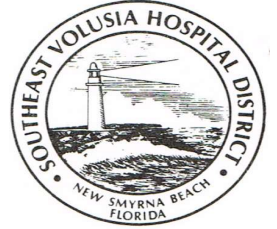


# Southeast Volusia Hospital District



## Application Request for Funding

2025-2026

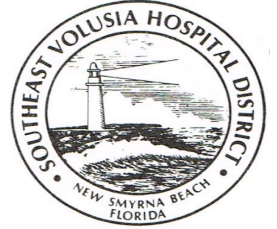
### Required Criteria

In order for this application to be considered the agency **must** meet all of the following criteria:

- **Must** be a governmental entity or a registered Florida business organization and hold an active status with the Division of Corporations.
- **Must** hold all licenses legally required to perform program/service.
- Program/service must be provided within the District boundaries as set forth in Chapter 2003-310, House Bill No. 273 laws of Florida. Programs/services provided outside of the District boundaries will not be considered.
- Only programs/services which provide medical, health care related or access to health care service to indigent residents will be considered.
- Applicant **must** qualify their population using the District eligibility guidelines.
- **Applications must be submitted and postmarked between January 1 and April 30. (No exceptions)**
- Applications not signed or completely filled out will not be considered. If a section or question is not applicable, please explain why.
- This application **must** be used. No other application will be considered. Applications may be typed or written in black ink only if a question does not provide specific instructions on the format of the answer.
- Applications are limited to the required amount of pages (ie: Application, Service Packet, Financial Template, Description Pages, Copies of Licenses, Certificates of Insurance, Tax Determination Letter, Agency Financials, etc.). If the amount of pages is in excess of the allowed amount, the application will be considered incomplete.

**Applications not meeting all of the criteria in this application will not be considered.**

# Southeast Volusia Hospital District



## Application Request for Funding

2025-2026

### Instructions

- A. Please complete all sections. If there is a section that is not applicable please write or type "N/A" and provide an explanation. **Packets that are incomplete will not be considered.**
- B. For **each** program/service that you are requesting funding for, please complete a "Program/Service" and "Financial Template" packet and include with the application submission.
- C. For each program/service, one original and seven copies of the completed program/service and financial packet must be submitted.

Deliver via US mail to:

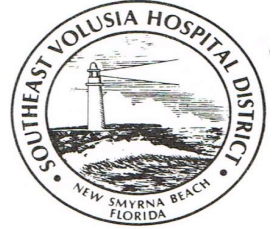
Attn: Chris Ilardi

PO Box 909

New Smyrna Beach, FL 32170

**\*Application Submission Deadline: MUST be postmarked by April 30 (No exceptions)**

# Southeast Volusia Hospital District



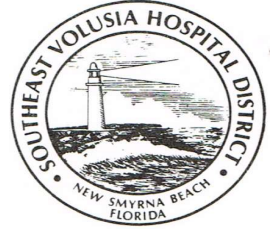
## Application Request for Funding

2025-2026

### Section 1: Agency Information

- A. Date of application: \_\_\_\_\_ FEIN#: \_\_\_\_\_
- B. Agency Legal Name: \_\_\_\_\_
- C. Other names/DBA's: \_\_\_\_\_  
\_\_\_\_\_
- D. Local physical address: \_\_\_\_\_
- E. Mailing address: \_\_\_\_\_
- F. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
- G. Entity Type (Circle One): Government                      Not for Profit                      For Profit
- H. Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_
- I. Web address: \_\_\_\_\_
- J. Executive Director/President: \_\_\_\_\_
- K. Designated Representative Contact Information:
- Name: \_\_\_\_\_ Title : \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Email Address: \_\_\_\_\_ Telephone and Ext: \_\_\_\_\_

# Southeast Volusia Hospital District



## Application Request for Funding

2025-2026

### Section 2: Agency Description

A. Attach a **typed** detailed description of the agency. Be sure to include its mission statement, goals of the organization, and the services provided. The description should be no longer than two pages, double spaced, using an 11 point font, on an 8.5"x11" standard white paper. Please title it "Section 2: Agency Description".

### Section 3: Agency Financials

A. Attach the latest basic Financial Statement, Audit Reports and Management Letter from an independent audit for the previous fiscal year (if audit was performed) or most current financial statement if no audit was performed.

### Section 4: Other Information and Requirements

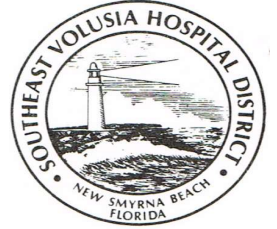
#### A. Other Documents Required:

1. If tax exempt, attach a Tax Exempt Determination Letter from the Internal Revenue Service or signed letter from CPA verifying exempt filing status.
2. Attach copies of certificates of insurance.

**B. Timing:** Applications will only be accepted from January 1 through April 30 (must be postmarked no later than April 30) and will only be considered for the District's upcoming fiscal year (October – September). The review and approval process will be completed by the end of September 2024, barring any unforeseen circumstances with meeting postponements. Approved tax support payments will not begin prior to January 1, 2025.

**C. Double check application:** If you do not sign the application, if the application is not completely filled out, or if the application is in any other way missing items mentioned above or incomplete, IT WILL NOT BE ACCEPTED. It is your own responsibility to review and ensure you're submitting a complete application, and that you have included all necessary documentation. It is not our responsibility to notify you if you did not.

# Southeast Volusia Hospital District



## Application Request for Funding 2025-2026

**D. THIS APPLICATION MUST BE USED**, you cannot use applications or forms that you have created or submitted for other purposes – NO EXCEPTIONS! If also including pages or documents that you have previously used for other purposes, they must be changed and addressed properly. Please do NOT include pages, narratives, or forms addressed to other entities or written in such a manner as to indicate such. You may type or handwrite the application in black ink only.

**E. Audit:** District or its designated agent shall have the right, during usual business hours, after reasonable notice to Agency, and at District’s expense, to audit, examine, and make copies of the books and records maintained by the Agency used in the compilation of the reports and invoices used to documents programs/services.

**F. Submission:** One original and seven copies of the completed application and attachments must be submitted.

Deliver via US mail to:

Attn: Chris Ilardi

PO Box

New Smyrna Beach, FL 32170

**Application Submission Deadline: Postmarked April 30 (No exceptions)**

**Applications not meeting all of the criteria in this application will not be considered.**

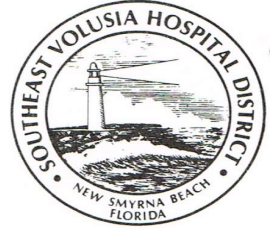
### Section 5: Authorized Signature

Signature of Applying Entity’s Designated Representative: \_\_\_\_\_

Printed Name of Representative: \_\_\_\_\_

Application Completion Date: \_\_\_/\_\_\_/\_\_\_

# Southeast Volusia Hospital District



## Application Request for Funding

2025-2026

**Internal District Office Use: Do not fill in section**

Application Postmarked Date: \_\_\_\_\_

Approved/Amount: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Denied Reason: \_\_\_\_\_