

ADDENDUM "1"

**CITY OF POMPANO BEACH  
FISCAL YEAR 2017**

*FUNDING FOR NON-FOR-PROFIT ORGANIZATIONS*

1. Legal Name of Organization: Our Father's House Soup Kitchen, Inc.
2. Mailing Address: 2380 Martin Luther King Blvd.  
Pompano Beach, FL 33066
3. Date of Incorporation: April 3, 1989
  - 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: Katherine Crissy  
  
Official Title: President Telephone #: (954) 968-7550 or (954) 513-0030 cell
5. Contact Person (if different from above): \_\_\_\_\_  
Telephone #: \_\_\_\_\_
6. Provide a brief description of the organizations goals and objectives:  
  
We have been serving the homeless and needy in Broward and the Pompano area since 1989. Our funding comes from private donations. Food is received primarily as donations and we prepare and serve over 3,000 hot meals per month for lunch (Mon-Fri). In addition, bag lunches are provided for a later meal. All who come are fed with no discrimination. Food pantry items, clothing and other household items are provided.
7. Amount of funding requested: \$3,000

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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).

By providing a clean and safe feeding environment, many of the surrounding community members are able to use their much needed income on other basic necessities, such as education, shelter and transportation. When able, we provide clothing items and assistance with immigration issues and housing opportunities.

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

The City and County run buses to deliver our guests directly to the Soup Kitchen. Also, we counsel and publicize any community job fairs and training when we are made aware of them.

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?

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

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

12. What percentage of your organization’s budget is direct delivery of service as opposed to “overhead”? 74%

**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.

	<b>Most Recently Completed Year 2015</b>	<b>Current Year Estimated 2016</b>	<b>Next Year Proposed 2017</b>
Total Persons Served	34,000	36,000	40,000
Number of Pompano Beach residents served	25,500	27,000	30,000

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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
<b>Resource Available:</b>			
City of Pompano Beach		\$3,000	\$3,000
Federal Funding			
State Funding			
Other Local Government Funding			
Foundation Grants			
User Fees			
Other Revenue Sources		\$177,000	\$190,000
<b>Total Resources Available</b>		\$180,000	\$193,000

<b>Resource Allocated:</b>			
Salaries		\$45,000	\$45,000
Benefits			
Supplies		\$105,000	\$115,000
Contractual Services		\$8,000	\$8,000
Capital Outlay [Equipment]			
Other		\$22,000	\$25,000
<b>Total Resources Allocated</b>		\$180,000	\$193,000

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