

BAY COUNTY BOARD OF COUNTY COMMISSIONERS

OUTSIDE AGENCY FUNDING POLICY

I. PURPOSE

To ensure that Bay County is fiscally responsible and residents are well served, this policy creates a uniform procedure for the submission, review, and approval of outside agencies funding requests to deliver various services. Bay County as an organization, and as a community moves forward into the future, our service delivery efforts will be influenced by community demographics, state and federal mandates, fiscal constraints, economic conditions, emerging technologies, and many other yet to be identified influences.

II. OUTSIDE AGENCY ELIGIBILITY CRITERIA

- A. Agency services must be available to all residents in Bay County who meet the eligibility requirements of the agency.
- B. Services offered by the agency/program(s) must not be restrictive with regard to race, sex, age, religion, disability, or any characteristics that would be prohibited by law.
- C. Funds may not be used for any purpose prohibited by law.
- D. Agencies and their respective program(s) must be non-profit, incorporated under the State of Florida, and have an IRS 501(c)(3) for a minimum of one year prior to date of application.
- E. Funding requests must specifically describe how the agency's program(s) contribute to the Board's strategic goals. These goals help meet Bay County's priorities related to the ability to: Ensure a Safe County, Deliver Effective Services, Maintain a Family Friendly Community, Stewardship of Natural Resources, and to continue to build and maintain a Healthy Business Climate.
- F. Agencies must agree to provide a mid-year and end-of-year financial report, and status of how prior year's requested funding was dispersed.
- G. Agencies may apply for funding once per fiscal year, not to exceed three years in a seven year period.

III. PROCEDURES

- A. The *Outside Agency Funding Policy and Outside Agency Funding Request Form* will be posted on the Bay County website.
- B. Agencies seeking to provide services and requesting Bay County Funding or other support must complete the "Outside Agency Funding Request Form" and provide other required documentation. Completed request form and all documentation must be received by the Bay County Budget Office before 5:00 p.m. on the due date to be considered for funding in the County's fiscal year beginning October 1.

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- C. The *Outside Agency Funding Request Form* must be completed using the online form in the format provided. Agencies are encouraged to retain a receipt of their submission. The form and supporting documentation can be submitted via mail or email to:

Bay County Board of County Commissioners
Budget Office
840 West 11th Street
Panama City, Florida 32401
Budget@baycountyfl.gov

- D. Brochures, newsletters, and information other than what is requested is not required to be submitted with application funding requests.
- E. The Budget Office will review the agency's submittal for eligibility and other requirements including application completeness, and financial statements.
- F. Funding requests will be scored and ranked before given to the Board of County Commissioners. The Board will vote on all funding requests during a Budget workshop whereby agencies will be notified of the date(s).
- G. At the beginning of the fiscal year agencies whose request were approved by the Board will receive from the Budget Office a notification regarding the level of funding, and a request for a signed copy of the Funding Agreement for Community Services from the Purchasing Department.



OUTSIDE AGENCY FUNDING REQUEST FORM

Due Date April 3, 2017

Board of County Commissioners
 Budget Office
 840 West 11th Street
 Panama City, Florida 32401
[Email: Budget@baycountyfl.gov](mailto:Budget@baycountyfl.gov)

Please complete all 3 sections of the application form.

Section A: Organization and Contact Information

Section B: Program Information

Section C: Program Funding Information

Application Checklist

The documents below must be submitted along with this application.

1. COPY OF THE CURRENT BUDGET FOR THE AGENCY (REVENUES AND EXPENSES).
2. COPY OF THE LATEST AUDITED FINANCIAL STATEMENT.
3. IF APPLICABLE, DETAILS OF HOW PREVIOUSLY RECEIVED FUNDING FROM THE BOARD OF COUNTY COMMISSIONERS WAS DISPENSED.

Section A: Organization and Contact Information

DO YOU HAVE 501(c)(3) STATUS? YES
 NO

ARE THERE ANY ISSUES THAT WILL PREVENT THE 501(c)(3) STATUS FROM REMAINING IN THE UPCOMING YEAR? YES
 NO

AGENCY NAME:

ADDRESS:

ZIP CODE:

PHONE:

FAX:

WEBSITE ADDRESS:

EXECUTIVE DIRECTOR/PRESIDENT:

PHONE:

EMAIL:

NAME AND TITLE OF PRINCIPAL CONTACT:

PHONE:

EMAIL:

Agency Personnel

PRIOR YEAR

CURRENT YEAR

UPCOMING YEAR

4. TOTAL NUMBER OF EMPLOYEES:

5. NUMBER OF ADMINISTRATIVE EMPLOYEES:

6. NUMBER OF PROGRAM EMPLOYEES:

Section B: Program Information

IS THIS AGENCY A BRANCH OF A LARGER ORGANIZATION?	<input type="checkbox"/>	YES	WHAT IS THE NAME OF THE PARENT ORGANIZATION?
	<input type="checkbox"/>	NO	

TOTAL PROGRAM COST: \$	TOTAL FUNDING REQUEST: \$	WHAT IS THE PURPOSE OF THE FUNDING REQUEST? PLEASE PROVIDE EXPLANATION.	<input type="checkbox"/>	LIFE SKILLS
			<input type="checkbox"/>	HEALTHCARE
			<input type="checkbox"/>	EDUCATION
			<input type="checkbox"/>	SOCIAL SERVICES
			<input type="checkbox"/>	OTHER

EXPLANATION:

BOARD OF COUNTY COMMISSIONERS STRATEGIC GOALS

- ENSURE A SAFE COUNTY
- DELIVER EFFECTIVELY SERVICES THAT BAY COUNTY CITIZENS WANT, NEED, AND ARE WILLING TO SUPPORT
- MAINTAIN A FAMILY FRIENDLY COMMUNITY WHERE CITIZENS AND VISITORS CAN FIND AND AFFORD THE VALUES AND LIFESTYLES THEY SEEK
- MAINTAIN EFFECTIVE STEWARDSHIP OF BAY COUNTY'S SIGNIFICANT NATURAL RESOURCES
- BUILD AND MAINTAIN A HEALTHY BUSINESS CLIMATE

DESCRIBE YOUR PROGRAM AND HOW IT CONTRIBUTES TO ANY OF THE ABOVE STRATEGIC GOALS

PARTICIPANTS

	PRIOR YEAR	CURRENT YEAR	UPCOMING YEAR
7. NUMBER SERVED THROUGH THIS PROGRAM:			
8. ESTIMATE OF YOUR COST PER PARTICIPANT:			

9. IF FUNDING IS APPROVED, WHAT LEVEL OF SERVICE IS EXPECTED?

Section C: Agency Program Funding Information

AGENCY NAME:	PROGRAM NAME:
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[] YES

HAS YOUR AGENCY RECEIVED BAY COUNTY BOCC FUNDING WITHIN THE PAST? IF YES, INDICATE THE AMOUNTS.

[] NO

FY10-11	FY11-12	FY12-13	FY 13-14	FY14-15	FY15-16	FY16-17

LIST OTHER PROGRAM FUNDING SOURCES
(OTHER COUNTIES, FEDERAL, STATE, CITY, CHARITY/DONATIONS, FUNDRAISERS, ETC.)

FUNDING SOURCE	NAME OF ENTITY	PRIOR YEAR	CURRENT YEAR	UPCOMING YEAR

TOTAL PROJECTED REVENUES	\$		\$		\$
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IF USING BAY COUNTY MONEY FOR GRANT MATCHING, HOW MUCH IS NEEDED FOR MATCHING?	\$		HOW MUCH MONEY WILL BE RECEIVED FROM THE GRANT?	\$
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PROGRAM EXPENDITURES
(PERSONNEL, OPERATING, CAPITAL, OTHER)

FUNDING SOURCE	DESCRIBE EXPENDITURE FOR CLARITY	PRIOR YEAR	CURRENT YEAR	UPCOMING YEAR

TOTAL PROJECTED EXPENDITURES	\$		\$		\$
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