

ADDENDUM "1"

**CITY OF POMPANO BEACH
FISCAL YEAR 2017**

FUNDING FOR NON-FOR-PROFIT ORGANIZATIONS

1. Legal Name of Organization: Silent Worshipers Ministry, Inc.
2. Mailing Address: 5491 Southwest 6th Street, Margate FL 33068
3. Date of Incorporation: May 23, 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: Mr. Erskine Kennedy
Official Title: Director Telephone #: 954-383-9041
5. Contact Person (if different from above): Telephone #:
6. Provide a brief description of the organizations goals and objectives:

Tutoring: Our goal is focusing on helping prek3 and up with extra help they need in school such as reading, math and other areas needed plus homework assistance. Our objective for tutoring is providing the necessary tools to help our kids excel in school, transportation, and snack every Monday evening starting Monday, October 17, 2016 from 6:00-7:45 p.m.

Mentoring: Our goal is focusing on instilling positive values. Our objective for mentoring is providing individual mentoring on Mondays and Tuesdays, and group mentoring on the last Tuesday of every month. We provide transportation, written activities on various topics, and snack.

Life Skill Classes: Our goal is focusing on Character Development. Our objective is to provide four classes per year on various world topics of life, providing transportation, Skits, written activities, guest speakers, giveaways, dinner, and take home materials.

Breaking Bread: Our goal is focusing on food distribution to help feed the people in need, the homeless and senior citizens. Our objective is to provide transportation to deliver to perishable and non-perishable food to people and various places three times a week.
7. Amount of funding requested: \$5,000

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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).

City funds will be spent for tutoring supplies which includes transportation, computers, advertisement, A Beka Book Curriculum, paper, notebooks pens, pencils, crayons, calculators and snack. Our community needs to be address is to help kids that are struggling in school to focus on individual skills they need to master, and help other kids stay on task. We serve 10 youth tutees and 5 youth tutors four times a month or more.

City funds will be spent for mentoring supplies which includes transportation, paper notebooks, Mendez Foundation mentoring books, and snack. Our community need to be address is helping our kids through written activities achieve goals, sharing knowledge with them, supports and encourages them. We serve 25 youths eight times a month or more.

City funds will be spent for life skill class supplies which includes transportation, advertisement, guess speaker, paper, dinner, and take home material. Our community need to be address is helping our youth make appropriate decisions through interaction with a guess speaker, skit scenarios, and materials to take home with them. We serve 120 youths per year.

City funds will be spent for Breaking Bread supplies which include transportation for distribution deliveries. Our community need to be address everyone that don't either have transportation or no longer able to drive which enables them to get to food pantries, through our perishable and non-perishable food distribution it allows them to receive food they need. We serve 40 people in need, which includes homeless, families and Senior Citizens twelve times a month or more.

9. How will the recommended funding compliment the array of City services currently being provided to City residents? Our tutoring will complement the afterschool programs by helping with one-on-one tutoring, small groups and homework assistance. Our mentoring will complement the community mentor programs in school by helping with one on one and large group settings. Our life skills class will compliment school based programs by helping with behaviors and developing healthy relationships. Our breaking bread will complement the community food pantries by helping distributing perishable and non-perishable food to people in need.
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 X

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”? X

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	65	120	165
Number of Pompano Beach residents served	55	100	155
Tutoring	15	15	20
Mentoring	10	15	25
Life Skills Classes	30	50	60
Breaking Bread	10	40	60

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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		0	\$5,000
Federal Funding		0	0
State Funding		0	0
Other Local Government Funding		\$500	\$500
Foundation Grants		0	0
User Fees		0	0
Other Revenue Sources		\$5,000	0
Total Resources Available		\$5,500	\$5,500

Resource Allocated:			
Salaries		0	0
Benefits		0	0
Supplies (Uniforms, books, etc.)		\$3,200	\$2,800
Contractual Services		0	0
Capital Outlay (Laptop computers)		0	\$1,200
Other (Workshops, Maintenance, Transportation, etc.)		\$2,300	\$1,500
Total Resources Allocated		\$5,500	\$5,500

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