The PomP 2025 Grant Application

Community Charitable Funding Program

I. Applicant Information

Name of Entity Submitting Application: *(Check all that apply)*
☐ Collier City
☐ Cypress Bend
☐ John Knox Village
☐ Palm Aire

Amount of Funding Requested: $_____

II. Eligibility

Select the category that applies to your organization to confirm eligibility. If no category applies, the organization is **not eligible** for The PomP Grant.

☐ Nonprofit organization (attach IRS 501(c)(3) determination letter)
☐ Community Association (attach IRS 1120 or 990 tax return)
☐ CAB Member Organization

> **Note:** Organizations that have received funding for the past **three consecutive years** are ineligible to apply for a Community Grant. *CAB Member Organizations are exempt from this restriction.*

III. Program/Project Details

Project/Program Title: _____

Primary Contact Name & Title: _____
 Phone: _____ **Email:** _____
 Website: _____

Organization Address:

_____

Has this project previously received funding?
☐ No
☐ Yes → If yes, list Fiscal Year(s): FY _____

_____

IV. Project Category

Select the appropriate category for your request. Please provide a thorough description for the category selected.

☐ **General Operating Support**

Describe how the grant will help build capacity, increase impact, or improve operations. Include a plan for sustaining the organization or program after the grant.

_____

☐ **Program Support**

Select one: ☐ New Program ☐ Existing Program ☐ Expansion
 Describe how this specific program helps the organization serve the community and how it will be sustained beyond the grant period.

_____

☐ **Equipment and Supplies**

Describe how the requested items support your mission and improve service delivery.

___

☐ **Physical Improvements / Capital Projects**

Describe how funds will be used for construction, renovations, or facility enhancements and how these improvements will increase community impact.

___

☐ **Maintenance**

Describe how funds will be used for maintenance/repairs in the community and your long-term plan to continue maintenance after grant usage.

___

V. Program Information

A. Population Served & Outcomes
Describe the target population and geographic area served. Define specific, measurable outcomes expected. Indicate the estimated **% of services benefiting residents within a 3-mile radius.**

___

B. Community Need
Explain the specific need your project addresses and how it contributes to improved quality of life or meets an unmet community demand.

___

VI. Program/Project Design

A. Timeline
List your program start date, end date, and key milestones.

___

B. Eligibility Requirements
Are there any qualifications for individuals to participate? If yes, please describe.

_____

C. Budget Priorities
Indicate the most essential line items. Explain how the organization would adjust the project scope in the event of **partial funding**.

_____

VII. Organizational Capacity & Qualifications

A. Mission & Capacity
Share your organization's mission and capacity to manage and implement this program effectively.

_____

B. Experience & Track Record
Highlight successful, relevant projects or grants previously managed. If you've received a PomP (formerly CCF) Grant before, share the outcomes.

_____

VIII. Certifications

A. Conflict of Interest / Indemnification

By signing below, the applicant certifies compliance with conflict of interest policies and agrees to indemnify The PomP, its representatives, and community partners against all claims related to this application and potential grant awards.

Signature: _____
 Name (Print): _____
 Title: _____
 Date: _____

_____

B. Authorization & Acknowledgment

I certify that I am authorized to submit this application and that all information provided is accurate. I understand that The PomP must be notified within 10 days of any material changes.

Signature: _____
Name (Print): _____
Title: _____
Date: _____

IX. Required Attachments Checklist

Please **consolidate all required documents into one PDF** and upload as a single file:

- ☐ Completed application (signed)
- ☐ IRS 501(c)(3) determination letter or 1120/990 tax return
- ☐ Articles of Incorporation (+ any amendments)
- ☐ Organization By-Laws
- ☐ Board of Directors list with names and terms
- ☐ Proof of Business Bank Account
- ☐ Detailed project budget with funding breakdown
- ☐ Signed IRS W-9 form
- ☐ Certificate of Good Standing (State of Florida)
- ☐ Most recent IRS 990 or 990-PF (Nonprofits only)
- ☐ Organization Mission Statement