



**HALLANDALE BEACH COMMUNITY REDEVELOPMENT AGENCY  
 FY 2014  
 CRA COMMUNITY PARTNERSHIP GRANTS  
 GRANT APPLICATION  
 COVER PAGE**

**Organization Name:** Palms Community Action Coalition

**Mailing Address:** 816 NW 1<sup>st</sup> Ave

**City/State/Zip Code:** Hallandale Beach, FL 33009

**Phone#:** 954)-505-3873 **Fax #:** (954) 505-4061

**E-mail Address:** palmsaction@gmail.com

**Website Address:** palmsaction.com

**Name of Contact Person:** Joy Brown **Title:** Executive Director

**ORGANIZATION INFORMATION**

Is the organization incorporated? Yes  No  FEIN#: 451578751

Does the organization have 501c(3) Tax Exemption Status? Yes  No   
 If no, have you applied? Yes  No  If yes, provide a copy with your application.

Does the organization have a Board of Directors? Yes  No  If yes, provide a list of your current board members with your application.

Total # of Board Members: 11 # of Staff: 5 # of Volunteers: 10-15

Does your organization carry Liability Insurance? Yes  No  Amount: \$3,000,000

**PROPOSAL INFORMATION**

**Program/Project Name:** Link Program

**Priority Area Addressed:** Workforce Development and Employment Opportunities for Local Residents  
**Age Group:** Adults **# To Be Served:** 50

**Annual Budget:** \$140,000.00 **Amount of Request \$:** \$50,000.00 **Total Project Cost:** \$50,000.00

**Source(s) of Current Funding:** City of Hallandale Beach, Related Group,

Has your organization received funding from the CRA before? Yes  No . If yes, please List Amount  
**Funded \$:** 50,000 **Year:** 2012-13 **# of Residents Served:** 50

Please provide a brief summary of the Previous Project Funded: CRA provided funding for the Link program during this past program year to provide training and employment services to the residents of Hallandale Beach.

**Authorized Signature of Organization Representative:** [Signature]

**Date:** 0-10-13