



**JEFFERSON COUNTY**  
**BOARD OF COUNTY COMMISSIONERS**  
**NON PROFIT ORGANIZATION**  
**GRANT PROGRAM**

**Purpose.** The purpose of this program is to provide Jefferson County Board of County Commission support for activities and initiatives with non profit organizations and enhance the quality of life services within our community.

**Eligibility.** Applicants must be a non-profit organization serving Jefferson County. To be eligible, the applicant must demonstrate the activity which funding is sought with:

1. Clear and direct connection of service programs and activity in the county to citizens;
2. and/or Improved/Increased service to Jefferson County Citizens filling any gaps of service other programs are failing to address.

The maximum award available through the Non Profit Grant Program is \$2,000.00. This amount may be adjusted by the County, based on budgetary considerations.

One application per organization, per fiscal year (October 1 - September 30) will be considered; recipients of other county programs will not be eligible. The County will review requests bi-annually, in the spring during budget development also if funds are available a review session will be conducted in November. Non Profit organizations are eligible, service provided to county citizens will be the deciding factor for funding a request. The County will not consider applications from cemetery associations, veteran's or labor organizations, religious groups or fraternal organizations.

**How to Apply.** Application forms are available in the County Coordinator's Office or online at [www.jeffersoncountyfl.gov](http://www.jeffersoncountyfl.gov). Completed applications should be forwarded to:

**County Coordinator's Office**  
**1 Courthouse Circle**  
**Monticello, Florida 32344**

Additional instructions and timelines are contained in the application. All questions regarding the process should be directed to Parrish Barwick at 850-342-0287 or [pbarwick@jeffersoncountyfl.gov](mailto:pbarwick@jeffersoncountyfl.gov). Notice of BOCC support is a requirement for use of the grant funds from the Jefferson County BOCC. *Placement of LOGO or statement of support.*

**Evaluation.** Proposals will be evaluated by the Non Profit Grant Review Committee which shall consist of the Executive Directors of the Economic Development Council, Tourist Development Council and Chamber of Commerce; also Mrs. Kimberly Allbritton, Jefferson County Health Department Administrator and the County Coordinator. The Committee's nonbinding recommendations will be submitted to the Board of County Commissioners for final approval. The following criteria will be used to evaluate grant proposals:

- Is the Organization a Not-For-Profit 501(c)(3)?
- Does the proposal respond to a demonstrated or emerging community need
- Is the project providing a service not met by other public/private service providers?
- Will existing and/or additional volunteer and fundraising efforts be used as leverage to promote the project
- Are matching funds available
- Does the proposal offer a plan for financial sustainability without continued grant assistance
- Does the applicant have the demonstrated ability to implement the project
- Does the applicant receive public financial support

**JEFFERSON COUNTY**  
**NON PROFIT GRANT**  
**PROGRAM APPLICATION**

Thank you for your interest in Jefferson County's Non Profit Grant Program. Our goal is to provide support for activities and initiatives that public service to our citizens and enhance the quality of life in our community.

Please complete this application (typewritten applications are preferred) and return it to the County Coordinator's office at least 60 days prior to the date on which the project funding is to be considered. Fall by October 15th and Spring by May 15th.

The process for evaluation of applications is as follows:

1. The Non Profit Grant Program Review Committee will meet Bi-annually to evaluate the application. Your organization will be notified of the meeting and invited to have an open discussion with the Committee regarding your project.
2. The Committee's evaluation and recommendation will be forwarded to the Board of County Commissioners and placed on the Consent Agenda for the next available meeting (but no later than 30 days following the Review Committee's meeting). You will receive notice of the meeting where commissioners may request further input or discussion; the BOCC will have final decision related to the Committee's recommendation.
3. The County Coordinator will cause applicants to be notified of the County Commission's decision regarding the grant request.
4. If your funding request is granted, you are required to submit a report after the project/event outlining the development, implementation and overall assessment of the project or event. Please provide as many details as possible to assist the Review Committee and County Commission evaluating the impact of the project or event. This report should be submitted to the County Coordinator's office no later than 30 days following the completion of the project or event.

Project name: \_\_\_\_\_

Organization name: \_\_\_\_\_

Type of organization (charitable, 501(c)(3), etc.) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
Primary contact: \_\_\_\_\_

Please describe how the project meets the criteria established for this program. You may create your own narrative or respond by answering the questions below. Please limit your narrative or responses to one page and attach it to this application.

- How does the project respond to a demonstrated or emerging community need?
- What product or service will be rendered as a result of receiving funding?
- Is the project tied to public service for our citizens and/or communittee?
- How will the project be implemented?
- Are volunteer services and fundraising efforts being used as leverage to implement the project?
- Is the project currently receiving public funding from other sources?
- Are matching funds available?
- How will the project be sustained when the requested funds are exhausted?

Amount of funds requested: \$ \_\_\_\_\_

Anticipated project completion date: \_\_\_\_\_



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Logo to be used as BOCC notice.