

COVER SHEET

Agency Legal Name: South Broward High

Address: 1901 N Federal Highway

City: Hollywood State: FL Zip: 33020

Telephone: (754)323-1800 Fax No.: (754)323-1930

Federal Tax ID (EIN): 59-6000530

Program Title: Career training and credit recovery program

Primary Focus Area (select **one** category from approved list): Training and Career planning and development

Name of CEO or Board President: Patty Brown

CEO or Board President Date of Birth: 12/1/70

CEO or Board President Email: Patricia.ann.brown@browardschools.com

Name & Title of Grant Contact: Ashley Lehman

Grant Contact Cell Phone: (727)251-4937

Grant Contact Email: Ashley.Lehman@browardschools.com

Application must be signed (in blue ink) by the applicant's CEO, Board President or authorized representative. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the grant request and all City requirements, and will solely utilize the funds sought for their stated purpose.

Print Name: Patty Brown

Title: Principal

Signature of CEO or Board President: 

Date: 2/2/23

I. STATEMENT OF THE AGENCY'S PURPOSE

At South Broward, we are passionate about identifying and removing barriers in our educational and social practices that may limit opportunities for our students. It is imperative ALL our students are able to read, think and write critically for their future in the workforce.

II. STATEMENT OF THE AGENCY'S MISSION

South Broward's staff is committed to the success of each and every Bulldog as we always focus on academic rigor centered around high standards, couple with intentional learning.

III. PROGRAM/PROJECT DESCRIPTION:

- a. Please provide a one paragraph description of your program that will be used as the summary description of your program for the review board.  
Include specific program activities including timeline and program strategies. (250 word maximum)

This program provides our 12<sup>th</sup> and 11<sup>th</sup> grade students with an opportunity to retake credits that they may have failed or missed (especially during Covid) in order to graduate.

- b. Beginning program date October 1, 2023
- c. Ending program date May 31, 2024
- d. Days and Hours of Operation Monday-Thursday 9am-3pm
- e. If your service agency function is to provide financial subsidies enabling your clientele to enroll in other programs, please check this box. ☐

IV. PROGRAM/PROJECT NEEDS AND OBJECTIVES:

Include why the program / project is essential for the residents of the City of Hollywood. What needs will the program / project address? (250 word maximum)

The program is essential for residents of City of Hollywood to help more seniors and juniors make it to graduation.

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V. ANTICIPATED OUTCOMES:

- a. Describe the anticipated outcomes as the result of this program / project (150 word maximum).

The program helps juniors and seniors make up missed credits in order to earn a standard high school diploma.

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b. Total **non-duplicated** number of **all** clients, recipients or participants expected to be directly served by the proposed program / project in FY 2024. 600

c. Number of **non-duplicated** number of **Hollywood** residents expected to be directly served by the proposed program / project in FY 2024.  
500

**Please Note:**

- ***Grant funding, if awarded, may be offered at a lesser amount than requested in this application; however, the number of Hollywood residents to be served that appears on the final agreement will remain the same number as entered above.***
- *For item V.c., please provide an estimate of the number of unique residents of Hollywood you expect to serve throughout FY 2024 (October 1, 2023, through September 30, 2024).*

VI. STAFF QUALIFICATIONS:

List the names and qualifications of staff involved in this program / project.

Name	Qualification(s)/Degree(s)	Year(s) of Experience
Ashley Lehman	Ms Ed Educational Leadership	11

## VII. PREVIOUS BENEFITS AND OUTCOMES:

If the program/project was operating in FY 2022 (October 1, 2021 through September 30, 2022), please provide a year-end statement of that year's accomplishments, the total number of participants directly served by the program/project in FY 2022 and the number of Hollywood residents directly served by the program/project in FY 2022. If the program/project is currently operating in FY 2023, please provide a year-to-date status update. (250 word maximum)

The program is currently in operation and has been in operation since 2015. Each year the program raises South Broward High's graduation rate by a minimum of 10%

## VIII. COMMUNITY COLLABORATIONS AND PARTNERS:

Describe the roles of collaborating agencies, programs and individuals if applicable. Attach letters of support from collaborators. (150 word maximum)

n/a

## IX. BUDGET

Using the chart and categories provided, what is the annual program / project cost for FY 2024? Provide the amount of funds requested and secured from other sources or the Agency's budget for the program/project. This grant is designed to provide supplemental funding for program related activities, so please select the best suited categories for your program / project from among the categories below.

Budget Categories	\$ Amount Requested	\$ From Other Funding Sources	Total Cost of Program
Subsidies or Matching Funds			
Salaries & Benefits or Volunteer Stipends	\$11,100	0	11,100
Consultants & Professional Fees			
Program Supplies			

Incentives & Consumables			
Transportation, Travel & Admission Costs			
Electricity, Water, Refuse (Feeding & Residential Facilities Only)			
<b>TOTAL =</b>	<b>\$11,100</b>		<b>\$11,100</b>

What is the estimated cost per Hollywood participant? \$22

What is the **minimum** amount of award needed from the City of Hollywood to effectuate the proposed program/project? \$10,000

Estimate of total agency projected revenues and expenditures.

Fiscal Year	Revenue	Expenditures
FY 2024 10/1/2023-9/30/2024	\$0	\$11,100

X. OTHER FUNDING SOURCES DETAIL:

List grants received from ALL City of Hollywood sources including the General Fund Agency Grant during the preceding five (5) fiscal years 10/1 through 9/30. Examples of City funding sources would include the Agency Grant Program, the Community Redevelopment Agency, CDBG funding, Police Department grants, etc.

Funding Source	Amount Received FY 19	Amount Received FY 20	Amount Received FY 21	Amount Received FY 22	Amount Received FY 23
21 <sup>st</sup> Century Grant	\$20,000	\$20,000	\$20,000	\$20,000	\$0

**XI. PROGRAM/PROJECT EVALUATION:**

How will you measure the success of the proposed program/project? (250 words maximum)

The success of the program will be measured by the increase in the graduation rate at South Broward High.

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**XII. ATTACHMENTS:**

<b>ATTACHMENT A</b>	The most recent letter from the Internal Revenue Service (or other evidence) determining the tax-exempt status under section 501(C)(3), 501(C)(4), or 501(C) (6) of the Internal Revenue Code.								
<b>ATTACHMENT B</b>	Letters of community support for the proposed program / project.								
<b>ATTACHMENT C</b>	<p>A current Certificate of Insurance for Commercial General Liability Insurance naming the City as an Additional Insured with not less than the following limits:</p> <table> <tr> <td>Products-Comp/Op Aggregate</td><td>\$1,000,000</td></tr> <tr> <td>Personal and Advertising Injury</td><td>\$1,000,000</td></tr> <tr> <td>Each Occurrence</td><td>\$1,000,000</td></tr> <tr> <td>General Aggregate</td><td>\$1,000,000</td></tr> </table>	Products-Comp/Op Aggregate	\$1,000,000	Personal and Advertising Injury	\$1,000,000	Each Occurrence	\$1,000,000	General Aggregate	\$1,000,000
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Each Occurrence	\$1,000,000								
General Aggregate	\$1,000,000								
<b>ATTACHMENT D</b>	All pages of the most recently completed and filed IRS Form 990.								
<b>ATTACHMENT E</b>	The most recent audited financial statement. If the agency does not have a certified audit, submit a compilation of financial statements, with income statement and balance sheet for the most recent year.								

If you have any questions, concerns,  
or need additional information please contact:  
Angela Stanley at (954) 921-3206  
or by email [astanley@hollywoodfl.org](mailto:astanley@hollywoodfl.org)