### **Revitalize Arlington – ENGAGE ARLINGTON**

## FY 2023-2024 City Grant Proposal Term Sheet

**Grant Recipient:** Revitalize Arlington, Inc. ("Recipient")

**Program Name:** Engage Arlington (the "Program")

City Funding Request: \$15,000

Contract/Grant Term: August 1, 2024 - November 30, 2024

Any substantial change to this FY 2023-2024 City Grant Proposal Term Sheet (the "Term Sheet") or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

### **PROGRAM OVERVIEW:**

Revitalize Arlington will introduce a healthy food and nutrition service as a new initiative as part of this Program. In addition, the Program will focus on highlighting non-profits, job training, community education, family and human services, housing, and nutrition through targeted, intentional education, coaching and outreach. Funds will be used for operational costs of the Program as outlined on the attached Program budget sheet.

### PROGRAM SCOPE OF WORK AND DELIVERABLES:

- Healthy eating and family nutrition food coaching and meal-kits
- Two resident workforce and financial literacy education events

#### PROGRAM COSTS/PAYMENT TERMS:

Payment shall be made on a cost reimbursement basis upon delivery of the required reporting outlined below.

- Development of healthy eating and family nutrition coaching and meal-kits for 36 to 40 residents for up to 3 months at a cost of \$333 per resident (\$12,000)
- Contract of a facilitator to provide two resident workforce and financial literacy education events (\$3,000)

### PROGRAM IMPACT & REPORTING:

#### Goals & Objectives:

- Provide nutrition and healthy eating support for residents in the Arlington area. Our food pantry connects us to residents who would benefit from the ability to master healthy cooking and personal/family nutrition.
- Educate residents on responsible financial and economic practices, as well as workforce development and career readiness.

## Required Reporting:

- Healthy Families Initiative
  - o Registration list to participate in healthy eating and nutrition program
  - o Receipts and expenditure support for the cost of healthy food distributed and nutrition coaching
  - o Identification of undistributed food, if any
- Workforce/Financial Literacy Workshops
  - o Sign-in/attendance for event
  - o Receipts and expenditure support for the cost of event
  - o Pre and post survey of attendees regarding financial practices and career confidence and clarity

### **Anticipated Number of Residents Served:**

• Healthy Families Initiative: 40

• Workshops: 20 residents per session

# ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program(s) and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the *Jacksonville Ordinance Code*, and the terms and conditions of any contract entered between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet and the approved Program budget consistent with the Program needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

Lead Agency: Revitalize Arlington, Inc.

Program Name: Engage Arlington

Agency Fiscal Year: 2023-2024 BUDGET

				BUDGET		Funding Partners		
Categories and Line Home	Prior Year Prg Funding FY 2021-2022	Current Year Prg Budget FY 2022-2023	Total Est. Cost of Program FY 2023-2024	Agency Provided	All Other Program Revenues	City of Jacksonville	Federal/ State &	Private Foundation
Categories and Line Items  I. Employee Compensation	FY 2021-2022	FY 2022-2023	FY 2023-2024	Funding	Revenues	(City Grant)	Other Funding	Funding
Personnel - 01201 (list Job Title or Positions no names)	<b>*</b> 0.00	<b>60.00</b>	<b>60.00</b>	<b>#0.00</b>	60.00	60.00	60.00	<b>#0.00</b>
2	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
3	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7 8	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
9	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11 12	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14 15	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17 18	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
21 22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24 25	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27 28	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00
28 29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal Employee Compensation Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Payroll Taxes - FICA & Med Tax - 02101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Insurance - 02304 Retirement - 02201	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
Dental - 02301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Life Insurance - 02303	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation - 02401 Unemployment Taxes - 02501	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
Other Benefits - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal Taxes and Benefits Total Employee Compensation	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
II. Operating Expenses	<b>V</b> 0.00	<b>\$0.00</b>	<b>V</b> 0.00	ψ0.00	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Occupancy Expenses								
Rent - Occupancy -04408 Telephone - 04181	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
Utilities - 04301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Maintenance and Repairs - 04603	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00	\$0.00
Insurance Property & General Liability - 04502 Other - (Please describe)	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00
Office Expenses								
Office and Other Supplies - 05101 Postage - 04101	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
Printing and Advertising - 04801	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Publications - 05216 Staff Training - 05401	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
Directors & Officers - Insurance - 04501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional Fees & Services (not audit) - 03410	\$0.00	\$0.00	\$3,000.00	\$0.00	\$0.00	\$3,000.00	\$0.00	\$0.00
Background Screening - 04938 Other - Equipment under \$1,000 - 06403	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel Expenses Local Mileage - 04021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Parking & Tools - 04028	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment Expenses								
Rental & Leases - Equipment - 04402  Vehicle Fuel and Maintenance - 04216	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
Vehicle Insurance -04502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)  Direct Client Expenses - 08301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Rent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Utilities Client Food	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$12,000.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$12,000.00	\$0.00 \$0.00	\$0.00 \$0.00
Client Medical	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Educational Client Personal	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
Client Other (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Other (Please describe)  Total Operating Expenses	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$15,000.00</b>	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$0.00</b>	\$0.00 \$15,000.00	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$0.00</b>
III. Operating Capital Outlay (OVER \$1,000)								
Machinery & Equipment - 06402 Computers & Software - 06427	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Capital Outlay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Direct Expenses Total	\$0.00	\$0.00	\$15,000.00	\$0.00	\$0.00	\$15,000.00	\$0.00	\$0.00
Percent of Budget			100.0%	0.0%	0.0%	100.0%	0.0%	0.0%

Last Modified: 03/16/2023
All City Grant items listed must be included in the narrative section of the budget.

### Budget Narrative for Selected Items of Cost FY 2024 City Grant Application Program Budget Narrative (Max. 2 Pages) Proposed Funding Period: FY 2023-2024 COJ Funding Only

Agency: Revitalize Arlington, Inc. Program Name: Engage Arlington

EXPENSES: Please provide narrative description for all categories listed below for which you are seeking City Funding Only.

We have included those required elements in the spaces below. See instructions when listing personnel expenses.

Please feel free to add additional lines as necessary to provide explanations using the line insert feature.

I. Employee Compensation - (not related to costs of the office of the governor of a state or the chief executive of a political subdivision)

Salary & Wages

Payroll Taxes & Benefits

**II. Operating Expenses** 

**Occupancy Expenses** 

Office Expenses \$3,000 Contract for two workforce and financial literacy seminars.

Travel Expenses - not related to entertainment expenses

**Equipment Expenses** 

**Direct Client Expenses** 12,000.00 Provide healthy eating and nutrition education support for 36 to 40 residents

III. Operating Capital Outlay: