



CITY OF MIRAMAR

An Equal Opportunity Employer

Mayor

Wayne M. Messam

City Commission

Winston F. Barnes

Maxwell B. Chambers

Yvette Colbourne

City Manager

Roy L. Virgin

**"We're at the
Center of Everything"**

**Management & Budget
Department**
2300 Civic Center Place
Miramar, Florida 33025

Phone (954) 602-3078

February 1, 2025

Via Email

Dear Organization,

As part of the annual budget, the City of Miramar has created a funding assistance consideration application process.

In order to be considered, for funding approval, organizations are required to complete the attached Funding Assistance Consideration Application. Also attached, is a checklist to assist with the completion of the application in its entirety.

Applications and required attachments listed on the checklist are to be forwarded to the Management and Budget Department via email to omb@miramarfl.gov no later than **Tuesday, April 15, 2025**.

Every item on the form must be completed. If any portion of the application is missing information, the application will be returned for completion and resubmission by the April 15th due date. All applications received after the due date will be held for consideration during the next annual budget process.

Should you have any questions or require additional information regarding the process, please contact Kelly Cabrera Acosta, at (954) 602-3079.

Regards,

Management and Budget Department



CITY OF MIRAMAR
FUNDING ASSISTANCE CONSIDERATION APPLICATION
for
ORGANIZATIONS

Please complete the following application form in its entirety and submit along with requested materials, if applicable, to:

City of Miramar
Management & Budget Dept.
2300 Civic Center Place
Miramar, FL 33025

Phone: (954) 602-3079
Email: kcabrera@miramarfl.gov

Requests will not be considered without completion of this application. Applications for funding consideration will only be accepted during the City's annual budget process. Deadline for application submittals is April 15th of each year. Funding is contingent upon City Commission adoption of the final budget in September of each year.

Funding Assistance Type (select one of the following):

- Small Event - Event of minimal impact to the local community (Complete questions 1-12)
- Medium Event - Event with expected attendance of less than 1,000 patrons (Complete questions 1-15)
- Large Event - Event with expected attendance of over 1,000 (Complete questions 1-15)
- Programming Support (Complete questions 1-13)
- Donation/Contribution ONLY (Complete questions 1-6)

1. Full legal name of the requesting organization: _____

2. Corporate Status: Select one of the choices below (**For profit entities are not eligible**):

- Not-for-Profit or Tax Exempt (Please attach proof and see Funding Assistance Consideration Application Checklist attached)
- Local Government or Public Entity
- Homeowners' Association
- Other (specify): _____

3. Name and contact information for a single point of contact (address, phone, fax, e-mail address, etc.): _____

4. Has the City of Miramar previously provided any funding assistance to this organization? Yes No

If yes, please describe and specify assistance amount(s) provided in the past: _____

Total amount of funds requested: \$ _____

5. What is the purpose of this funding assistance request and how will it benefit the community? _____

6. Are proceeds for charity? Yes No

If yes, please list charity organization(s): _____

If yes, list percentage of proceeds to charity: _____% (documentation will be required)

7. Name, description and purpose of the event or program (if event is a fund-raiser, define the beneficiaries): _____

8. BENEFITS –Benefits available to the City of Miramar (Please check ALL that apply)

- Banner placement
- Product literature distribution How many? _____
- Places of distribution: _____
- Logo in advertisements
- Logo on registration forms
- Logo on t-shirts [] Logo on flyers
- Logo on posters
- Radio recognition
- Logo link on website
- Other – please describe: _____
(Please attach additional information on promotional materials)

9. Please select ALL that apply:

- Economic Development: Supports vitality or growth of the local economy
- Youth/Education: Benefits youth of any age and/or offers educational benefits
- Health and Social Services: Supports health-related causes and/or social programs or institutions that improve quality of life within the community
- Arts and Culture: Supports music, theater, literature, art or culture
- Environmental: Benefits environmental concerns or promotes conservation
- Sports and Athletics: Supports/promotes organized sports or recreational participation

10. Physical address of event or program venue(s): _____

11. Daily/hourly event or program schedule, including set-up and breakdown schedule (attach calendar, if available): _____

12. Expected number of program participants or estimated event attendance (per day, if applicable): _____

13. Itemized budget showing total costs of event or program and total commitment of resources (attach additional pages as needed): _____

14. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): _____

15. Description of event's local or regional impact (e.g., traffic/street closures, signage, crowd control, etc.): _____

I hereby certify that all the statements made in this application are true and correct:

Print Name & Title of Authorized Representative

Signature of Authorized Representative

Date

The requester hereby acknowledges that completion of this application does not impose a legal obligation on the part of the City to provide funding assistance to the requester's organization. If funding is awarded and City determines organization made material misrepresentation on the application, the City has the right to demand repayment of allocated funds.

**NO LITIGATION AFFIDAVIT
OF _____**

STATE OF FLORIDA
COUNTY OF BROWARD

BEFORE ME, the undersigned authority personally appeared _____,
who, after being duly sworn states as follows:

1. I am the _____ (TITLE) of _____ (ENTITY).

2. I am authorized by _____ (ENTITY) to provide this affidavit of
no litigation to the City of Miramar, Florida.

3. As the _____ (TITLE) of _____ (ENTITY), I have
personal knowledge of the lawsuits filed or threatened against _____ (ENTITY).

4. As of _____ 2025 (DATE), there are no pending or threatened lawsuits
against _____ (ENTITY).

FURTHER AFFIANT SAYETH NAUGHT

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to and subscribed before the undersigned authority by means of [] physical presence or
[] online notarization, this _____ day of _____, 2025 by _____,
who is personally known to me or who has produced their _____ (type of
identification).

(signature) (Notary Public)

NOTARIAL SEAL

FUNDING ASSISTANCE CONSIDERATION APPLICATION CHECKLIST

- Every item on the form must be completed. If any portion of the application is missing information, the application will not be accepted and will be returned for completion by the April 15th due date. All applications received after the due date will be held and considered during the next annual budget process.

- For Question #1 – The organization’s **Full Legal Name** as it appears in the Florida Corporate records must be provided. Example:
 - If the legal name of an organization is “We Fight Cancer One Person at a Time, Inc.” that is what the application should state and not simply, “We Fight Cancer”.

- The following **must** be indicated:
 - Type of Event (i.e. small, medium, large)
 - Name, phone number and email address of the Contact person for the organization
 - Physical address of the Event
 - Specify the funding assistance requested

- A copy of the corporate status (e.g., non-profit, for-profit, HOA, etc.) must be included with the application. A copy of that information can be downloaded from the Florida Corporation’s Website:
<http://www.sunbiz.org/corpweb/inquiry/cormenu.html>

- If the event is a “**medium**” or “**large**”– an **event budget is required and must be attached.**

- The application must be signed by an authorized individual of the company.

NOTE: ALL QUESTIONS MUST BE ANSWERED. IF ANY INFORMATION IS MISSING, THE APPLICATION WILL NOT BE ACCEPTED AND WILL BE RETURNED FOR COMPLETION BY THE APRIL 15TH DUE DATE.

For Management & Budget Staff Use Only

- Complete package received

- Incomplete package, returned to _____
Reason(s):
