**ATTACHMENT B**

**GRANT APPLICATION**

The Respondent’s Response must contain the following information in the format specified below:

1. **Project Title**
2. **Counties and Bases/Installation(s) Affected**
3. **Government/Authority Applicant**
4. Organization Name:
5. Government/Authority Federal Employer Identification (FEID) Number:
6. Name of Primary Contact who will be listed as the Grantee and will sign all official documents:
7. Mailing Address (including city, state, zip):
8. Contact Information (including telephone, fax, e-mail):
9. **Respondent’s Grant Manager Information**
10. Name of Grant Manager:
11. Title:
12. Mailing Address (including city, state, zip):
13. Contact Information (including telephone, fax, e-mail):
14. **Category of Proposed Project** (mark those that apply)
15. Protect existing military installations
16. Diversify the economy of a defense-dependent community
17. Develop plans for the reuse of closed or realigned military installations
18. **Economic Impact/Statement of Need**

Describe the local military’s annual economic impact and need for the proposed Grant, including employment and investment data. Respondents must include in narrative form the following information:

1. Demographic information about the focal population to be served in the proposed target county(ies) under this Grant.
2. Justification for the need of funding in the targeted area, including strengths and challenges.
3. Impact of the problem on the identified target population.
4. Prevalence of issues that exist within the county(ies) or proposed target county(ies).
5. The source(s) of all data and statistics used to validate the need.
6. Sources of other funds currently received by the Respondent to support proposed activities. Explain how the funding requested under this program will be used differently than the funding already received for the proposed activities.

**ATTACHMENT B (continued)**

**GRANT APPLICATION**

1. **Alternative Economic Diversification Strategies** (limited to no more than five [5] pages)

Provide a summary describing how the proposed project offers an innovative and realistic plan to create and/or retain defense-related jobs, and/or to create and/or retain non-defense high skilled/high wage jobs in a defense-dependent community. Summary must include supporting information for developing and implementing the proposed strategies to transition the defense-dependent community(ies) from a defense economy to a nondefense economy.

1. **Does the Project Relate to Other Local/State/Federal Budgets**

      Yes |       No

If “Yes”, explain how:

1. **Cross-pollinating State Success**

Describe and explain the benefits of the proposed application to other defense communities.

1. **Community Support and Involvement**

Describe and explain the interaction between the Respondent, local government, local economic development organization, local military facilities, and the public.

List the local organizations that concur with the proposed application. Respondent is not required to provide a signed letter for each organization.

1. **Local Match Documentation and Criteria**

Provide a summary of local match commitments and attach corresponding documentation to support the proposed project’s compliance with Section 288.980(3)(c)2., Florida Statutes.

***REMAINDER OF PAGE INTENTIONALLY LEFT BLANK.***

**ATTACHMENT B (continued)**

**GRANT APPLICATION**

1. **Plan of Action | Grant Purpose** (limited to no more than ten [10] pages)**:**
2. List ALL proposed activities (in the provided reference table below) and define objectives for each.
3. Include an explanation as to whether the identified activities should also be addressed at both a regional and a state level. If not, explain why. If the proposed application is a continuation of work completed through previously funded grant opportunities, describe the previous outcomes and how the continuation directly relates to the previous work completed.

Provide a detailed account of the programmatic activities as well as a detailed explanation of the costs associated with each identified activity that will be incurred by the proposed project. All proposed costs for the project activities described in the Response are required to be presented in a line-item budget format that is accompanied by a budget narrative that supports, justifies, and clarifies the various line items. Only cost allocations under the terms of this solicitation and applicable State cost principles shall be included in the budget. All requested costs must be reasonable and necessary.

This item is a zero based budget that defends the plan, program activities, and associated costs. The following sample activity categories are not intended to be restrictive, but are provided as a reference example. Insert and describe the actual activities needed by your program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity/Task** | **Budget Cost** | **Activity/Task Description** | **Due Date** | **Deliverable (Outcomes/ Performance Measures)** |
| **Category A** |  |
| Activity 1:(Title) | $ | What does this activity plan to accomplish?What services/tasks will be provided? | State the date the activity is projected to be completed. | State the intended outcome of each activity. Quantify a measurable Return on Investment. (payment) |
| Activity 2: |  |  |  |  |
| **Category B** |  |
| Activity 3: |  |  |  |  |
| Activity 4: |  |  |  |  |
| **Category C** |  |
| Activity 5: |  |  |  |  |
| Activity 6: |  |  |  |  |
| **Total:** | $ |  |

This section should have sufficient detail to allow DEO to understand precisely what Respondent will do for each individual task that will be a part of its project, when they will do it, how they will do it, for whom they will do it, by whom it will be done, where it will take place, what impact the funding will have, etc. Failure to provide specificity about the scope of the project may result in significant delays, or non-award.

Additionally, in the DRG Agreement, DEO will require Respondent to deliver specific deliverables that trigger payment under the Agreement, in accordance with Section 215.971, Florida Statutes. The deliverables must include criteria for evaluating successful completion, using quantifiable and measurable outcomes. Respondent’s Response should outline proposed deliverables for inclusion in the DRG Agreement that meet the above requirements, which are directly related to the Grant Purpose and scope of work.

**ATTACHMENT B (continued)**

**GRANT APPLICATION**

1. **Budget Summary and Financial Report Form**

Prepare an itemized Grant Budget. The completed form shall be used to complete quarterly report requirements, listing expenditures and revisions [if any] in appropriate columns. If there is insufficient space, please include details in an attachment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Grantee: |       | Grant Number: |       | Report Date: |       |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Grant Period Ending: | [ ]  | March 31 | [ ]  | June 30 | [ ]  | September 30 | [ ]  | December 31 | Year: |       | [ ]  | **FINAL** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Category** | **Local Program Expenditures** | **State Program Expenditures** | **Total Program Expenditures** |
|  | **Application Budget** | **Actual** | **Application Budget** | **Actual** | **Application Budget** | **Actual** |
| **Current Quarter** | **Grant to Date** | **Current Quarter** | **Grant to Date** | **Current Quarter** | **Grant to Date** |
| **Heading 1** |  |
| Activity 1: | $ | $ | $ | $ | $ | $ | $ | $ | $ |
| Activity 2: |  |  |  |  |  |  |  |  |  |
| **Heading 2** |  |
| Activity 3: |  |  |  |  |  |  |  |  |  |
| Activity 4: |  |  |  |  |  |  |  |  |  |
| **Heading 3** |  |
| Activity 5: |  |  |  |  |  |  |  |  |  |
| Activity 6: |  |  |  |  |  |  |  |  |  |
| **Total:** | $ | $ | $ | $ | $ | $ | $ | $ | $ |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Authorized Representative’s Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Typed Name and Title of Authorized Representative**

**\*This individual must have the authority to bind the respondent.**

**ATTACHMENT B (continued)**

**GRANT APPLICATION**

1. **Previous Performance**

Provide a list of ALL defense grant (Defense Reinvestment Grant, Defense Infrastructure Grant) awards for the past five (5) years, including amounts and current status of each project.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Grantee | Military Installation | Project Title | State Fiscal Year Awarded | Amount Requested | Amount Awarded | Amount Returned Unexpended | Project Status:* Open
* Closed
* Cancelled
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