

Entrepreneur Development Program

*City of Gainesville ARPA Aid to Nonprofits
Program*

Heart's Desire International Empowerment Center

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Application Form

Eligibility

Economic Impact*

Has your nonprofit organization or the clients you serve suffered demonstrable negative economic impact as a result of COVID-19?

Yes

Location*

Is your organization a nonprofit and located within Alachua County? (physically or principally)

Yes

Operating Status*

Is your nonprofit organization active, open and operating? (in-person or virtually)

Yes

IRS Status*

Is your organization legally registered, fully licensed as a 501(c)3 or 501(c)19 nonprofit (as required by applicable law), and up to date on tax payments/filings to include a valid IRS Form 990 for 2020 (or 2019) or an independently audited financial statement?

Yes

IRS Status Year*

Was your organization incorporated as a nonprofit prior to January 1, 2020?

Yes

The Philanthropy Hub Verification*

Is your nonprofit organization verified on The Philanthropy Hub?

Yes

Services*

Does your nonprofit organization provide essential human services to City of Gainesville residents who have been impacted by COVID-19? Please check all that apply:

- Community Development
- Education
- Human & Social Services
- Senior Services
- Other

Other Services

If you selected 'Other' services, please provide details of how your organization serves those adversely affected by COVID-19.

Our organization helps individuals with disabilities and their families, disadvantaged communities and outreach organizations, homebound elderly, disadvantages women, and caregivers with training and development to build professional skills in entrepreneurship, finance and accounting, and technology to develop their business and access resources to increase employment opportunities and stabilize their housing and basic needs.

Acknowledgment

Project Name*

Name of Project.

Entrepreneur Development Program

Acknowledgment*

I understand that in order to apply for the City of Gainesville ARPA Aid to Nonprofits Program, my organization must:

- be principally based or physically located within Alachua County;
- be providing COVID-19-impacted City of Gainesville residents essential services covering medical services, congregate living safety services, food services, housing stability services, training and adult education services, child care and education services, elder care services, and mental health services;
- be active, open and operating (in-person or virtually);
- be registered as a 501(c)(3) prior to January 1, 2020;
- be fully licensed as a nonprofit (as required by applicable law), and up to date on tax payments/filings to include a valid IRS Form 990, 990-EZ, or 990-N filing no later than 2019, or an independently audited financial statement from the most recently completed fiscal year;
- be able to demonstrate the adverse impact of the COVID-19 pandemic to your organization or the clients you serve in one of the following manners:
 - incurred unplanned costs for new programming designed to assist those disparately impacted by the pandemic and its economic effects;

- o incurred unplanned costs to comply with safety and health standards and/or reopening requirements, e.g., modifying facilities for social distancing;
- o incurred unplanned costs for technology to enable virtual work; or
- o lost revenue due to pandemic-based causes, e.g., due to shutdowns, lost sponsorships, inability to hold fundraising events;
- provide a narrative explaining the impact of COVID-19 on the nonprofit's operations; and
- not have received or been approved to receive City ARPA funding via a separate initiative, project, or program.

Yes

Applicant/Agency Information

Target Population*

Select all that apply to indicate which population groups are directly impacted by your work.

- Children (ages 0-12)
- Youth/Teens (ages 13-18)
- Adults (ages 19-64)
- Seniors (ages 65+)
- People with disabilities
- Low-income individuals/families
- Marginalized/Under-served groups

Local Impact*

What is your organization's impact on its constituents and the City of Gainesville community in recent years? Please quantify your responses where possible (i.e. number of people served).

Our organization was able to assist more than 50 women. men, for-profit, non-profit disadvantaged individuals, families, and organizations with Entrepreneurship Training, Technology Training, Education in Budgeting, Administrative Services, and Strategic Planning even during Covid to start business, manage financial resources, reorganize, restructure, create employment opportunities, learn about the impacts on economic stability, and ways to maneuver to maintain economic balance through counseling, direct training and consultation, and group trainings in person and virtual.

Board Chair or Authorized Person First Name*

Kalisha

Board Chair or Authorized Person Last Name*

Eagle

Board Chair or Authorized Person Title*

Executive Director

Hub Profile*

Please provide link to verified profile from The Philanthropy Hub.

https://www.givegab.com/nonprofits/heart-s-desire-international-empowerment-center-inc/giving_days/cfnf

Organization Type*

Nonprofit with 501C3 IRS Status (Other than an institution of Higher Education)

Tax Form Information*

Please select the tax form your organization most recently filed.

990N (postcard)

Gross Revenue*

Enter your organization's total revenue as reported on your most recently filed IRS Form 990 from no older than 2019 or independently audited financial statement from your most recently completed fiscal year.

- For IRS Form 990 enter the amount indicated on line 12
- For IRS Form 990-EZ enter the amount indicated on line 9.
- For IRS Form 990-N, enter your revenue for the corresponding fiscal year.
- For independently audited financial statement, enter the total revenue indicated.

\$15,500.00

Operating Revenue*

Organization's operating revenue for the last completed fiscal year

\$15,500.00

Operating Expenses*

Organization's operating expenses for the last completed fiscal year

\$161,526.00

Pandemic changes to your organization

Pandemic-related changes to priorities and goals*

Briefly explain how the COVID pandemic has changed your organization's priorities and goals.

The pandemic caused us to try new ways to increase our efforts to reach our goals and find more strategic and creative ways to do so such as social media and partnering with other organizations. In order to reach recipients we must have to have multiple ways of accessibility to recipient especially to serve the disabled or vulnerable. Financial resources limit the amount of people we set out to help

Pandemic-related changes to your organization's operations*

Please describe how your operations have changed during the pandemic from a staffing and service delivery standpoint.

We are not able to safely reach as many individuals through our office or direct approach. We had to provide all services virtually but did not have the capital to obtain the tools to do so. We we not able to bring staff in office or monitor the work appropriately. Our inability too give our direct and in person approach to service has changed our operation tremendously.

Impact

Description of Need as Specifically Related to Coronavirus*

Please provide a description of how your organization continues to be impacted by the coronavirus pandemic, operationally and/or programmatically.

We continue to be impacted financially as we do not have access or funding to acquire the tools necessary to reach the vulnerable population we serve. We are indebted in salaries, operational expense. We are in threat of loosing the assets in the company. We've had to move our office in home as we were not able to keep the training facility we had. We try to use churches until we build up income to get own office space; but most churches are closed or in fear of the spread of covid there. We are trying our best to hold on the transportation used to deliver services or commute for training to those who do not have technology. We are down to one staff but need more help.

Population Impact*

Indicate if your services are directed at populations that have been disproportionately impacted by the COVID pandemic. (Identify at least one category: race, gender, ethnicity, geography, income)

yes

Disparity*

What disparity does this population experience that this program addresses? Examples: home ownership, income, health, educational attainment, etc.

loss of income, employment opportunities, education attainment, home ownership or temporary shelter, no transportation, inability to meet basic needs, homelessness

Supplemental Disparity Information

For organizations with gross revenue of more than \$1 million, show data to demonstrate existing disparities and impact of COVID on the population identified, including local data if possible. Examples of data can be related to health, socioeconomic status, housing, or factors specific to the program.

N/A

Number of individuals served*

Indicate the total amount of individuals who will be directly impacted by this program.

50

Lost Revenue Calculation (Optional Question)

If you are requesting support for lost revenue, please complete the <https://cfncf.org/wp-content/uploads/2022/03/Lost-Revenue-Calculations.xlsx> Lost Revenue Calculation worksheet. Click here for instructions: [Lost Revenue Calculation Instructions](#).

After downloading and completing the worksheet, please submit it in Excel format.

Lost-Revenue-Calculations -HDIEC corr2.xlsx

Budget Spreadsheet*

Upload the program budget using the spreadsheet provided: [City of Gainesville ARPA Aid to Nonprofits Program Budget Worksheet](#)

Add line items to the budget worksheet as needed. Please be descriptive in your line items, including providing the number of items and cost per item, i.e., 2.5 FTEs @ \$75,000 each.

The worksheet should reflect/include information about other ARPA funding or other COVID- related federal funding received and/or pending. After downloading and completing the budget, please submit it in Excel format.

Grant-Budget-HDIEC.xlsx

Sustainability*

What are the long-term strategies for funding this project/program at the end of the grant period?

Federal and State Grants
Donor support

Personal Contributions
Donations
Fund raisers

Request Information

Purpose of Request*

One sentence describing the purpose of your request

This request is for support to continue operating the programs established for individual and community development.

Amount Requested*

Funding can be requested to cover expenses from March 3, 2021 - December 31, 2024. Please enter the total amount of your request for all years of your request.

\$788,171.15

Total Program Cost*

\$788,171.15

Allocation of requested funds for previous expenses*

Please indicate the amount of your organization's request that you plan to use for reimbursement of qualified expenses incurred from 3/3/2021-current.

\$161,550.62

Allocation of requested funds for year one*

Please indicate the amount of your organization's request that you plan to use from 6/1/2022 through 6/1/2023.

\$208,870.00

Allocation of requested funds for year two*

Please indicate the amount of your organization's request that you plan to use from 6/2/2023 through 12/31/2024.

\$313,305.00

Financial Review

Budgets to Actuals*

Please upload three years of organizational budget to actuals (current year-to-date, plus the previous two years). You will have to combine the documents into one file to attach here.

HD Budget & Actuals.PDF

Balance sheet*

Please upload your most recent balance sheet.

HD 2021 Profit & Loss.PDF

Financial oversight*

How is your organization's board and/or finance committee evaluating the financial health of your organization? What types of financial documents do they review and how often?

Internal Operating Budget (Monthly Actual Revenue vs Expenses)
Profit and Loss
Cash Flow

Confirmation and Attestation

Confirmation and Attestation 1*

My nonprofit organization or the clients we serve were adversely affected by the COVID-19 Pandemic.

Yes

Confirmation and Attestation 2*

My nonprofit organization, if approved, will use awarded City of Gainesville ARPA Aid to Nonprofits Program funding solely for the purpose of covering expenses directly related to the COVID-19 pandemic.

Yes

Confirmation and Attestation 3*

I/We have not already received (and will not receive) reimbursement of any of these costs through another funding source (such as insurance or grants).

Yes

Confirmation and Attestation 4*

I/We fully understand that any funding awarded under this program must be used to purchase services or products that will be used within the City of Gainesville by December 31, 2026.

Yes

Confirmation and Attestation 5*

I/We fully understand that it is a Federal crime to knowingly make false statements (especially regarding the misuse of funds).

Yes

Confirmation and Attestation 6*

I/We fully understand that my case file may be subject to a random audit, five (5) years after the date of closing. This audit may be conducted by the City of Gainesville, and/or another local or state nonprofit organization. I agree to fully cooperate with any of these agencies as requested.

Yes

Confirmation and Attestation 7*

I/We fully acknowledge that if any omissions or misrepresentations are revealed, I will be subject to immediate repayment of all assistance received.

Yes

Confirmation and Attestation 8*

I certify that the information contained in this application is true, complete and correct to the best of my knowledge.

Yes

Signature*

By entering my name below and submitting this application for financial assistance, I affirm that I read, understand, and agree to the previous statements. I am bound by all of the above statements in this application, and agree to be bound by the following terms and conditions if awarded under this program. I confirm that this application is submitted under the authority and approval of the CEO or Executive Director of my organization. Type your name below

Kalisha

Date Signed*

03/17/2022

For Evaluators

CFNCF Comment on Diversity*

Are diversity policies included in board recruitment?

yes

Board Demographics

African American/Black

1

Asian American/Pacific Islander

0

Caucasian

0

Hispanic/Latino

0

Native American/American Indian

1

Not Specified

Female

1

Male

1

Not Specified

0

Board Diversity Comments

None

File Attachment Summary

Applicant File Uploads

- Lost-Revenue-Calculations -HDIEC corr2.xlsx
- Grant-Budget-HDIEC.xlsx
- HD Budget & Actuals.PDF
- HD 2021 Profit & Loss.PDF

Organization Name:
HEART'S DESIRE IEC, INC.

Calculation	
Base Year Revenue <i>(General Revenue for FY19)</i>	\$ 90,716
Growth Adjustment <i>(Average growth over FY17, FY18, & FY19 OR 4.1%, whichever is greater)</i>	4.1%
n <i>(Number of months between end of FY19 and December 21, 2020: Choose from dropdown 18 for June end, 15 for October end, or 12 for December end)</i>	12
Actual Generated Revenue <i>(Actual general revenue from the last 12 month period before calculation date)</i>	\$ 375
Eligible Revenue Loss \$ 94,060	

ARPA Coronavirus Nonprofit Recovery Fund

Organization Name: Heart's Desire International Empowerment Center (Heart's Desire Inc.)

PROJECT BUDGET	Expenditures	Other Funding Income			Total Request
	Expected Expenditures 03/03/2021 through 12/31/2024	Other ARPA Funding*	Non-ARPA Funding Received**	Total Other Funding	
Office (office space)	\$ 22,500.00	\$ -	\$ -	\$ -	22,500
Utility (electrical)	\$ 6,750.00	\$ -	\$ -	\$ -	6,750
Internet	\$ 3,600.00	\$ -	\$ -	\$ -	3,600
Communications (phones, email, etc.)	\$ 2,310.00	\$ -	\$ -	\$ -	2,310
Equipment (computer, projectors, screen, cabling, maintenance, etc)	\$ 17,667.00	\$ -	\$ -	\$ -	17,667
Supplies (paper, ink, software, etc)	\$ 3,600.00	\$ -	\$ -	\$ -	3,600
Insurance (professional, general, travel)	\$ 13,500.00	\$ -	\$ -	\$ -	13,500
Marketing	\$ 9,372.00	\$ -	\$ -	\$ -	9,372
Travel (vehicle, etc.)	\$ 67,500.00	\$ -	\$ -	\$ -	67,500
HR/Staff 5 FTE	\$ 581,250.00	\$ -	\$ -	\$ -	581,250
Training (education, vocational)	\$ 6,500.00	\$ -	\$ -	\$ -	6,500
License (legal, federal, state, local)	\$ 6,525.00	\$ -	\$ -	\$ -	6,525
Postage (box, mailouts, letters, etc)	\$ 900.00	\$ -	\$ -	\$ -	900
Professional Support (contract, administration, legal)	\$ 43,800.00	\$ -	\$ -	\$ -	43,800
		\$ -	\$ -	\$ -	-
TOTAL	\$ 785,774.00	\$ -	\$ -	\$ -	785,774

Sources of Other Funds	Status of Funding	Amount
N/A	0	\$ -
Total		\$ -

* Please list any APRA funding received or pending from other sources

**Please include an other federal pandemic response funding received during any time period during the pandemic

**2021-2024 HEART'S DESIRE
INTERNATIONAL EMPOWERMENT CENTER
BUDGET**

	2021*9	2022*12	2023*12	2024*12	TOTALS
Office	4,500.00	6,000.00	6,000.00	6,000.00	\$22,500.00
Utilities	1,350.00	1,800.00	1,800.00	1,800.00	\$6,750.00
Internet	720.00	960.00	960.00	960.00	\$3,600.00
Comunications	150.00	720.00	720.00	720.00	\$2,310.00
Equipment	4,467.00	4,400.00	4,400.00	4,400.00	\$17,667.00
Supplies	720.00	960.00	960.00	960.00	\$3,600.00
Insurance	2,700.00	3,600.00	3,600.00	3,600.00	\$13,500.00
Marketing	1,872.00	2,500.00	2,500.00	2,500.00	\$9,372.00
Travel	15,897.15	18,000.00	18,000.00	18,000.00	\$69,897.15
HR/FTE/Medical	116,250.00	155,000.00	155,000.00	155,000.00	\$581,250.00
training	500.00	2,000.00	2,000.00	2,000.00	\$6,500.00
license	1,305.00	1,740.00	1,740.00	1,740.00	\$6,525.00
postage	180.00	240.00	240.00	240.00	\$900.00
prof support	10,950.00	10,950.00	10,950.00	10,950.00	\$43,800.00
TOTALS	161561.15	208870	208870	208870	788171.15

**2020-2022 HEART'S DESIRE
INTERNATIONAL EMPOWERMENT CENTER
ACTUAL EXPENSE**

	2020	2021	2022	TOTALS
Office	6,000.00	6,000.00	1,800.00	\$13,800.00
Utilities	1,800.00	1,800.00	240.00	\$3,840.00
Internet	1,216.56	912.42	50.69	\$2,179.67
Comunications	720.00	720.00	180.00	\$1,620.00
Equipment	4,400.00	3,690.00	95.00	\$8,185.00
Supplies	960.00	960.00	50.00	\$1,970.00
Insurance	3,600.00	3,600.00	115.00	\$7,315.00
Marketing	2,500.00	2,500.00	30.00	\$5,030.00
Travel	26,400.00	21,196.20	1,217.00	\$48,813.20
HR/FTE/Medical	38,500.00	-3,982.00	-21,250.00	\$13,268.00
training	150.00	2,000.00	100.00	\$2,250.00
misc/debt/loans	0.00	106,852.00	0.00	\$106,852.00
license	1,740.00	62.00	62.00	\$1,864.00
postage	240.00	240.00	25.00	\$505.00
prof support	0.00	15,000.00	500.00	\$15,500.00
TOTALS	88226.56	161550.62	-16785.31	232991.87

[Handwritten Signature]
2-2022

Heart Desire Income Statement

Name

Time Period

January 2021-Dec 2021

Financial Statements in U.S. Dollars

Revenue

Gross Sales
 Less: Sales Returns and Allowances
Net Sales

	15500
	0
	15500

Cost of Goods Sold

Beginning Inventory
 Add: Purchases
 Freight-in
 Direct Labor
 Indirect Expenses
 Inventory Available
 Less: Ending Inventory
Cost of Goods Sold

	0
	0
	0
	0
	0
	0
	0
	0
	0

Gross Profit (Loss)

	15500
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Expenses

Advertising
 Amortization
 Bad Debts
 Bank Charges
 Charitable Contributions
 Commissions
 Contract Labor
 Depreciation
 Dues and Subscriptions
 Employee Benefit Programs
 Insurance
 Interest
 Legal and Professional Fees
 Licenses and Fees
 Miscellaneous
 Office Expense
 Payroll Taxes
 Postage
 Rent
 Repairs and Maintenance
 Supplies
 Telephone
 Travel
 Utilities
 Vehicle Expenses
Wages

	2500
	0
	106852
	180
	3243
	0
	0
	0
	100
	0
	2600
	0
	5000
	62
	3690
	3200
	0
	240
	6000
	2320
	960
	1583
	9600
	1800
	11596
	0
	161526

Total Expenses

Net Operating Income

	161526
	(146026)

Other Income

Gain (Loss) on Sale of Assets
 Interest Income
Total Other Income

	0
	0
	0

Net Income (Loss)

	(146026)
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KSD
3-2022

Entrepreneur Development Program

City of Gainesville ARPA Aid to Nonprofits Program : Evaluation Summary

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Evaluation Summary

1/1 Evaluations Complete

Chris Polischuck:

Evaluation Complete

Question Group

GSG Comments*

Please list any comments you would like for the evaluators to see when reviewing the application

Chris Polischuck: There is not enough detail in the applicant's submission to determine whether specific eligible services are provided to disproportionately disadvantaged persons. While described as vulnerable and disadvantaged, more information is needed to determine if service recipients meet Treasury income guidelines. There may be specific services provided, such as services to the homeless, that would be eligible regardless of income. More detail is needed.

However, since the agency submitted a revenue loss worksheet showing a loss of \$94,060 due to the effects of the pandemic, an award of up to that amount may be made under expenditure code - 2.10 Aid to nonprofit organizations

Is Your Review Complete?*

Chris Polischuck: Yes