

ADDENDUM “1”

**CITY OF POMPANO BEACH  
FISCAL YEAR 2017**

*FUNDING FOR NON-FOR-PROFIT ORGANIZATIONS*

1. Legal Name of Organization: Pompano Beach Historical Society, Inc.
2. Mailing Address: PO Box 154, Pompano Beach, FL 33060
3. Date of Incorporation: 4/8/1974
  - 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: Peter Williams  
  
Official Title: President Telephone #: 954-270-3559
5. Contact Person (if different from above): Judy Knoebel  
Telephone #: 954-609-7974
6. Provide a brief description of the organizations goals and objectives:
  - To collect, preserve and publicize the history of the greater Pompano Beach area.
  - To provide:
    - o Archives of historical documents and images
    - o Public programs and lecture series
    - o Museum exhibits and displays
    - o Historic Trolley Tours (6 times a year)
    - o Publications (newsletter, website, and social media)
    - o Advocacy for preservation of historic sites and buildings
    - o Participate in COPB Historic Preservation Committee
    - o Promote and co-manage the Pompano Beach Saturday Green Market.
7. Amount of funding requested: \$7,500

## ADDENDUM “1”

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 used for our monthly public programs including lectures, museum open houses, community cookouts in Founders Park and our Historic Trolley Tours (6 times a year minimum).

Approximately 12,000 City residents will attend these varied events and this will increase the awareness and knowledge about the history of the City of Pompano Beach.

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

This funding is used to enhance the public information and interest in COPB history which is also provided through Tradewinds publication and the efforts to preserve historic sites and buildings by the City Historic Preservation Committee.

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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**ADDENDUM “1”**

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”? 90%

**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	12,500	13,000	13,000
Number of Pompano Beach residents served	12,000	12,500	12,500

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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		7,500	7,500
Federal Funding		0	0
State Funding		0	0
Other Local Government Funding		0	0
Foundation Grants		0	0
User Fees		7,500	7,500
Other Revenue Sources		52,500	52,500
<b>Total Resources Available</b>		67,500	67,500

<b>Resource Allocated:</b>			
Salaries		0	0
Benefits		0	0
Supplies		4,500	4,500
Contractual Services: INS		8,500	8,500
ATT		2,400	2,400
Office Admin.		0	18,000
Capital Outlay [Equipment]		1,500	1,500
Other: Printing & Postage		8,000	8,000
Programs (speakers, refreshments, transp)		23,600	19,600
Maintenance		19,000	5,000
<b>Total Resources Allocated</b>		67,500	67,500

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