Applicant: Example Organization
Phone: (123) 456-7890
Email: stlewis@dos.state.fl.us

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Florida Department of Cultural Affairs

Program: Cultural Facilities

<u>Application: 14.9000</u> Example Organization

Example Organization Applicant: Phone: (123) 456-7890 Email: stlewis@dos.state.fl.us

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Organization Profile

Organization Name **Example Organization**

Chief Executive Official: Snoopy

Address 123 Address Street

Florida City, Florida 32304

County: Leon

Main Contact Phone #: (123) 456-7890

Tax ID#: 59-6000000

Fiscal Year Start / End: January 1 - January 1

Florida Senate/House District #s: 1/1 U.S. Congressional District #: 1 Is the organization minority owned? No Is the organization state funded? No

Is this an Arts Organization? No Accredited Museum? No Is your organization within a REDI designated area? No Has your organization ever received a grant from the Division No of Cultural Affairs?

Organization Status: Organization - Profit Arts Service/Advocacy **Primary Function:**

Secondary Function: Education

Institution Type: Arts Camp/Institute Organization Discipline: Design Arts - Graphic Racial Demographic Characteristic: American Indian/Alaska

Native

Organization Email: stlewis@dos.state.fl.us

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Proposal Information

Contact Name Example, Pigg E.

Contact Title

Contact Phone 222-111-1111-34

Contact Email stlewis@dos.state.fl.us

Project title Guideline Testing

Project Location 500 South Bronough St

Tallahassee, 32399-0250 Resident County: Leon

Type of Project: Renovation

Project Phase Single Phase

Historical Significance: How old is the building? 20 years

Funding from Historical Resources: Has the applicant organization applied for or received funding from the Division

of Historical Resources for this project?

Who owns the building?

If building is leased to applicant, what is the length of the lease?

1 year

Who owns the land? State of Florida

If land is leased to applicant, what is the length of the lease?

Project's Florida Legislative Districts: Senate: 6

House: 9

No

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Source

Amount

Proposal Synopsis

What other non-matching state dollars

will go into the project?

Are matching funds in the grant application being used to match any

other Dept. of State grants?

Total Support & Revenue: \$0

Total Amount Requested for this project: \$500,000

Confirmed matching funds for the project: \$1,000,000

Request reduction of Match? (see REDI)

PROJECT COST (This application only):

\$1,500,000

Project Synopsis: Create a sample application that tests the content of the application portion of

the guidelines as well as the online application itself

Project Team:

Since this is a fictitious project there is no architect, engineer, design consultant or general contractor.

Organization Staff

Again, because this is a test application there is no staff.

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Scope of Work

Single Phase Projects

The scope of this work encompasses the aspects of the application and the guidelines, as this is a test of how well the guidelines match the application. So far everything is covered in the guidelines to this point.

Multiphase Projects

Current Phases or Activity

This completes the project narrative portion of the guidelines test.

Prior Phases or Activity

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Proposal Budget Detail: Expenses

Item Label		Match		State
1. Land Aquisition		\$500,000		\$0
Original Land Price	\$500,000		\$0	
2. Building Acquisition		\$1,000,000		\$0
Original building price	\$1,000,000		\$0	
3. Architectural Services		\$0		\$20,000
Plans and drawings	\$0		\$20,000	
4. General Requirements		\$0		\$0
5. Site Construction		\$0		\$30,000
Forms	\$0		\$30,000	
6. Concrete		\$0		\$40,000
Walls	\$0		\$40,000	
7. Masonry		\$0		\$0
8. Metals		\$0		\$20,000
Reinforcing rod	\$0		\$20,000	
9. Wood and Plastic		\$0		\$0
10. Thermal and Moisture Protection		\$0		\$0
11. Doors and Windows		\$0		\$17,000
Doors	\$0		\$5,000	
Windows	\$0		\$12,000	
12. Finishes		\$0		\$8,000
Wall Paint	\$0		\$8,000	
dsfsdfs	\$0		\$0	
sdfsfds	\$0		\$0	
13. Specialties		\$0		\$0
14. Equipment		\$0		\$0
15. Furnishings		\$0		\$0
16. Special Construction		\$0		\$0
17. Conveying Systems		\$0		\$0
18. Mechanical		\$0		\$0
19. Electrical		\$0		\$0
A. Total Expenses		\$1,500,000		\$135,000
B. Contingency				\$0
C. Total Project Expenditures				\$1,635,000

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Proposal Budget Detail: Income

Item Label

Matc	hina	Funds	3

1. Total Private Support (Cash)	\$0
2. Total In-Kind Private Support	\$0
3. Corporate Support (Cash)	\$0
4. Total In-Kind Corporate Support	\$0
5. Total Local Government Support (Cash)	\$0
6. Total In-Kind Government Support	\$0
7. Total Federal Government Support (Cash)	\$0
8. Total In-Kind Federal Government Support	\$0
9. Applicant Cash	\$0
D. Total Match	\$0
E. Cultural Facilities Program (this grant request)	\$0
F. Total Project Income (match + grant request)	\$0

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Matching Funds

Matching Funds Statement

Match Summary Chart

	% of Total Match (\$0)		
1. Cash on Hand	\$0	0.0%	
2. Already Expended on Project	\$0	0.0%	
3. Irrevocable Pledges	\$0	0.0%	
4. Documented In-Kind Contributions	\$0	0.0%	
Totals	\$0	0.0%	

Donor Profile

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Need for Project & Operating Forecast

Need for Project

Operating Forecast Detail

Changes in Operation

	FYE 2013	FYE 2014	FYE 2015	FYE 2016
Expenses		(proposal completed)		
Total Expenses	0	0	0	0
Income				
Total Income	0	0	0	0

Fiscal Stability

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Project Impact

Community Impact of Project

Financial Impact of Project

Environmentally Friendly/Sustainable Design

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Professional Certification

PROJECT ARCHITECT/ENGINE	ER:
Name	

PROJECT CONTRACTOR:

Name

Address

Address

PREPARATORY DOCUMENTS:

Preliminary design and development documents complete

Construction documents complete

Construction Permits:

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Certification of Information and Compliance

I. OFFICIAL WITH AUTHORITY TO CONTRACT FOR THE PROPERTY OWNER

Name

Title

Phone () -

Certified date Not certified

2. OFFICIAL WITH AUTHORITY TO CONTRACT FOR THE APPLICANT

Name

Title

Phone () -

Certified date Not certified

3. CHIEF FINANCIAL OFFICER FOR THE APPLICANT

Name

Title

Phone () -

Certified date Not certified

CONTACT PERSON AS LISTED ON FIRST PAGE OF APPLICATION FORM

Name Miss Pigg E. Example

Title

Phone (222) 111-1111 Ext:34
E-mail stlewis@dos.state.fl.us

Certified date Not certified

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Final Submission

Application Status: The application has not yet been submitted.

Support Materials