



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

Organization Name: _OIC of Broward County, Inc. (d/b/a: OIC of South Florida)_
Mailing Address: _3407 NW 9th Avenue, Suite 100_
City/State/Zip Code: _Oakland Park, FL 33309_
Phone#: _954-563-3535_ **Fax #:** _354-563-5225_
E-mail Address: _nsanon@oicsfl.org_
Website Address: _www.oicsfl.org_
Name of Contact Person: _Mr. Newton Sanon_ **Title:** _President/CEO_

ORGANIZATION INFORMATION

Is the organization incorporated? Yes No FEIN#: _65-1117147_
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: _13_ # of Staff: _51_ # of Volunteers: _4_
Does your organization carry Liability Insurance? Yes No Amount: __\$1,000,000_

PROPOSAL INFORMATION

Program/Project Name: _New Start_
Priority Area Addressed: _Workforce Development_ Age Group: _16 and older_
To Be Served: _40_
Annual Budget: __\$50,000_ Amount of Request \$: __\$50,000_ Total Project Cost: __\$58,800_
Source(s) of Current Funding: _Federal, State, and Local grants_
Has your organization received funding from the CRA before: Yes No . If yes, please List Amount
Funded \$: _N/A_ Year: _N/A_ # of Residents Served: _N/A_
Please provide a brief summary of the Previous Project Funded: _N/A_
Authorized Signature of Organization Representative: *[Signature]*
Date: _6/19/13_