FLA BEVERAGE ASSOC. COMMUNITY ORGANIZATION GRANT PROGRAM

BACKGROUND

The Florida Beverage Association (FBA) and its member companies are pleased to announce the third year of our FBA Community Organization Grant Program. We are committed to improving the communities where we live, work, and play. We recognize that we cannot have a healthy and growing business unless the communities we serve are healthy and sustainable. The FBA supports local communities by providing grants to promote nutrition, physical activity and health initiatives, as well as environmental sustainability programs.

To find out more about FBA, its members, and objectives, visit [**www.flabev.org**](http://www.flabev.org/).

In order to be considered for a grant, all nominees must meet the requirements listed in the “Grant Program Criteria.” Grant applications will be reviewed and grant recipients will be selected by the FBA’s Board of Directors. General questions may be directed to Liz DeWitt, FBA Executive Director, 407.385.2708, [**fbagrants@flabev.org**](fbagrants@flabev.org). The FBA Board and staff look forward to reviewing your proposals.

**NOTE: We strongly urge you to compose all your responses in a saved Word document prior to filling out the online application so that you can easily cut and paste your responses. If you leave the application to get additional information prior to submission, the data you already entered may be lost. We've provided a PDF version of the form so you can see all the questions for planning purposes before you attempt to fill out the online form. However, please note that we will only consider applications submitted through the online form. Download the PDF document**[**HERE**](http://flabev.org/images/docs/flabev_grant_application.pdf)**.**

GRANT PROGRAM GUIDELINES AND CRITERIA

The Florida Beverage Association thanks you for considering applying to the FBA Community Organization Grant Program. The Grant Program is designed to further the FBA’s goal of supporting comprehensive, balanced nutrition and environmental programs to create healthy citizens and communities.

Grant Requests not supported:

* Individuals
* Organizations that discriminate based on race, color, sex, gender identity and/or expression, religion, sexual orientation, national origin, age or disability
* A state or local governmental entity that will NOT use the grant funds for a charitable cause
* Political, legislative or lobbying organizations
* Movie, film or television documentaries
* Website development
* Concerts or other entertainment events
* Beauty contests, fashion shows or hair shows
* Fraternal organizations and related events
* One-time fundraising events (i.e., tables at fundraisers, athletic races, etc.)
* Local sports or athletic teams
* Travel or organized field trips
* Family reunions
* U.S. based local schools, including charter schools, pre-schools, elementary schools, middle schools or high schools
* U.S. based organizations that do not have tax-exempt status under Section 501(c) (3) of the U.S. Internal Revenue Service Code, or the equivalent
* Organizations formed outside the U. S. that do not have a charitable equivalency status under the laws and provisions of their respective government

Does your grant request fall into one of the categories listed above? (required)

Yes No

SPECIFIC GRANT POLICIES AND GUIDELINES

GUIDELINES

The Florida Beverage Association (FBA) uses the following guidelines for the FBA Grant Program:

1. FBA seeks grant applications from community organizations for programs and initiatives that work to advance the physical health of its local citizens and/or the environmental sustainability of its communities.
   1. The FBA's Board and staff will evaluate and select organizations to be funded.
   2. There is no guarantee that a nominated candidate will receive an award.
2. Most grants will be for $25,000 or less. However, special programs and unique circumstances may justify a larger grant.
3. If a nominated organization is selected by the FBA to receive a grant, the organization will be required to file a follow-up report and a final report. The organization may work with FBA to prepare these reports.
   1. Reports:
      1. Grant recipients must provide a detailed report on the use of funds and the progress toward the program’s goals. This report must be received within 6-9 months from the date the funding is received.
      2. The FBA will require a final report when the program has ended so it can perform a final assessment of the positive impact its funding had on these communities. This report must be provided 12-15 months from the date funding is received.

HOW TO APPLY

1. Review the Grant Criteria to see if your organization is a good candidate for the FBA Grant Program.
2. Complete the application and click "submit" to send your application to FBA for review.

SELECTION PROCESS

1. Once applications are submitted, the FBA Grant Subcommittee will review the proposed grants to determine whether they fulfill the program’s criteria. The Subcommittee will offer recommendations of eligible candidates to the FBA’s Board of Directors. The FBA Board will select award recipients after considering the appropriateness of the candidates and the significance of the charitable projects for which funding is sought. The FBA Board will confirm candidate eligibility and review each application carefully.
2. Once all applications are reviewed, grant recipients, as well as all applicants, will be notified by the FBA as to the status of their proposal. Grant recipients will enter into a Grant Agreement with FBA.

MATCHING GRANTS

Some grant applications might be eligible for a matching grant from the American Beverage Foundation for a Healthy America (ABFHA). If FBA decides to submit your grant request to ABFHA for a matching grant, we will inform you of our decision. Decisions whether to award ABFHA matching grants are made at the sole discretion of the ABFHA Board.

GRANT CRITERIA

Grant applications will be evaluated and grants will be awarded based on an overall assessment of the application, including how well the organization meets the following criteria:

* Grant recipient will use grant funds for a health and wellness or environmentally-based initiative.
* Grant recipient will use grant funds for a program or initiative that reaches a significant number of individuals or significantly impacts a community with a documented problem or need.
* Grant recipient will create a communication plan (i.e., social media, newspaper, press release, website, etc.) to promote the benefits of the program within the local community.
* Grant recipient is a 501(c)(3) charity organization or a state or local governmental entity that will use the grant funds for a charitable purpose.

GRANT APPLICATION

*\* required fields*

Date:\*

Legal Name of Organization:\*

Contact Person and Title:\*

Street:\*

City:\*

State:\*

Zip:\*

Phone:\*

Email:\*

Is the organization a 501(c)(3) or a state or local governmental entity that will use the grant funds for a charitable purpose?\*

Yes No

EIN #:\*

ORGANIZATION INFORMATION

*\* required fields*

Year Founded:\*

Organization Type:\*

* Health/Nutrition/Physical
* Activity Environmental
* Other

Mission Statement (2000 character maximum):\*

Geographic Area Served (specific to this proposal):\*

Number of Employees:

* Full-time:
* Part-time:

Organization History (2000 character maximum):\*

Executive Director of Organization:\*

Executive Director’s Email:\*

GRANT REQUEST INFORMATION

*\* required fields*

Project/Program Title:\*

Amount Requested:\*

Project/Program Status (please check an option below):\*

* Pilot
* Fully Implemented
* New Project/Program
* Ongoing Project/Program

Project/Program Start Date:\*

Project/Program End Date:\*

Project/Program Description (6400 characters maximum):\*

Experience with this type of project/program (2000 characters maximum):\*

DEMOGRAPHICS

*\* required fields*

Percent Gender Served:

* Male:\*
* Female:\*

ETHNICITY  
(Please complete percentage below. Total percentage should equal 100 percent):

* White: \*
* African American:\*
* Asian American:\*
* Hispanic:\*
* Native American:\*
* Other:
* No Distinction:

Age Group Served (Please check all that apply):\*

* Infants and Toddlers (0-2)
* Preschool (3-4)
* K-12 (5-18)
* College Age (19-22)
* Adults
* Senior Citizens (55+)

BUDGET INFORMATION

PROJECT EXPENSES BUDGET  
(Please complete the Summary Budget in US dollars):

* Salaries and Benefits:\*
* Admin Expenses:\*
* Program Costs:\*
* Other:

EXPENSES BUDGET NARRATIVE   
(Provide additional context around budget expenses. 2000 character max):\*

IMPACT AND MONITORING

Primary Goal or Objective of Project/Program (500 character maximum):\*

Success Metric for Primary Goal or Objective (500 character maximum):\*

Direct Beneficiary Group (500 character maximum):\*

Number of Direct Beneficiaries:\*

Overall Expected Outcomes (2000 character maximum):\*

CERTIFICATIONS AND AGREEMENTS

All applicant organizations must confirm the following information. If the certifications are found to have been completed inaccurately, the organization seeking support may be required to return any granted assets and my be rendered ineligible for future support.

**Anti-Bribery Certification:**

The application organization agrees to comply with all applicable laws governing its actions but not limited to the U.S. Foreign Corrupt Practices Act: [www.justice.gov/criminal/fraud/fcpa/](http://www.justice.gov/criminal/fraud/fcpa/)

Applicant organization also hereby warrants that it has not and will not transfer or provide anything of value, directly or indirectly through a third party to any government official, employee of a government-controlled entity, or political party, in exchange for any improper benefit or advantage in furtherance of the project, or where such action will constitute a violation of applicable law.

Check to confirm:\*

**I confirm**

**Non-Discrimination Certification:**

Your organization has a non-discrimination policy that ensures it does not discriminate based on race, color, religion, sexual orientation, gender identity, national origin, age or disability.

Check to confirm:\*

**I confirm**

**Accuracy and Award Terms Certification:**

All information and documentation provided in this application or otherwise is complete and accurate and all funds granted will be used solely for the purposes described in this application.

Check to confirm:\*

**I confirm**

**U.S. Patriot Act Compliance Certification:**

The undersigned organization hereby certifies, covenants and agrees as follows:

* The Organization complies with the FBA program guidelines.
* The Organization adheres to accepted financial and record-keeping practices and will make all books and records, as well as a list of all subcontractors, affiliates and all other individuals or entities who or which receive any funds from the organization available upon request.
* The Organization has not provided, and will take all reasonable steps to ensure that it does not and will not knowingly provide material support or resources to any individual or entity that commits attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.
* Specifically, in order to comply with its obligations under paragraph 4, the Organization will take the following steps:

1. Before providing any material support or resources to an individual or entity, the Organization will verify that the individual or entity does not appear on any of the government lists.
2. Before providing any material support or resources to any individual or entity, the Organization will use reasonable efforts to gather, and will carefully consider, all relevant information about that individual or entity that is available to the Organization.
3. The Organization will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.

Check to confirm:\*

**I confirm**

**Executive Director Certification**

By checking the box below, you confirm the Executive Director or appropriate organization officer of equivalent authority has reviewed and agreed to the certifications outlined above and has authorized the submission of this application.

Check to confirm:\*

**I confirm**

REQUIRED ATTACHMENTS

To qualify for a grant, you must attach the following documents to an email and submit them to: [fbagrants@flabev.org](mailto:fbagrants@flabev.org)**.**  Please note that you only need to include attachments if you have the components listed below.

A copy of the current IRS Letter of Determination indicating tax-exempt status.

* **Board of Directors List** — Include the following information for each board member:
  + Position(s) on the board (officer and committee positions)
  + Occupation and name of employer and/or affiliations(s)
  + City or county of residence
  + Term end date for each board member
* **Consultant contracts/professional services** included in grant
* **Budget Documents** – Any documents that would aid review of your organization’s project/program budget information. Your budget document should pertain to the specific grant request amount and how it will be used, not the overall budget of the organization.
* **Communications Plan**– Grant applicant should create a communication plan (i.e. social media, newspaper, press release, website, etc.) to promote the benefits of the program within the local community.
* **Additional Attachments** – Please use this section to upload any additional documents to support your grant request per the information requested in the application.

Please complete and submit the application online. General questions may be directed to Liz DeWitt, FBA Executive Director at [liz.dewitt@flabev.org](mailto:liz.dewitt@flabev.org) or via phone at 407.385.2708.