

**APPLICATION FOR PROJECT FUNDING  
FROM  
THE INDIANTOWN COMMUNITY TRUST FUND**

**2018**

**DUE FRIDAY, OCTOBER 26, 2018**  
**4:30PM**

**APPLICATION FOR PROJECT FUNDING  
FROM THE INDIANTOWN COMMUNITY TRUST FUND  
SECTION I**

**ADMINISTRATIVE INFORMATION**

**1. APPLICANT:**

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

Name  
(Executive Director or President): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Tax Exempt No.: \_\_\_\_\_  
(if applicable)

**2. CONTACT (if different from above)**

Name \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**3. CHIEF FINANCIAL OFFICER (if different from above)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Telephone: \_\_\_\_\_

**APPLICATION FOR PROJECT FUNDING  
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SECTION II**

**PROJECT IDENTIFICATION**

This section must describe the specific project proposed for funding. Describe how the proposed project will benefit the Indiantown community.

Start below (use continuation pages if necessary).

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SECTION III**

**BUDGET SUMMARY**

Requested Village Funding

\$ \_\_\_\_\_

Other Funding (if any)

\$ \_\_\_\_\_

In-kind (if any)

\$ \_\_\_\_\_

Total Project

\$ \_\_\_\_\_

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SECTION IV**

**PROJECT BUDGET SCHEDULE  
(LINE ITEM BUDGET)**

This section must specifically identify how funds will be allocated (i.e., benefits, rent, utilities, office supplies, etc.). Can this project proceed as designed if the full amount of funding requested from the Indiantown Community Trust Fund (ICTF) is not available? Can the project proceed with a reduced scope if only partial funding of the amount requested from the ICTF is available?

NOTE: Funding is in the form of reimbursement for funds spent during the term of the contract and for costs directly related to the project described in your application.

Start below (use continuation pages if necessary).

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SECTION V**

**ORGANIZATIONAL**

Describe the organization and attach a copy of pertinent documents, including a certified resolution by the Applicant's Board of Directors authorizing submission of the grant applicant and receipt of grant funds if awarded.

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SECTION VI  
STATEMENT OF ASSURANCES**

As a part of the application and as a part of acceptance and use of Village funds, the applicant shall:

1. Possess legal authority to apply for the assistance, that the application has been approved by the applicant's governing body, including all assurance contained herein.
2. Utilize Indiantown Community Trust funds, to benefit the Indiantown community.
3. Submit copies of executed grant contracts when match funds are requested. In addition, advises the Village and provides copies of each amendment to grant agreements.
4. Agrees it possesses the sound fiscal control and fund accounting procedures necessary to assure the proper disbursement of an accounting for Village funds.
5. Permit and cooperate with Village, County, State and Federal investigations designed to evaluate compliance with the law.
6. Attest that the application and its various sections, including budget data are true and correct. Information contained in this application accurately reflects the activities of this agency and that the expenditures or portions thereof for which Village funds are being requested are not reimbursed by any other source.
10. Provide an organizational chart of the Board of Directors and Administrators, including their names and offices or position held, as part of the application.
11. The application will become an Exhibit to the Agreement between the Council and the applicant.

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AGENCY AUTHORIZED OFFICIAL:

NAME: \_\_\_\_\_  
(Type Name)

TITLE: \_\_\_\_\_  
(Type Title)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

STATE OF FLORIDA  
VILLAGE OF INDIANTOWN

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2018, by \_\_\_\_\_ on behalf of the corporation. He or she is personally known to me or has produced \_\_\_\_\_.

NOTARY PUBLIC

\_\_\_\_\_  
Name:  
State of Florida at Large

My Commission Expires: