

ADDENDUM “1”

**CITY OF POMPANO BEACH
FISCAL YEAR 2017**

FUNDING FOR NON-FOR-PROFIT ORGANIZATIONS

1. Legal Name of Organization: Pass The Blessings Foundation, Inc.
2. Mailing Address: 5944 Coral Ridge Drive #304, Coral Springs, FL 33076

3. Date of Incorporation: November 1, 2004
 - 3a. Does your corporation/organization fall within Section 501(c)(3) and Section 501(a) of the Internal Revenue Code? Yes ☒ No ☐
(Please attach proof of tax exempt status)
4. Chief Executive Officer: Lois Greene

Official Title: President/CEO Telephone #: (954) 980-6154
5. Contact Person (if different from above): Henry Greene – VP
Telephone #: (954) 296-8910
6. Provide a brief description of the organizations goals and objectives:

Pass The Blessings Foundation’s mission is to promote community events that allow individuals and organizations the opportunity to pass their blessings to those less fortunate.

Pass The Blessings Foundation’s objectives are to provide uniqueness and extended services to communities through a wide range of programs.
7. Amount of funding requested: \$3,000.00

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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).

The city's funds will be spent to aid in a Kid Activity Zone at Mitchell Moore Park during our 20th Annual Holiday in the Park Event on December 17, 2016.

The resident of Pompano Beach will enjoy free toys and entertainment while the city's Fire and rescue, police and local businesses present their services and products.

This annual event provides thousands of free toys to children and the event will serve an estimate of two thousand city resident on event day.

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

The recommended funds will enhance the 2016 event and this event is being co-sponsored by the city of Pompano Beach. The funds for the Kid Activity Zone will be for all attendees to enjoy at no charge.

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

As of today (8.12.2016), no other organizations or companies have honored our request for funds to be allocated toward the 20th Annual Holiday in the Park event that is scheduled for December 17, 2016 at Mitchell Moore Park.

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”? 100%

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	2,500	3,000	3,000
Number of Pompano Beach residents served	2,000	3,000	3,000

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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
Resource Available:			
City of Pompano Beach		\$2,000.00	\$3,000.00
Federal Funding		0.00	0.00
State Funding		0.00	0.00
Other Local Government Funding		0.00	0.00
Foundation Grants		0.00	0.00
User Fees		0.00	0.00
Other Revenue Sources		\$3,000.00	\$4,000.00
Total Resources Available		\$5,000.00	\$7,000.00

Resource Allocated:			
Salaries		0.00	0.00
Benefits		0.00	0.00
Supplies		0.00	0.00
Contractual Services		0.00	0.00
Capital Outlay [Equipment]		0.00	0.00
Other (Kid Activity Zone)		\$5,000.00	\$7,000.00
Total Resources Allocated		\$5,000.00	\$7,000.00

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