

ADDENDUM "1"

**CITY OF POMPANO BEACH
FISCAL YEAR 2017**

FUNDING FOR NON-FOR-PROFIT ORGANIZATIONS

1. Legal Name of Organization: Rock Rock Restoration Group Inc.
2. Mailing Address: 1808 North West 6th Avenue
Pompano Beach, Florida 33060
3. Date of Incorporation: 02/08/2007
 - 3a. Does your corporation/organization fall within Section 501(c)(3) and Section 501(a) of the Internal Revenue Code? Yes X No ____
(Please attach proof of tax exempt status)
4. Chief Executive Officer: Mrs. Hazel K. Armbrister
Official Title: President Telephone #: 954-263-4453
5. Contact Person (if different from above): Kenny M. Davis
Telephone #: 954-448-3482
6. Provide a brief description of the organizations goals and objectives:

To collect and disseminate the history of the African American community west of Dixie High Highway and the FEC railroads in the City of Pompano Beach, Florida.

7. Amount of funding requested \$5,000.00

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8. Provide a brief description of how City funds would be spent and identifying the community need(s) to be addressed. This should include what exactly will be provided and to how many people (City residents).

There is the need to share with the residents of Pompano Beach and the surrounding areas the history and rich traditions of the African American community west of the FEC railroads and Dixie High Highway. This history will portray the early pioneers' contribution in building up a sense of Community from the depths of farmland. A well thought out program will present this information and history.

9. How will the recommended funding compliment the array of City services currently being provided to City residents?

This well planned program has been produced in the City of Pompano Beach since 2007. These funds will allow this history of the African American Community to find its useful place in the total cultural Art program of City of Pompano Beach.

10. Will the recommended grant amount result in the leveraging of additional funds from the County, State, Federal or other foundations/agencies which require a local match like a contribution from the City of Pompano Beach? Yes ____ No X

10a. If yes, what is the ratio of this other funding to the City's recommended funding?
N/A

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11. Does your organization receive support from the County or other cities? Yes ___ No X

11a. If yes, please list the amount(s) and source(s).

N/A

12. What percentage of your organization’s budget is direct delivery of service as opposed to “overhead”? 85%

13. PERFORMANCE MEASURES

Please list below the various levels of service [performance measures] that your organization will be providing to residents of the City of Pompano Beach.

	Most Recently Completed Year 2015	Current Year Estimated 2016	Next Year Proposed 2017
Total Persons Served	215	270	364
Number of Pompano Beach residents served	193	243	327

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14. Agency Budget Information: *Please note that Total Resources Available and Total Resources Allocated should be EQUAL for each fiscal year.*

		Last Year Adopted 2016	Current Year Proposed 2017
Resource Available:			
City of Pompano Beach			\$5,000.00
Federal Funding			
State Funding			
Other Local Government Funding			
Foundation Grants			
User Fees			
Other Revenue Sources		\$6,115.00	\$2,400.00
Total Resources Available		\$6,115.00	\$7,400.00

Resource Allocated:			
Salaries			
Benefits			
Supplies		855.00	975.00
Contractual Services		4,050.00	5,160.00
Capital Outlay [Equipment]			
Other		1,210.00	1,265.00
Total Resources Allocated		\$6,115.00	\$7,400.00

- *Please provide line item detail for expenses over \$10,000*