

ADDENDUM “1”

**CITY OF POMPANO BEACH
FISCAL YEAR 2017**

FUNDING FOR NON-FOR-PROFIT ORGANIZATIONS

1. Legal Name of Organization: Unity in the Community of Pompano Beach, Inc.
2. Mailing Address: 29 Havenwood Dr.
Pompano Beach, FL 33064
3. Date of Incorporation: 01/06/2012
 - 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: Carolyn Mann

Official Title: President Telephone #: 954-729-0192
5. Contact Person (if different from above): N/A Telephone #: N/A
6. Provide a brief description of the organizations goals and objectives:

Unity in the Community of Pompano Beach has the goal of creating an event to bring the residents of the City of Pompano Beach together to foster a sense of unity. Our secondary goal is to award academic scholarships to graduating seniors who reside in the City.
7. Amount of funding requested: \$4,000

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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).

The City funds will be used to cover expenses related to producing the 6th Annual Unity in the Community Family Fun Day. These expenses include: marketing, sound system, activities for KidZone. The estimated number of City residents served is 5,000.

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

The funding the of 6th Annual Unity in the Community Family Fun Day compliments the services of the Parks, Recreation and Cultural Arts Dept by providing an activity for City residents in a City park. The Family Fun Day provides an opportunity for City residents to interact with BSO and Pompano Beach Fire Rescue. The exhibitor portion of the event allows City departments to participate so that residents are aware of the City resources available to them. The event fosters a sense of pride in the City of Pompano Beach by providing a time and place for residents to gather to celebrate diversity.

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).

12. What percentage of your organization’s budget is direct delivery of service as opposed to “overhead”? 95%

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	3,500	4,000	5,000
Number of Pompano Beach residents served	3,150	3,500	4,500

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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
Resource Available:			
City of Pompano Beach		\$3,500	\$4,000
Federal Funding			
State Funding			
Other Local Government Funding			
Foundation Grants			
User Fees			
Other Revenue Sources		\$12,475	\$12,200
Total Resources Available		\$15,975	\$16,200

Resource Allocated:			
Salaries			
Benefits			
Supplies		\$3,000	\$3,500
Contractual Services		\$7,975	\$8,700
Capital Outlay [Equipment]			
Other		\$5,000	\$4,000
Total Resources Allocated		\$15,975	\$16,200

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