RESOLUTION NO: 06-12-7

A RESOLUTION OF THE CITY OF COOPER CITY, FLORIDA, ESTABLISHING A POLICY FOR THE SUBMITTAL, REVIEW AND AWARD OF CHARITABLE DONATIONS FROM THE CITY OF COOPER CITY; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the City receives many requests from non-profit organizations for donations in order to assist them in achieving the requisite matching funds to enable such organizations to be eligible for State and Federal grants and foundation bequests; and

WHEREAS, the City Commission is desirous of adopting a policy for the submittal of such requests by non-profit organizations, the Commission's review of such requests and awards to selected organizations as a part of the budget process;

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF COOPER CITY, FLORIDA:

Section 1: Donations Policy.

Non-profit organizations organized and/or registered within the State of Florida may solicit donations from the City of Cooper City to assist them in achieving funds necessary for matching grants from the State or Federal government or private foundations, and to help fund the services offered by such organizations, in the following manner:

A. Any such organization must be a non-profit organization, either with Articles of Incorporation filed with the Florida

Department of State, or for those non-profits organized within another state, be registered with the State of Florida as a foreign corporation;

B. Must be in existence and operating within the State of Florida for at least twelve (12) months prior to the date of application to the City for a donation;

C. Must complete an application form as prescribed by the City Commission, as shown on Exhibit "A", attached hereto and made a part hereof by this reference, and submit same to the City Clerk's Office no later than April 15 of any calendar year for funding in the next fiscal year's budget;

D. Applicants must demonstrate that they have provided direct delivery of services to residents of the City within the year prior to their submittal of the application.

Section 2: Review of Applications.

The City Commission shall schedule a review of the applications received, either at a regularly-scheduled Commission meeting or at a special meeting scheduled for that specific purpose. The City Commission, in its sole and exclusive discretion, shall determine which agencies and/or organizations are eligible for funding in the next fiscal year's budget. At this meeting, the City Commission shall establish a

total dollar amount to be included within the upcoming budget document.

Section 3: Funding Awards.

In preparing the annual budget document, City staff will budget for awards to the organization(s) which have been approved by the City Commission, based upon the following formula. The dollar value of each organization's request shall be divided by the total dollar value of all requests received and previously authorized by the City Commission. The total appropriation limit established by the City Commission, less ten percent (10%) to allow for a discretionary fund for late, special or emergency requests), shall then be multiplied by each organization's specific percentage of total authorized requests to determine the value of the donation to be made by the City to that organization. Provided, however, the following rules shall apply:

A. No donation computed based on the formula set forth hereinabove, shall exceed the specific dollar value requested by the applicant.

B. The City Commission may, by an extraordinary majority vote, permit the total value of a donation to a specific organization to exceed the stated formula, provided that organization has received prior donations from the City, based on the Fiscal Year 2005/2006 budget.

C. Any donations made from the ten percent (10%) discretionary fund shall require an extraordinary majority vote of the City Commission.

D. Any funds appropriated for donations and not spent for such purpose during the then current fiscal year, shall revert to the General Revenue Fund at the end of the fiscal year.

Section 4: This Resolution shall be in full force and take effect immediately upon its passage and adoption.

PASSED AND ADOPTED this 12th day of December, A.D., 2006.

Debby Eisinger

DEBBY EISINGER
Mayor

ATTEST:

Susan Bernard

SUSAN BERNARD
City Clerk

Roll Call

Mayor Eisinger	YES
Commissioner Roper	ABSENT
Commissioner Ferrara	YES
Commissioner Valenti	YES
Commissioner Kleiman	YES

COOPER CITY
Someplace Special

City of Cooper City
Charitable Funding

AGENCY REQUEST FOR CHARITABLE FUNDING

Agency Name: _____ **Organization Type:** ___ **Government**
___ **For Profit**
___ **501(c)3**

Address: _____

_____

1.) Give a brief description of your agency:

_____

_____

_____

2.) Type of services provided:

_____

_____

3.) Number of years providing services? _____

4.) Total agency annual operating budget? _____

5.) Do you have contracts to provide services with other agencies or government entities?

____**yes** ____**no**

If Yes, please list type, amount, service contract dates and contracting agency.

_____

_____

_____

6.) Do you operate any licensed programs?
___**yes** ____**no**

If Yes, please list license, licensing authority, license type and expiration date.

_____

7.) Number and type of licensed personnel?

_____

8.) Does your agency have any accreditations or certifications? If so, list accrediting organization(s).

_____

9.) How much is this funding request for?_____

10.) What is the time period you are requesting these funds for? (services already delivered or yet to be delivered.)

_____

11.) Is this funding request to assist in meeting a required match, to fund existing programs or services, or for new services? Please explain:

_____

_____

_____

12.) How many individuals does your organization serve annually? _____

13.) How many individuals did you serve in last calendar year?

_____

14.) Of the persons served, how many and what percentage were Cooper City residents?

_____

15.) How many Cooper City residents do you project to serve in next calendar year?_____

16.) What service(s) will you provide with these funds?

_____

_____

17.) How do you measure your services delivered? (i.e.; what is the definition of your units of service?)

_____

_____

18.) Identify how many units of service in each service your agency delivered in last calendar year, and how many units of service were delivered to Cooper City residents.

_____

_____

Please include a copy of your most recent Certified Financial Statement
****Please note: Reports of service delivery and expenditures of any funds will be required****

I certify that the above information is true and accurate.

Authorized Agent: _____

Title: _____

Signature: _____ **Date:** _____

COMPLIANCE ASSURANCES

(Agency) _____agrees to assure compliance with all applicable federal, state and local laws and regulations, including but not limited to:

Civil Rights Act of 1964
Section 501 of the Rehabilitation Act of 1973
Title IX of the Education Amendments of 1975
Age Discrimination Act of 1975
Section 654 of OBRA of 1981
ADA of 1990
HIPPA of 1996

Authorized Agent: _____

Signature: _____ Date_____