**NORTHEAST FLORIDA FIRE WATCH COUNCIL GRANT PROGRAM**

*APPLICATION*

*Funding is subject to availability.*

*(Please type or print legibly.)*

**I. APPLICANT INFORMATION** □ CEO/EXECUTIVE DIRECTOR □ OFFICER

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. ENTITY INFORMATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EIN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Website\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of legal entity**:

( ) 501(c)(3) ( ) 501(c)(4) ( ) Government Entity ( ) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State of incorporation** (if applicable) \_\_\_\_\_\_\_

**Date Company ESTABLISHED** \_\_\_\_\_\_\_ **NUMBER of years in BUSINESS** \_\_\_\_\_

**III**. **PROJECT INFORMATION**

Project Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project End Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­

**Please specify costs for work items as categorized below.**

|  |  |  |
| --- | --- | --- |
| **Eligible Activity** | **Description of Work**  **(include expected measurable outcomes)** | **Amount** |
| **Improve support resources** available to Veterans in Baker, Clay, Duval, Nassau and/or St. Johns County |  | **$** |
| **Improve crisis care resources** available to Veterans in Baker, Clay, Duval, Nassau and/or St. Johns County |  | **$** |
| **Increase awareness of resources** available to Veterans in Baker, Clay, Duval, Nassau and/or St. Johns County |  | **$** |
| **Increase usage of resources** available to Veterans in Baker, Clay, Duval, Nassau and/or St. Johns County |  | **$** |
|  | **Total Project Cost** | **$** |

**Applicant’s Funding $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Program Funding Requested $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you received any grant or loan funding assistance from the City of Jacksonville, or Baker, Clay, Nassau or St. Johns County in the past five years?** \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

**If yes, please provide descriptions and amounts received:**

**IV. SIGNATURES AND PUBLIC INFORMATION DISCLOSURE**

Please read the following questions and statements below. Please sign the application form in order for it to be processed. If there are any questions, please call the Northeast Florida Fire Watch Council at 525-1761. **If you answer “yes” to a question, then furnish details in the space below. Include dates, location, sentences, whether misdemeanor or felony, dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information. An arrest or conviction record will not necessarily disqualify you; however, an untruthful answer will cause your application to be denied.**

1. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you been arrested in the past six months for any criminal offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) For any criminal offense – other than a minor vehicle violation – have you ever: a) been convicted; b) plead

guilty; c) plead nolo contendere; d) been placed on pretrial diversion; or e) been placed on any form of

parole or probation (including probation before judgment)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The undersigned warrants that the information contained in this application (and any supplemental information) is, to the best of my knowledge, true and correct. The undersigned further understands that the use of this information is only for consideration of the Northeast Florida Fire Watch Grant Program. I acknowledge that I have received, read and will comply with the guidelines of this program. The undersigned grants authorization to verify any answers contained herein.**

**The undersigned understands and agrees that all information furnished in connection with this application for the Northeast Florida Fire Watch Grant Program involves the use of public funds as such may be made public pursuant to the statues of the United States of America, the State of Florida and the City of Jacksonville, Florida.**

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICER’S AFFIDAVIT OF CONSENT**

***State of Florida***

Before me, the undersigned authority, this day personally appeared

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who, duly sworn, upon oath, deposes and says:

1. That he or she is the duly authorized representative of entity requesting approval of grant for the project described below.
2. That all owners that he or she represents have given their full and complete permission for him or her to act in their behalf for the above stated request.
3. That the following description set forth in this document is made a part of this affidavit and contains the current names, mailing addresses and legal descriptions for the entity, of which he or she is representative.
4. That I acknowledge the applicant’s request for funding and understand that recommendations may be made by the City’s departments when appropriate, in connection with this funding request. I, therefore, give my consent to the project described in this application.

Further Affiant sayeth not.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROJECT DESCRIPTION

Sworn to and Subscribed before me

This \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_

Notary Public, State of Florida at Large

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_