

City of Lake City
Office of The City Manager

Deadline 9/3/2024

Lake City Mayor's Matching Grant

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Description [\[hide this\]](#)

“Together We're Better”

The Mayor's Matching Grant Program was implemented in 2024 to partner with **non-profit organizations** to fund projects which build community pride. The Mayor and City Council believe in the power and creativity of its citizens to address challenges, build communities and develop relationships with fellow neighbors and community partners through the Mayor's Matching Grant Program.

Important Dates:

Open Date: The City of Lake City will start accepting applications on August 26 at 8:30am.

Due Date: All applications submitted by the end of the day on September 26, 2024 will be reviewed for eligibility and award.

Optional Extension: If funding is still available after the review of applications from the September 26 due date, the City of Lake City may review applications submitted from September 27 through October 15, 2024 at which time no further applications will be accepted.

Notification: Applications will be reviewed with notification of conditional awards being made on or about November 1, 2024.

Requirements [\[hide this\]](#)

- Request can be no more than \$10,000.
- Have no active projects in any Mayor's Matching Grant Program.
- Matching Grant: Ensure and provide proof dollar for dollar match (100% match) of the City's award with a combination of cash, volunteer labor and/or in-kind goods and services.
- Submit project status reports and final report in a timely manner.
- Reimbursement Program: Invoice the City in order to have matching funds dispersed after meeting all of the requirements.
- No delinquent property taxes owed.
- All grant funded activities must take place within the city limits of the City of Lake City.
- **Project/Program Timeline and when to apply:** Application must be submitted during the correct application cycle. Applications submitted for Projects/Programs that are not scheduled to start as outlined for the Application Cycle description below will be declined. If your proposed project/program does not meet the current application cycle, please wait for when the next Application Cycle is open.
 - Fall Cycle: Projects/Programs must **start BEFORE** March 30, 2025 and be fully expended by September 30, 2025.
 - Spring Cycle: Projects/Programs must **start AFTER** March 30, 2025 and be fully expended by September 30, 2025.

Restrictions [\[hide this\]](#)

- Organizations that discriminate or exclude participants on the basis of race, color, creed, sex, sexual orientation, gender identity, age, national origin, religion, disability, or marital status.
- Third-party or "pass-through" nonprofit organizations or fiscal agents.
- Government agencies (but may associate with a government agency).
- Foundations whose sole purpose is fundraising, unless they directly deliver an eligible program.
- Faith-based nonprofit organizations/programs, unless there is a non-faith-based service that is inclusive and available to all segments of the population.
- National nonprofit organizations, unless dollars requested will remain in the city limits, impacts families who reside within the city limits and meets grant guidelines.
- Funding or supplanting other City of Lake City services or programs.
- Appreciation gifts, plaques, or certificates for City staff or elected officials.

- Equipment purchases.
- Organizations with multiple subsidiary organization is limited to one application. Example: an organization that has multiple site locations where each site location has a separate EIN number is considered one organization and limited to one application.

Applicant View

Application Status: Not Submitted

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Organization Information

(answers are saved automatically when you move to another field)

Application Title/Project Name

Amount Requested

Grant awards range from \$1,000 to \$10,000 for nonprofit organizations.

\$

Total Project Cost

Enter the total cost of the project. This must match the Total Project Cost in the Proposed Budget Worksheet.

\$

Applicant Information

First Name

Last Name

Telephone

Email

Organization Information

(changes to this data will be reflected on all other applications for this organization)

Organization Legal Name/Entity Name

Address 1

Address 2

City

State/Province

ZIP+4/Postal Code

Country

[Add Address](#)

Telephone

Fax (optional)

Website (optional)

Federal Tax ID (EIN) (XX-XXXXXXX)

CEO/Executive Director

First Name

Last Name

Title

Email

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Application Questions

(answers are saved automatically when you move to another field)

Instructions [Show/Hide](#)

Answer all questions.

Question #1: Project/Program Timeline and when to apply: Application must be submitted during the correct application cycle. Applications submitted for Projects/Programs that are not scheduled to start as outlined for the Application Cycle description below will be declined. If your proposed project/program codes not meet the current application cycle, please wait for when the next Application Cycle is open.

- Fall Cycle: Projects/Programs must start **BEFORE** March 30, 2025 and be fully expended by September 30, 2025.
- Spring Cycle: Projects/Programs must start **AFTER** March 30, 2025 and be fully expended by September 30, 2025.

1. What Application Cycle are you applying for?

Select only one.

- ☐ Fall: Programs Start BEFORE March 30 (Program must be expended by September 30, 2025)
- ☐ CURRENTLY NOT AVAILABLE: Spring: Programs Start AFTER March 30 (Program must be expended by September 30, 2025)

Program Description

2. Indicate the type of grant you are applying for

- ☐ Youth/Senior Services
- ☐ Educational Programs for Youth
- ☐ Neighborhood Crime and Safety
- ☐ Social Service
- ☐ Cultural
- ☐ Athletic
- ☐ Historical
- ☐ Veterans Services

3. Provide a brief description of the proposed project. If funding is recommended, this description will be used for marketing and communication related to the Mayor's Matching Grant.

Maximum characters: 300. You have characters left.

4. Provide a detailed description of the proposed project. Include a description of the identified need that the program will address.

Maximum characters: 2000. You have characters left.

5. Describe the proposed project or program, including the identified need that the program will address.

Maximum characters: 2000. You have characters left.

6. What is the intended benefit? Why is it important to the neighborhood?

Maximum characters: 1500. You have characters left.

Program Participants

7. What is the targeted population to be served?

Maximum characters: 500. You have characters left.

8. How many participants do you anticipate will participate in this project?

Maximum characters: 255. You have

255

 characters left.

9. How will you recruit and onboard program participants?

Maximum characters: 1000. You have

1000

 characters left.

10. Do families pay a fee to participate? If yes, what is the fee to participate?

- ☐ Yes - Please explain:
- ☐ No

Program Delivery

11. Where will project activities take place? Please provide specific addresses for location(s). ALL grant-funded activities must take place within Lake City city-limits.

Maximum characters: 2000. You have

2000

 characters left.

12. Describe how volunteers will be recruited, trained and supported.

If successful and awarded matching grant funds you will be required to submit a Volunteer Affidavit Form attesting to the actual volunteer hours.

Maximum characters: 2000. You have

2000

 characters left.

13. Do you have any partnerships with other organizations or businesses to provide this program? Please describe.

Maximum characters: 2000. You have

2000

 characters left.

14. What is the timeline for implementing your project over the grant year? What months will the program occur? What is the Start and End Date?

Example: Summer, March Only, April & May, etc. Complete the Workplan/Timeline Table in the Additional Forms Tab.

Maximum characters: 255. You have characters left.

Organization History and Capacity

15. What year was the organization established?

Maximum characters: 255. You have characters left.

16. What are the non-profit organization's primary services and programs in the community?

Maximum characters: 2500. You have characters left.

17. What is your organization's history and experience providing this type of program or service?

Maximum characters: 2000. You have characters left.

18. Grant requests may be approved for full or partial funding, if the organization receives partial funding, can the program still be implemented, and/or can additional dollars be raised?

- ☐ Yes
☐ No

19. Level 2 Background Screening Acknowledgement: I acknowledge that the grant award is contingent upon completing and passing Level 2 Background Screening of all staff by Lake City Police Department. I acknowledge that the Background Screenings must be conducted prior to contract execution and project implementation. I acknowledge that these background screenings will be provided for free. I acknowledge that failure to complete the screenings and providing them in a timely manner will constitute forfeiture of the grant award.

- ☐ Yes
☐ No - You are not eligible for these funds.

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Proposed Budget Worksheet

(answers are saved automatically when you move to another field)

Instructions [Show/Hide](#)

NOTE/Tip: You may find it easier to fill out the "Volunteer Match Contribution" and the "In-Kind Contribution and Cash Match" tables on the "Additional Forms" tab first, and then come back to this "Proposed Budget Worksheet" tab.

Do Not Edit/Change the Item Descriptions pre-populated by the City of Lake City. You may Edit the Item Descriptions for rows listed as "Other Anticipated Sources (EDIT)" or "Other Expenses (EDIT)".

Provide a detailed budget. List all sources of revenue, a line-item expense budget for the proposed project/activity and a budget narrative.

- The budget must demonstrate costs that are reasonable and necessary in relation to the number of participants to be served.
- All items included in the budget must clearly relate to activities described in the program description of the application.
- The budget narrative must detail the proposed use of funds in relation to the design and scope of the project activities.
- At least three written estimates from established vendors must be uploaded in the **Documents Tab** for any expenses that exceed \$250.00 per unit cost.
- Ensure and provide proof dollar for dollar match (100% match) of the City's award with a combination of cash, volunteer labor and/or in-kind goods and services
- The amount for "Value of Volunteer Time" must match the amount listed on the "Volunteer Match Contribution" table on the **Additional Forms Tab**.
- The Cash Match Total and the In-Kind Match Total must match the amounts listed on the "In-Kind Contribution and Cash Match" table on the **Additional Forms Tab**.

Funding Sources/Revenue

Do Not Edit/Change the Item Descriptions pre-populated by the City of Lake City. You may Edit the Item Descriptions for rows listed as "Other Expenses (EDIT)"

List all sources of cash and in-kind contributions to the grant project. Include the amount of grant funds requested from the City of Lake City.

If successful and awarded matching grant funds you will be required to submit a Volunteer Affidavit Form attesting to the actual volunteer hours.

Item Description	This Request	Cash Match	In-Kind Match
Mayor's Matching Grant (enter request)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Cash Received (List sources and amounts in Additi	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Cash Pledged (List sources and amounts in Additi	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
In-Kind Donation/Match (List sources and amounts	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Value of Volunteer Time Valued at \$26.31/hr (In-Ki	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other Anticipated Sources (EDIT)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Other Anticipated Sources (EDIT)	\$		\$		\$	
Other Anticipated Sources (EDIT)	\$		\$		\$	
Other Anticipated Sources (EDIT)	\$		\$		\$	
Other Anticipated Sources (List sources & amount)	\$		\$		\$	
		Total \$ 0.00			Total \$ 0.00	Total \$ 0.00

Expenses/Uses

Do Not Edit/Change the Item Descriptions pre-populated by the City of Lake City. You may Edit the Item Descriptions for rows listed as "Other Expenses (EDIT)"

Provide a line item budget and written description of how the City's funds will be used. The budget must demonstrate costs that are reasonable and necessary in relation to the number of participants to be served. All items included in the budget must clearly relate to activities described in the program description of the application. The budget narrative must detail the proposed use of funds in relation to the design and scope of the project activities.

At least three written estimates from established vendors must be submitted for any expenses that exceed \$250.00 per unit cost.

Item Description	This Request		Cash Match		In-Kind Match	
Administrative/Overhead	\$		\$		\$	
Supplies/Equipment	\$		\$		\$	
Technology	\$		\$		\$	
Educational Training Tools	\$		\$		\$	
Subsidies or Fee Waivers	\$		\$		\$	
Program Delivery, Fees or Services	\$		\$		\$	
Personnel/Staffing	\$		\$		\$	
Travel/Transportation	\$		\$		\$	
Other Expenses (EDIT)	\$		\$		\$	
Other Expenses (EDIT)	\$		\$		\$	
Other Expenses (EDIT)	\$		\$		\$	
Other Expenses (EDIT)	\$		\$		\$	
Other Expenses (EDIT)	\$		\$		\$	
Other Expenses (EDIT)	\$		\$		\$	
Other Expenses (EDIT)	\$		\$		\$	
Other Expenses (EDIT)	\$		\$		\$	
Other Expenses (EDIT)	\$		\$		\$	
Other Expenses (EDIT)	\$		\$		\$	
Other Expenses (EDIT)	\$		\$		\$	
Other Expenses (EDIT)	\$		\$		\$	
Other Expenses not listed above (List items and a	\$		\$		\$	
		Total \$ 0.00			Total \$ 0.00	Total \$ 0.00

Proposed Budget Worksheet Narrative (Discuss the items and amounts you entered above.)

Please use this section to describe your budget and expense decisions. The Budget Narrative is the justification of "how" and/or "why" a line item helps to meet the program deliverables.

For example, if you request funds to purchase t-shirts, your Budget Narrative may read, "38 members @ \$16/shirt = \$608. Shirts will be worn to all public events and field trips"

Maximum characters: 6000. You have 6000 characters left.

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Additional Forms

(answers are saved automatically when you move to another field)

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Complete all Tables:

1. Volunteer Match Contribution - Valued at \$26.31 per hour.
2. In-Kind Contributions and Cash Match (All applicants must provide match contribution information in the following tables. Upload a Letter of Intent for each item listed in the In-Kind and Cash Match categories.)
3. Timeline/Workplan - Provide the timeline for the proposed program. Include the frequency and duration of sessions and/or activities.
4. Staffing Plan - List the Primary staff and their qualifications.
5. Proposed Outcomes - Provide at least two program performance measures that will be used to evaluate the program/project outcomes and impact.

Volunteer Match Contribution

Volunteer Contribution: Volunteer labor from the applicant organization's staff or volunteers, valued at \$26.31 per hour. Must consist of a minimum of 25% and a maximum of 50% of the grant request.

If successful and awarded matching grant funds you will be required to submit a Volunteer Affidavit Form attesting to the actual volunteer hours.

NOTE/Tip: Refresh the screen to update/refresh the auto-calculated Total Match Value column. Input the auto-calculated Total Match Value in the "Value of Volunteer Time Valued at \$26.31/hr (In-Kind Match)" on the Proposed Budget Worksheet Tab.

Source (i.e. community volunteers, business partner name, etc...)	Hours Contributed	Total Match Value
<input type="text"/>	<input type="text"/>	\$
<input type="text"/>	<input type="text"/>	\$
<input type="text"/>	<input type="text"/>	\$
<input type="text"/>	<input type="text"/>	\$
<input type="text"/>	<input type="text"/>	\$
<input type="text"/>	<input type="text"/>	\$
<input type="text"/>	<input type="text"/>	\$
<input type="text"/>	<input type="text"/>	\$
Total	0	\$0.00

In-Kind Contributions and Cash Match

In-Kind Contributions: Supplies, equipment, space or professional services valued at "fair market value" and furnished by legitimate service providers and/or businesses.

NOTE/Tip: Refresh the screen to update/refresh the auto-calculated Total Calculations. The auto-calculated Totals must match the amounts listed in the Proposed Budget Worksheet Tab.

[illegible]

Staffing Plan

Complete the table for all staff/Volunteers expected to work on the project. This table must align with the Application Questions and Budget.

Staff Name	Title	Role/Function	Qualifications/Experience

Performance Outcomes

Provide at least two program performance measures/outcomes that will be used to evaluate the program/project outcomes and impact. For example:

Outcome	Measurement/Evidence
80% of children improved their teamwork skills	pre and post surveys

If successful and awarded, proposed outcomes may be changed during contract negotiations. If successful and awarded, you will be required to report on the agreed upon contractual outcomes.

Number	Outcome	Measurement/Evidence that Outcome is Met
Proposed Outcome		
Outcome 1	<div></div>	<div></div>
Outcome 2	<div></div>	<div></div>
Outcome 3	<div></div>	<div></div>
Outcome 4	<div></div>	<div></div>

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Documents

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Upload the following documents, as applicable to your program.

Documents Requested *	Required?	Uploaded Documents *	
Completed W-9 Form for the organization (EIN #)	Required		Upload
A copy of a currently valid IRS tax exemption certificate	Required	-none-	Upload
Letter(s) of support from community or business partners	Required	-none-	Upload
Prior year Financial Statement – Full Statement or Balance Sheet	Required	-none-	Upload
Prior year Financial Statement – Profit & Loss	Required	-none-	Upload
Current/Most Recent Audit or Financial Statement/Balance Sheet and Profit/Loss Statement	Required	-none-	Upload
Letter(s) of Intent for In-Kind and Cash Match Contributions	Required	-none-	Upload
Estimates from vendors or websites - at least 3 estimates for expenses over \$250 unit cost	Required	-none-	Upload
Notarized meeting minutes recording motion, vote and approval to pursue Mayor's Matching Grant Program	Required	-none-	Upload
Misc.		-none-	Upload

* ZoomGrants™ is not responsible for the content of uploaded documents.

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Senior Assistance League

Application Status: Not Submitted

ZG Test Application (DO NOT DELETE)

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[Print/Preview](#)

\$ 10,000.00 requested

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Application Completion [\[hide this\]](#)

By entering your initials here you certify this submission truthfully and accurately represents your application and is hereby submitted for review. Submission of this application does not, in any way, guarantee that your application will yield a favorable result. Submission of this application also indicates your agreement to the [terms](#) of using ZoomGrants™.

Initials

[Submit Now](#)

By entering my initials, I attest the following:

- The information provided within this application, and any supporting documents uploaded, are true and complete to the best of my knowledge.
- I understand I may be contacted by the City of Lake City to provide additional information or documentation which the City may require to complete my application and/or establish my eligibility.
- I understand that any false, fictitious, or fraudulent information, or the omission of any material fact, may

subject me to law enforcement referral and/or referral to any other applicable authority for further investigation.

- **WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under Statutes 775.082 or 775.083.
- **Hold Harmless:** In the event the applicant is awarded grant funds by the City of Lake City and in consideration of same, the undersigned, for himself/herself/itself and on behalf of the applicant's organization as well as his/hers/its personal representatives, assignees, predecessors, successors, agents, partners, members, affiliated corporations or entities, and subsidiaries, agree to and does hereby release and forever discharge and hold harmless the City of Lake City, its officers, servants, agents, or employees from any and all liability, claim, demands, actions and causes of action whatsoever arising out of related to any loss, damage, or injury, including death, that may be sustained by any participant, or, the undersigned, for himself/herself/itself and on behalf of the applicant's organization as well as his/hers/its personal representatives, assignees, predecessors, successors, agents, partners, members, affiliated corporations or entities, and subsidiaries, staff, jointly and severally, from any and all actions, causes of injury, which hereafter may be sustained by participants, merchants, vendors, spectators, or others in consequence of participating in any event/program held by the applicant. This release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated, and unsuspected injuries, damages, loss and liability, and the consequences thereof, as well as those not disclosed and known to exist. The provisions or any state, federal, local, or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries, or damages which are unknown or unsuspected to exist at the time, to the person executing such leases, are hereby expressly waived. I hereby agree on behalf of my heirs, executor, administrators, and assigns to indemnify the City of Lake City, jointly and severally, and hold harmless from and against any and all actions, claims, demands, and liabilities, loss, damages, and expense of whatever kind or nature, including attorney fees, which may at any time be incurred.