

ADDENDUM "1"

**CITY OF POMPANO BEACH
FISCAL YEAR 2017**

FUNDING FOR NON-FOR-PROFIT ORGANIZATIONS

1. Legal Name of Organization: The City Church Resource Center Inc.
2. Mailing Address: 704 Hammondville Road
Pompano Beach, Florida 33060
3. Date of Incorporation: _____
 - 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: Nakenya Robinson
Official Title: Director of Programs Telephone #: 954-861-7450
5. Contact Person (if different from above): _____
Telephone #: _____
6. Provide a brief description of the organizations goals and objectives:

The City Church Resource Center Inc. is a faith based organization whose primary goal is to restore the livelihood of its members and surrounding neighbors. The City Church Resource Center Inc. has been in full function for 1 year and 4 months. Our entire span of function has been geared towards bettering the people and the community. Our goal and mission has consisted of reaching out to others and reclaiming the souls of the community in which births out of Mission Statement. "Reaching out to others with the hand of God through Deliverance."

7. Amount of funding requested: \$5,000.00

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).

Our goal is to service 300 residents by offering numerous assistant programs throughout our resource chain. The City Church Resource Center will be assisting with housing, employment, rental assistance, utility assistance, relative rehabilitation placement, shelter placement, clothing/shoes/hygienic items, jail ministry, homeless assistance, parenting one on one /mothering to mothers/building fathers, child development services/mentoring academic assistance, pregnancy referrals, women groups' referrals, widow ministry, food assistance and food stamp application assistance.

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

The recommended funding will complement the array of City services currently being provided to City residents by helping to restore the livelihood of the community.

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?

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”? 35% delivery of service and 65% overhead

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	300	300	300
Number of Pompano Beach residents served	200	200	200

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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		\$5,000.00	\$5,000.00
Federal Funding			
State Funding			
Other Local Government Funding			
Foundation Grants			
User Fees			
Other Revenue Sources			
Total Resources Available		\$5,000.00	\$5,000.00

Resource Allocated:			
Salaries		\$1,750.00	\$1,750.00
Benefits			
Supplies		\$250.00	\$250.00
Contractual Services		\$250.00	\$250.00
Capital Outlay [Equipment]		\$1,000.00	\$1,000.00
Other		\$1,750.00	\$1,750.00
Total Resources Allocated		\$5,000.00	\$5,000.00

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