



You can review the information you've provided so far and make necessary modifications here. If you're satisfied with the contents of the application, click Submit to forward your application for consideration. If you're not ready to submit your application yet, click Save & Finish Later.

Before You Begin

[Printer Friendly Version](#) | [E-mail Draft](#)

* Required before final submission

Before You Begin

- Limit your use of bullets and other formatting.
- Copy and paste as needed.
- Log into your account at https://www.GrantRequest.com/SID_5776?SA=AM to access saved and submitted requests.
- Add mail@grantapplication.com to your safe senders list to ensure you receive all system communications.

Read Before Starting

FAFCC is the fiscal agent for the State of Florida's \$9.5 million appropriation to the free and charitable clinic sector. As a preliminary step in administering this program, we are kindly requesting your clinic/network to complete this Letter of Intent in order to signal your plans to participate in our State Funds Grant Program. The letter of intent will be used to determine eligibility and to ensure that grant seekers are aware of all awardee requirements and expectations. Upon submission, the FAFCC Staff will review your LOI and send a link (within 48 hours of submission) to complete the official Grant Application. Furthermore, FAFCC will compile the results of these forms to better understand the aggregate needs and requests of our members prior to the official 2018-2019 State Funds Grant Application, which will commence with the grant announcement and the official Notification of Funding Availability. All expenditures funded by this program must be incurred by June 30, 2019. There is no carry-over of funds.

The number and size of the grants awarded will be based upon the number of applications received from eligible organizations, purpose(s) of funds requested, amount of funds requested in proportion to operating budget, organizational capacity, and total funding available. There is no predetermined number of awards, and the submission of a grant application does not guarantee that a grant will be awarded. This Letter of Intent form IS NOT the official grant application, but instead a preliminary worksheet to let us know your tentative plans for the grant.

Signing this form does not obligate your clinic/network to participate in the grant program. However, an LOI MUST be completed by July 27th 5pm EST in order to receive a Grant Application for the 2018-2019 State Funds Grant Cycle.

Clinic/Network Information

NOTE: For parent organizations with multiple sites, please complete only one Intent to Apply form to cover all sites.

Organization Information

* Organization Name

* Address

* City

* State

* Postal Code

* Tax ID

* Office Phone

* E-mail Address

Website

Project Liaison Information

* Prefix

* First Name

* Last Name

* Title

* E-mail

* Liaison's Phone Contact

Intent and Eligibility**Eligibility**

* Check each statement that applies to your clinic/network. If a statement does not apply to your clinic/network, don't check it. Instead we will contact you to discuss your circumstances and see what arrangements may be made for your participation in the program.

- Our clinic/network is a member of FAFCC and in good standing.
- Our clinic/network has a competent administrator to serve as Project Liaison for this program, and can provide a resume or biography upon request.
- Our clinic/network has administered grants previously and can supply copies upon request of previous grant applications as well as programmatic and financial reports for grants.

Sovereign Immunity Status

* Our clinic/network is presently covered under the Sovereign Immunity statute (766.1115, F.S.) and plans to maintain that status through June 30, 2019.

Yes 

Budget Structure

Below is the budget structure to be followed when completing the Grant Proposal. Please read in full and indicate that as a grantseeker, the format and budget parameters are understood.

Budget Structure

Each grantseeker will be required to submit a Grant Budget Form along with the Grant Application. The Application process is a single grant proposal broken down by the following Budget Categories: **Personnel Costs, Programmatic Costs, Operational Costs, and Conference Award.**

Personnel Costs

FAFCC defines Personnel Costs as costs that can be attributed to employees that are employed hourly or by salary. This can include administrative staff, and healthcare providers. This does not include consultants and contractors (see programmatic costs). Personnel Costs may include:

- Medical Director
- Executive Director
- Office Manager
- Development Director
- Fringe Benefits (Health Insurance, FICA, etc.)

Programmatic Costs

FAFCC defines Programmatic Costs as those that can be attributed specifically to the execution of a project/program. Programmatic Costs may include:

- Medical Equipment & Supplies
- Contracted Services (includes companies outside of immediate clinic staff that perform service such as clinic cleaning, data hosting services, lab fees, etc.)
- Consulting Services
- Software (ex. donor management, EMR software, etc.)

Operational Costs

Also known as Overhead or Administrative Expenses, FAFCC defines Operational Costs are those costs that are not directly attributable to a specific project/program, but which are necessary to the operation of the grantseeker. Operational Costs may include:

- Insurance(BOD Insurance, etc.)
- Rent
- Utilities
- Technology hardware/Internet connections
- Office equipment (laptop/computer, printer/scanners, etc.)
- Outside examination of finances from an independent auditing firm

Conference Award

This is the recommended funding request for the 2019 FAFCC Annual Conference. This amount is calculated by multiplying the number of attendees by the \$200.00 registration fee. This request can **only** be applied to the 2019 Annual Conference and **cannot** be retroactively applied to past conferences.

All proposed expenses must fall in the following Capacity Building Designations as outlined in the NOFA: • Planning, Organizational Assessment, or Other Strategic Consulting • Personnel Costs for Healthcare Providers • Administrative, Development, and Program Support Personnel Costs • Technology and Equipment • Training and Professional Development • Marketing and Communications • Outside CPA Examination of Finances • Other Strategic Needs

Expenses cannot include building construction or renovation projects or the purchase of vehicles.

University and College based grantseekers are not permitted to include expenses for indirect costs (a handling or management fee).

Grantseekers will be required to submit an accompanied Grant Budget Form for the Grant Application and not the LOI. Use the link below to access a copy of the budget format template.

https://fafcc.site-ym.com/resource/resmgr/FY_18-19_Grant_Budget_Form.xlsx

I, the Project Liaison, have read and understand the State Funds Grant's budget Structure and parameters and hereby check the box as confirmation of my comprehension.

Budget Exercise

Capacity Building Designation Exercise

Please enter the amount you plan to request for each capacity building designation. This is not the formal proposal, however, FAFCC requests that you be as accurate as possible towards your grant request amount for the official application. Please complete the following exercise using a 9 month grant timeline. All expenditures funded by this grant program must be incurred by June 30, 2019. There is no carry-over of funds. The application will require you to submit projects by the budget categories stated in the previous section. **IF YOU ARE NOT REQUESTING FUNDS FOR A SPECIFIC CATEGORY, PLEASE FILL IN WITH A ZERO (0).**

* Total Request Amount

 .

* Estimated Total Amount Requested: Planning, Organizational Assessment, or Other Strategic Consulting

 .

* Estimated Total Amount Requested: Personnel Costs for Healthcare Providers

 .

* Estimated Total Amount Requested: Administrative, Development, and Program Support Personnel Costs

 .

* Estimated Total Amount Requested: Technology and Equipment

 .

* Estimated Total Amount Requested: Training and Professional Development

 .

* Estimated Total Amount Requested: Marketing and Communications

 .

* Estimated Total Amount Requested: Outside CPA Examination of Finances

 .

* Estimated Total Amount Requested: Other Strategic Needs

 .

* Amount Requested for 2018 Annual Conference

 .

Total Amount Requested Sum

The number shown below should match the one displayed at the top of the page, after you click the calculator icon.

0.00 

Acknowledgements

Acknowledgement of the Notification of Funding Availability(NOFA)

The Notification of Funding Availability (NOFA) is publicly available and found on our website (fafcc.org). Grantseekers are required to read the NOFA before completing the LOI and Grant Application as this document lays out grant parameters and awardee expectations. The link below can be used access the 2018-2019 NOFA.

https://fafcc.site-ym.com/resource/resmgr/2017-2018_grant_program_folder/2018-2019_NOFA.pdf

I, the Project Liaison, have read and understand the Notification of Funding Availability(NOFA) and hereby check the box as confirmation of my comprehension.

Acknowledgement of the Intended Purpose and Nature of the State Funds Grant

The State Funds Grant is a state appropriated source of funding that utilizes taxpayer dollars through the joint approval of the State Senate and House of Representatives, and requiring the signature of the Governor. Due to the nature of this grant, annual support is not guaranteed, and therefore promote and encourage the self-sustainability of all grantseekers.

As stated in this year's Notification of Funding Availability(NOFA), the purpose of the State Funds Grant is to implement a funded program that supports capacity building products and processes of FAFCC members to improve organizational capacity, effectiveness, and efficiency and service expansion of FAFCC members.

I, the Project Liaison, have read and understand the State Funds Grant's source of funding as well as its intended purpose to support sustainability and capacity building amongst the Free and Charitable Sector.

Acknowledgement of the Member Management Fee

Structure:

- Member organizations will be billed for the management fee tri-annually
- Member organizations must use other funds (besides the public and private funds raised by FAFCC) to pay the management fee
- Member organizations must pay the management fee in order to remain in good standing (and thereby eligible to receive future FAFCC-raised funds)

Benefits:

- Allows 100% of funds to be used by member organizations for the purpose for which they were given (i.e., without any administrative expenses or indirect costs carved out)
- Incentivizes FAFCC to develop additional sources of revenue for member organizations
- Provides another revenue stream to FAFCC
- Helps offset FAFCC's costs in raising, managing and reporting the results of public and private funds raised by FAFCC and provided to member organizations

Please read the Member Management Fee Policy above or by clicking on the link provided:

LINK TO FAFCC PAGE: <https://fafcc.site-ym.com/page/ManagementFeePolicy>

* I, the Project Liaison, have read and understand FAFCC's Member Management Fee policy and hereby check the box as confirmation of my comprehension.

Application Attachments

All attachments for the FY 2018 – 2019 grant will be submitted through the online application. On the Grant Funding Program drop-down menu of the FAFCC Website, you will find a resource page containing an attachment checklist, which you can view, download, and print. The Overall Grant Budget template can be found on the same page to download, complete, and submit. The required documents you will need to have prepared are:

1. Attachment 1 – 501c3 Letter
2. Attachment 2 – Resume of Project Liaison
3. Attachment 3 – Most Recent Board Approved Operating Budget

- 4. Attachment 4 – Audit, Review, Compilation, or Letter of Explanation
- 5. Attachment 5 – Overall Grant Budget
- 6. Attachment 6 – Clinic/Network’s most recent 990 form or proof of exemption

Signature

The Letter of Intent must be submitted before any part of the State Funds Grant Application is accepted. You will receive an email acknowledgement that your Letter of Intent has been submitted.

* I understand the Letter of Intent must be submitted before any documents of the State Funds Grant Application. I acknowledge my intent to participate by signing this non-binding form.

Save & Finish Later

Submit