



# BUSINESS PLAN CHECKLIST

This Application Checklist will be helpful to ensure that all of the necessary components of the submission are complete. It will serve as a table of contents for your application. Please number the pages of your application and insert the corresponding page numbers in this Checklist Table of Contents.

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_____	Organization Application Cover Sheet
_____	State of Florida Certificate of Incorporation
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1. Executive Summary (maximum length two pages):  
Identify the name of your business as it currently appears on the record of the Division of Corporations of the Department of State in the State of Florida, include any ‘doing business as’ names. Provide a brief summary of your business, including its mission and how long it has been doing business in Hillsborough County. Provide a summary of the Products/Services offered by your business. Provide a summary of the industry and your position within the industry. Describe its nonprofit status and terms with the IRS. Provide information on the specific funding request to the BOCC: Describe the requested amount, the geographic location, the proposed project timeline and purpose, population served, and public benefit associated with the capital request, and the specific outcomes desired once the capital project is completed.
2. Organization Profile:  
Describe what strengths or features the organization possesses that will enhance its capability to implement the proposed project and achieve its associated operational purpose. Explain the organization’s experience relevant to the proposal. Attach a list of the Board of Directors and an organizational chart listing key staff members. (maximum length one page without attachments)
3. Community Need:  
Clearly identify the capital need to be addressed through the project and describe the proposed project’s impact on the associated operational purpose (the “program”). Explain why addressing the need is important and indicate who is affected within Hillsborough County. Provide related program supporting statistics or data specific to the County such as needs assessment, interviews, crime rates, waiting lists, surveys, trends, or analyses. Identify the client population and geographic areas being served by the associated program. Discuss what is currently being done in the community to address the identified need. If the capital improvement will allow this program to be coordinated with existing programs in the community, indicate which ones and identify the organization(s) with which your program will be coordinated. Explain how the associated program is different from similar programs currently operating in the County. (maximum length two pages without attachments)
4. Scope of Service:  
Describe the proposed capital improvement’s impact on the associated program(s) and indicate whether the improvement will provide new services or program expansion. Detail how the capital improvement and any program impacts will be implemented, describe the sequential steps for such implementation and include a project schedule. Describe how the capital improvement will address and help solve the need identified? Describe specific associated services to be provided. Define the associated program’s actual “unit of service” to be provided. (A unit of service is defined as a quantitative measurement of the activity the client will receive by participating in the program such as a therapy session, training day, job placement etc.). Indicate the total number of units of service to be provided in the program. Indicate how accessible the project location is to the target population. (maximum length two pages)
5. Program Goals and Objectives  
Identify the associated program goals and objectives for each problem or need to be addressed as a result of the capital improvement and indicate the timeframe in which the

objectives will be accomplished once the improvement is complete. The goals and objectives to be met must be measurable within a twelve month period.  
(maximum length one page)

6. Evaluation Plan:

Describe the measures to be used in evaluating the success of the associated program goals and objectives for each problem being met or addressed in the program. Include a measure for each of the desired outcomes to be met as a result of providing the service to the client. Each objective and outcome should be tied to an evaluative tool or measure. (maximum length one page)

7. Project Management:

Describe how the project will be managed during its implementation phase. Indicate which staff members or consultants will be used. Describe what expertise, training and education they possess that qualifies those individuals for the project management role. Define the project timeline and estimated completion date. Describe how cash flow requirements of the project will be met given that the County cannot provide advance funding. Describe how quality control will be maintained throughout the project timeline,

8. Leverage of Other Funds:

The County considers requests more favorably when Applicants “demonstrate” other funds are committed to the project. Include Letters of Commitment **for other funding sources** with the application to indicate the project can be completed should the County provide partial funding. Briefly describe other fund-raising activities and accreditation and licensing, if applicable. (maximum length one paragraph without attachments)

9. Financial Capabilities:

Briefly describe the financial procedures to be utilized to assure compliance with generally accepted accounting principles, laws, rules and regulations applicable to the organization. **All applicants are required to submit their most recent independent financial audit report and related management letter completed by a certified public accounting firm.** If the organization is unable to provide a financial audit report, the County will consider applicant response submittals that includes a partnership with a lead organization’s that meets the Application requirements including an audited financial report, along with proof of an agreement of the partnership, for the purposes of the service provision should the program be recommended for funding. (maximum length one page without attachments)

10. Budget Information

Provide audited historical financial statements for the most recent fiscal year. Submit a Total Organization Budget Summary Statement for all Support and Revenue, Expenses, and Changes in Fund Balance by program(s). Provide a detailed cost plan and revenue sources for the capital improvement project. Provide a 5-year pro forma analysis for the post-construction operations and maintenance, detailing all assumptions used. The analysis should include revenue forecasts and detail how ongoing operating and maintenance costs will be met. Provide best case, worst case and most likely case scenarios. Describe your method to capture cost-benefit data and determine return on investment (ROI).