



Quarterly Grant Application

*indicates a required field

ORGANIZATION INFORMATION

General Organization Information

1. **Organization Name***

(Must match the name associated with your federal tax ID number.)

2. **Also Known As**

(If your organization goes by a different name than your IRS record, please enter it here.)

3. **Address***

(Please enter your organization's mailing address.)

4. **City***

5. **State***

6. **Zip***

7. **Main Phone Telephone***

Organization Contact Information

8. **Prefix***

9. **First Name***

10. **Last Name***

11. **Title***

12. **Office Street Address***

13. **City***

14. **State***

15. Zip*

16. E-mail Address*

17. Office Phone Telephone*

18. Extension

Program Contact Information – Please note this contact will receive all communications, updates and requirement notifications for this request.

19. Prefix*

20. First Name*

21. Last Name*

22. Title*

23. Office Street Address*

24. City*

25. State*

26. Zip*

27. E-mail Address*

28. Office Phone Telephone*

29. Extension

About your organization

30. What is your organization's **mission and vision**?* (100 Words)

Mission is what you do, and vision is the end state you wish to achieve. The best mission and vision statements are short and clear. Describe how your mission gives you focus and guides your actions and decisions.

31. What **results or impact** has your organization has achieved in the past three years in support of your mission or vision?* (100 Words)

Rather than describing your organization, describe how many people or communities have tangibly improved their behavior or condition through your efforts and in what way

32. Total Organization Budget

REQUEST INFORMATION

Proposal Intent

33. Request Date*

34. Request Amount*

35. What is the title of this project or program?* (25 Words)

Provide a title for the project or program for which you are requesting funding. The title should be no longer than 10 words. NOTE: Title should not contain the name of the organization.

36. Which NextEra Energy Foundation focus area is your project or program aligned with?*

- **Opportunity:**
 -] Education
 -] STEM Education
 -] Career Readiness (Post-Secondary Success)
 -] Workforce Development – Employment & Career Readiness
- **Sustainability:**
 -] Environmental Stewardship
 -] Environmental Education
 -] Environmental Recreation
- **Safety:**
 -] Disaster Relief- Training/ Education
 -] Health and Well-Being
- **Innovation:**
 -] Cutting-Edge Technology
- **Other:**
 -] Please describe

37. Select the district(s) your program will impact: *

- Escambia County
- Santa Rosa County
- Okaloosa County
- Walton County

- Bay County
- Rural
- Washington
- Jackson
- Homes

38. Total Project Budget*

Enter the amount of the total budget for the project for which you are requesting funding.

39. Please provide a brief summary of your program or project.* (100 Words)

Provide a brief description of the program or project for which you seek support, including its overall goal, from the NextEra Energy Foundation. Limit your description to no more than five sentences.

40. Program Start Date*

This should be the start of the program if it is a new program or if it is an existing program it should be the start date for NextEra Energy Foundation's grant support.

41. Program End Date*

This should be the ending date for the program, if within the grant term. If the program continues past the grant term, then this should be end of grant date corresponding with grant term question that follows.

42. Project Length/Grant Term*

Enter the length of time needed to achieve the project results described in this application. All grant funds must be expended within this time period. We are interested in results that can be achieved within a 12-month period but are open to programs and projects that may a longer time period for the results to be achieved.

REQUEST DETAILS

43. What is the **challenge or opportunity your program will aim to solve** for its participants, the community or the condition?* (250 Words)

Outline the issue(s) and causes, if applicable, that you are trying to address in clear terms that your population or the condition to be served is experiencing. Specifically, what critical unmet need does your program address?

44. Describe the **specific barriers and difficulties** faced by the majority of the participants, the communities or the condition your program plans to serve.* (250 Words)

Help us understand the level of difficulty you anticipate in helping your participants or their communities achieve the proposed result by defining the kinds of barriers you expect the majority of the youth face. Describe these barriers in terms of the behaviors and conditions faced by those you plan to serve PRIOR to your working with them. If you were to take a snapshot of the participants or communities before you interact with them, describe the barriers they would have to overcome to achieve success in the program or project. Your answer to this question will help us understand what your project/program is intended to change.

45. In one or two sentences, please outline **the impact you anticipate your core participants, the community or condition will realize by the end of the grant period**, including how many of those you serve will achieve success.* (150 Words)
An impact statement should indicate the change you desire to make, for whom and by when.

46. What are the **key elements of your project** that are critical to achieve the stated results?*(250 Words)
Tell us how your program works, what are the critical components of your program to ensure success.

47. How will you monitor progress towards impact throughout the grant period? How will you know when your project's results have been achieved?* (250 Words)

48. Are any **partners or intermediaries** critical to your success? If so, what must they do, what is the evidence that they are committed to doing it and how do you monitor their performance? (250 Words)

Focus on those groups who have a role in your success and on their commitment to play that role. An intermediary is a group or person whose behavior you do not control, but who must do something for you to succeed and/or to enter a setting. A partner is a group (e.g., consultants or other), which has the skills or talents to augment or counterbalance your own organization's skills as a part of project delivery. Explain why this is the best partner for you.

49. How will you **sustain your program's results** after the grant period concludes?* (100 Words)

Describe your plans to continue to address the issue in terms of funding and program development post grant period.

50. If not already stated, what are some additional outcomes you anticipate from your program/project?

51. List **other committed funders** of this program or project *during the grant period* described in this application.* (100 Words)
List all funders associated with the program or project.

REQUIRED ATTACHMENTS

IRS Tax Determination letter
Florida Charitable Solicitation Letter
Organization Operating Budget
Program or Project Budget
Form 990
2022 W-9 (signed and dated)

Completed quarterly grant applications along with required documentation should be submitted to NWFLgrants@fpl.com.
Failure to provide the required documents will result in an automatic declination.