City of North Miami Beach
Charitable Donation Request Application
* REQUESTED FUNDS MORE THAN $100.00 *

Requesting Organization's Name: _Joshua's Heart Foundation_

Address: _P.O. Box 640342_

City, State, Zip Code: _Miami, Florida 33164_

Phone: _305 788 8295_   Email: _dexter@joshuasheart.org_

Contact Person Name: _Dexter Copeland_   Phone: _305 944 4452_

Federal Tax Identification Number: _142012279_

501(c) ( ): _✓_ Yes ____No (if yes, IRS exemption letter dated within the previous two years must be attached)

Pursuant to Chapter 496, Florida Statutes, Do you have a Solicitation License from the Florida Department of Consumer Affairs?

1. Give a brief description of your agency including the mission statement: _Our mission is to eliminate hunger and improve the health and well being of our community through access to healthy and nutrious food, youth volunteering and advocacy._

2. Type of service provided: _Food pantry and food distributions to low income families._

3. How much is this funding request for? _$500_

4. What is the time period you are requesting these funds for? _September 2021_

5. Describe the purpose of the request, the services to be provided and how it relates to the City of North Miami Beach? _The purpose of this request is to continue to support our communities in need. With this donation we can continue to support families and individuals that have been struggling in the past years. It relates to the City of North Miami Beach because we want to give back to our communities._

6. Number of years in operation: _15_

7. Total agency annual operating budget: $ 500,000

8. How many individuals does your organization serve? 10,000 +

9. How many individuals did your organization serve in the last calendar year? 162,732

10. Of the persons served, how many were City of North Miami Beach residents or property owners?

    80 % were City of North Miami Beach residents and property owners.

11. How many City of North Miami Beach residents or property owners does your organization

    project to serve in the upcoming year? 80%

12. Have you requested funds from the City before? ✓ Yes ____No

    If yes, please provide amount and purpose of donation: April 2020 $ 1000 for

    a food distribution.

    _____

13. Is this funding request to assist in meeting a required match to fund existing programs or

    services, or for new services? Please explain: For a new service, expanded

    food distribution.

    _____

    _____

14. Attach a list of all Owners/Directors/Principals.

15. Budget:

Description	Existing Project Funding	Amount Requested
Salaries Salaries	$ 180,000	
Operating Expenses (ie., phones, rent) Food	$ 320,000	$ 4,000
Non Operating Expenses (ie., consultants, etc.)		
Total	500,000.00	$ 1000.00

Please list all attachments (The IRS exemption letter dated within previous two years, the organizations most recent tax returns, and a list of all owners/directors/principals must be included with the application): _____

_____

_____

I hereby certify that I have read and understand the charitable donation request guidelines and that the information provided is true and correct. I understand that the approval and denial of all charitable donation requests is in the sole discretion of the City of North Miami City Council and that if the request is approved a charitable grant agreement is required prior to the distribution of any funds.

Dexter Copeland
_____
Printed Name
Organization's Authorized Representative

Dexter (signature)
_____
Signature
Organization's Authorized Representative

September 28 2021
_____
Date

Are the Requested Funds Approved in Budget:

_____ Yes _____ No

(signature)   9/30/2021
_____
Signature   funds in Contingency.   Date

City Attorney Review

Public Purpose   ✓ _____ Yes _____ No

(signature)   9/30/21
_____
Signature   Date

Council Approval Required _____ Yes _____ No
Yes, if the requested funds are not approved in the budget OR if the City Attorney checks "No".
If yes, please attach meeting agenda and decision of the City Council.

City Council Member Sponsorship: _Bill Mirenf_

For Internal Use Only:

IRS Exemption Letter	✓ Yes	_____ No
List of Agency Directors	✓ Yes	_____ No
Agency's Most Recent Tax Return	✓ Yes	_____ No