i> _____		
_____		