



## CITY OF MIRAMAR

An Equal Opportunity Employer

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### City Manager

Vernon Hargray

**"We're at the  
Center of Everything"**

**Management & Budget  
Department**  
2300 Civic Center Place  
Miramar, Florida 33025

Phone (954) 602-3078

February 1, 2021

Via Email

Dear Organization,

As part of the annual budget, the City of Miramar has created a funding assistance consideration application process.

In order to be considered, for funding approval, organizations are required to complete the attached Funding Assistance Consideration Application. Also attached, is a checklist to assist with the completion of the application in its entirety.

Applications and required attachments listed on the checklist are to be forwarded to the Management and Budget Department via email to [omb@miramarfl.gov](mailto:omb@miramarfl.gov) no later than **Thursday April 15, 2021**.

Every item on the form must be completed. If any portion of the application is missing information, the application will be returned for completion and resubmission by the April 15th due date. All applications received after the due date will be held for consideration during the next annual budget process.

Should you have any questions or require additional information regarding the process, please contact Kelly Cabrera, Budget Coordinator, at (954) 602-3079.

Regards,

Management and Budget Department

**FUNDING ASSISTANCE CONSIDERATION APPLICATION CHECKLIST**

- Every item on the form must be completed. If any portion of the application is missing information, the application will not be accepted and will be returned for completion by the April 15<sup>th</sup> due date. All applications received after the due date will be held and considered during the next annual budget process.
  
- For Question #1 – The organization’s **Full Legal Name** as it appears in the Florida Corporate records must be provided. Example:
  - If the legal name of an organization is “We Fight Cancer One Person at a Time, Inc.” that is what the application should state and not simply, “We Fight Cancer”.
  
- The following **must** be indicated:
  - Type of Event (i.e. small, medium, large)
  - Name, phone number and email address of the Contact person for the organization
  - Physical address of the Event
  - Specify the funding assistance requested
  
- A copy of the corporate status (e.g., non-profit, for-profit, HOA, etc.) must be included with the application. A copy of that information can be downloaded from the Florida Corporation’s Website:  
<http://www.sunbiz.org/corpweb/inquiry/cormenu.html>
  
- If the event is a “**medium**” or “**large**”– an **event budget is required and must be attached.**
  
- The application must be signed by an authorized individual of the company.

**NOTE: ALL QUESTIONS MUST BE ANSWERED. IF ANY INFORMATION IS MISSING, THE APPLICATION WILL NOT BE ACCEPTED AND WILL BE RETURNED FOR COMPLETION BY THE APRIL 15<sup>TH</sup> DUE DATE.**

For Management & Budget Staff Use Only

- Complete package received
  
- Incomplete package, returned to \_\_\_\_\_  
Reason(s):

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**CITY OF MIRAMAR**  
**FUNDING ASSISTANCE CONSIDERATION APPLICATION**  
**for**  
**ORGANIZATIONS**

Please complete the following application form in its entirety and submit along with requested materials, if applicable, to:

City of Miramar, Management & Budget Dept.  
Attn: Norman Mason, Chief Budget Officer  
2300 Civic Center Place  
Miramar, FL 33025

Phone: (954) 602-3079  
Email: [kcabrera@miramarfl.gov](mailto:kcabrera@miramarfl.gov)

Requests will not be considered without completion of this application. Applications for funding consideration will only be accepted during the City's annual budget process. Deadline for application submittals is April 15<sup>th</sup> of each year. Funding is contingent upon City Commission adoption of the final budget in September of each year.

Funding Assistance Type (select one of the following):

- Small Event - Event of minimal impact to the local community (Complete questions 1-12)
- Medium Event - Event with expected attendance of less than 1,000 patrons (Complete questions 1-15)
- Large Event - Event with expected attendance of over 1,000 (Complete questions 1-15)
- Programming Support (Complete questions 1-13)
- Donation/Contribution ONLY (Complete questions 1-6)

1. Full legal name of the requesting organization: \_\_\_\_\_

2. Corporate Status: Select one of the choices below (**For profit entities are not eligible**):

- Not-for-Profit or Tax Exempt (Please attach proof and see Funding Assistance Consideration Application Checklist attached)
- Local Government or Public Entity
- Homeowners' Association
- Other (specify): \_\_\_\_\_

3. Name and contact information for a single point of contact (address, phone, fax, e-mail address, etc.): \_\_\_\_\_

4. Has the City of Miramar previously provided any funding assistance to this organization?  Yes  No

If yes, please describe and specify assistance amount(s) provided in the past: \_\_\_\_\_

Total amount of funds requested: \$ \_\_\_\_\_

5. What is the purpose of this funding assistance request and how will it benefit the community? \_\_\_\_\_

6. Are proceeds for charity?  Yes  No

If yes, please list charity organization(s): \_\_\_\_\_

If yes, list percentage of proceeds to charity: \_\_\_\_\_% (documentation will be required)

7. Name, description and purpose of the event or program (if event is a fund-raiser, define the beneficiaries): \_\_\_\_\_

8. BENEFITS –Benefits available to the City of Miramar (Please check ALL that apply)

- Banner placement
- Product literature distribution How many? \_\_\_\_\_
- Places of distribution: \_\_\_\_\_
- Logo in advertisements
- Logo on registration forms
- Logo on t-shirts [ ] Logo on flyers
- Logo on posters
- Radio recognition
- Logo link on website
- Other – please describe: \_\_\_\_\_  
(Please attach additional information on promotional materials)

9. Please select ALL that apply:

- Economic Development: Supports vitality or growth of the local economy
- Youth/Education: Benefits youth of any age and/or offers educational benefits
- Health and Social Services: Supports health-related causes and/or social programs or institutions that improve quality of life within the community
- Arts and Culture: Supports music, theater, literature, art or culture
- Environmental: Benefits environmental concerns or promotes conservation
- Sports and Athletics: Supports/promotes organized sports or recreational participation

10. Physical address of event or program venue(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Daily/hourly event or program schedule, including set-up and breakdown schedule (attach calendar, if available): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Expected number of program participants or estimated event attendance (per day, if applicable): \_\_\_\_\_  
\_\_\_\_\_

13. Itemized budget showing total costs of event or program and total commitment of resources (attach additional pages as needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Description of event's local or regional impact (e.g., traffic/street closures, signage, crowd control, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all the statements made in this application are true and correct:

\_\_\_\_\_  
Print Name & Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

The requester hereby acknowledges that completion of this application does not impose a legal obligation on the part of the City to provide funding assistance to the requester's organization. If funding is awarded and City determines organization made material misrepresentation on the application, the City has the right to demand repayment of allocated funds.