

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

Requesting Organization's Name: <u>Pisgah Pantry Outreach</u>	
Address: <u>3331 NW 214th Street</u>	
City, State, Zip Code: <u>Miami Gardens, FL 33056</u>	
Phone: <u>561-577-9682</u>	Email: <u>outreach@mtpisgahsda.com</u>
Contact Person Name: <u>Peggy Joseph</u>	Phone: <u>561-577-9682</u>
Federal Tax Identification Number: <u>86-2461219</u>	
501(c) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (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: _____
To meet the holistic needs of our Community while engaging volunteers from our local organization and Community Partners.

2. Type of service provided: Back to School Events, providing nutritious groceries to families in need each month. Technology classes for senior citizens. Free Summer Meals for youth 18 and under and more.

3. How much is this funding request for? \$600.00

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

5. Describe the purpose of the request, the services to be provided and how it relates to the City of North Miami Beach? Back-to-School Drive Event with Mt. Pisgah Church will provide book bags and other supplies for the upcoming school year to youth returning to school in the fall.

6. Number of years in operation: over 29

7. Total agency annual operating budget: \$157,000.00
8. How many individuals does your organization serve? 3,000 per month
9. How many individuals did your organization serve in the last calendar year? 34,162
10. Of the persons served, how many were City of North Miami Beach residents or property owners?
2,050
11. How many City of North Miami Beach residents or property owners does your organization project to serve in the upcoming year? 3,000
12. Have you requested funds from the City before? _____ Yes No
If yes, please provide amount and purpose of donation: _____

13. Is this funding request to assist in meeting a required match to fund existing programs or services, or for new services? Please explain: No

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

15. Budget:

Description	Existing Project Funding	Amount Requested
Salaries		
Operating Expenses (ie., phones, rent)		
Non Operating Expenses (ie., consultants, etc.)		
Total		\$600

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): IRS of Exemption Letter Explanation

Tax - N/A List of Board of Directors attached

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.

Peggy Joseph
Printed Name

Organization's Authorized Representative

[Signature]

Signature
Organization's Authorized Representative

6-14-2021
Date

Are the Requested Funds Approved in Budget: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Funds available in City Commission's Contingency</u>	For Internal Use Only: IRS Exemption Letter <input type="checkbox"/> Yes <input type="checkbox"/> No List of Agency Directors <input type="checkbox"/> Yes <input type="checkbox"/> No Agency's Most Recent Tax Return <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature <u>[Signature]</u> Date <u>7/14/21</u>	
City Attorney Review Public Purpose <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signature <u>[Signature]</u> Date <u>7/14/21</u>	
Council Approval Required <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____	