**HISTORY**

Operation Lift Hope began with a simple conversation…about community, veteran services and homelessness, which evolved into a movement in the City of Fort Lauderdale to end veteran and family homelessness.

Businesses, service providers, government, educational institutions and faith based organizations came together to form a Synergistic Team. The Synergistic Team’s goal was to provide a shared vision for the next steps in the City of Fort Lauderdale’s journey to provide services and a better quality of life to the homeless, with a focus on veterans and families.

The Synergistic Team defined the critical components to strengthen the Broward Continuum of Care efforts surrounding the homeless in the Fort Lauderdale Corridor, with a special emphasis on the veteran and family populations.

The Fort Lauderdale Corridor is from I-95 to the Beach and from Commercial Blvd. to 17th Street.

The result was to simplify the Continuum of Care to four categories:

**Engage** - Serve the homeless in their time of need through prevention, outreach and support services

**Empower** - Stabilize housing and provide supportive services through emergency, transitional and permanent re-housing

**Educate** - Develop skills necessary for living and succeeding through formal and informal educational development and improvement

**Employ** - Expand income opportunities and facilitate career advancement through support and after care services to foster job readiness and self sufficiency

The Synergistic Team recommended the following priorities:

1. Increase homeless outreach capability to 24/7 availability, including a family emergency shelter fund and reunification fund.
2. Improve coordination of all food sharing to ensure indoor food options 7 days a week.
3. Create community centers for veterans & families and individuals to improve access to services and crisis housing.
4. Implement a robust rapid re-housing system that increase and streamlines funding for rental apartments and case management.

**MISSION**

The mission of Operation Lift Hope is to eliminate homelessness for veterans and families by uniting community stakeholders in a collective effort to strengthen the local Continuum of Care and the creation of a fund to invest in evidence-based strategies that impact our collective vision.

**ROLE OF OPERATION LIFT HOPE**

Operation Lift Hope **provides** funding, **facilitates** donations of in-kind products and services and **influences** businesses, government, educational institutions, faith based and social agencies to assist local, qualified nonprofit organizations in their efforts to end veteran and family homelessness, as prioritized by the results of the Synergistic Team’s recommendations.

**PRIMARY OBJECTIVES**

End Veteran homelessness in Fort Lauderdale by 2016

End Family homelessness in Fort Lauderdale by 2020

End Individual homelessness in Fort Lauderdale by 2025

**WHERE THERE IS HELP, THERE IS HOPE.**

**Application Date:**

Grant applications that meet Operation Lift Hope minimum criteria and procedures are accepted on a rolling basis with quarterly reviews.
Please use the space provided on the application to answer all questions and see the end of this application for a checklist of all items to submit. The organization must meet the Operation Lift Hope criteria of serving homeless veterans and families in the Fort Lauderdale Corridor. For the purpose of this grant, the Fort Lauderdale Corridor is defined as I-95 east to the Beach and Commercial Blvd. south to 17th Street.

**Legal Name of the organization**

**Tax ID # Effective Date of IRS 501 (c) (3) status**

**Contact Name**

**Contact Email Contact Phone**

**Address**

**City State Zip**

**Organization Phone Website Address**

**Executive Director/President**

**Grant Request Amount $**

**Purpose of Grant (One sentence)**

**Organization’s Mission Statement**

**Target Group**

**Total Current Operating Budget**

**How did you find out about Operation Lift Hope?**

The undersigned hereby affirm that we have read the Operation Lift Hope grant application requirements and minimum grant consideration information set forth below and agree to all of the contents thereof. By signing this Executive Summary and submitting the attached Grant Application Operation Lift Hope (collectively the Application), we do further affirm that in the event that our organization is awarded a Grant, all grant moneys shall be used in accordance with the Application. We further acknowledge that by accepting an Operation Lift Hope Grant, we are required to participate in the Fall Event to report on the impact the Grant had on those it serves.

**Two Signatures Required**

 **Signature of Chairperson of the Board Second Signature**

 **Please print name of Chairperson Please print name and title**

**Grant Application Operation Lift Hope**

1. **Organization Information**

 **Brief summary of organization’s history**

**Description of organization’s current programs and accomplishment**

**Statement of organization’s vision**

**Number of unduplicated people served annually by the agency (Please breakdown by veterans, family and individuals)**

**Grant Application Operation Lift Hope**

1. **Purpose of Grant / Information/ Description of your specific Project**

**Specific project for this grant money, description of target population, and benefits project will render:**

**Measurable project goals & methods of evaluation; How will this project measurably expand an existing initiative or establish
a new initiative:**

**Timetable for implementation of project:**

**Grant Application Operation Lift Hope**

**Key staff and/or volunteer participation for the project:**

**Long-term strategy for funding the project:**

**Please explain the specific ways that this grant will support the priorities of Operation Lift Hope, as stated on page one of this application:**

**MINIMUM GRANT CONSIDERATION INFORMATION**

**Please submit the following materials electronically along with your electronic application:**

1. Financial Information

A. Detailed budget for the organization for the current year

B. Detailed Grant Request Budget

Provide an itemized grant request budget, clearly stating how the grant monies will be used. Be specific giving actual costs while detailing items and services to be purchased. The total amount must show how the Grant will be used. Grant Request amount must not exceed half of applicant’s current operating budget. Grant Request for administrative expenses in total must not exceed 10% of the grant amount.

C. Comparative financial statements (audited if available) for the most recent two year period. These statements must include a Balance Sheet (a statement of Assets and Liabilities) and an income statement or Profit and Loss Statement.

D. Organization’s current 990 tax return

E. Provide a list of federal, public, and private funding sources and amounts for the last fiscal year (be specific, by category)

F. Copy of 501©3 IRS letter approving your tax exempt status

G. Current list of Board of Directors and their affiliations

H. Staff and their positions or organization chart

**Instructions for sending grant application electronically to Operation Lift Hope:**

Send file to the following email: help@operationlifthope.org with the subject line "OLH Grant Application – (MM/YY) – (your organization’s name)"

Applications will be accepted on a rolling basis, evaluated for completeness and adherence to the stated grant requirements, and presented to the Board of Directors at the next scheduled quarterly meeting.

Organizations selected for further consideration may be asked to provide more information and/or a site visit.

If you have trouble sending your application, please contact Kelle Enriquez at help@operationlifthope.org or 844-465-4673.