



GRANTEE PARTNERSHIP AGREEMENT

[HTTPS://WWW.CFYPINELLAS.ORG/GRANTS](https://www.cfypinellas.org/grants)
GRANTS@CFYPINELLAS.ORG | (727) 477-0624

FOR OFFICE USE ONLY DOC ID **GMMYY-#**

ORGANIZATION: **[ORGANIZATION NAME]**

ATTN: **[ORGANIZATION PRESIDENT]**

Date Sent:	Payment Issue Date:
Date Returned:	Notes:
Payment Amount:	

Dear **[FN]**:

This letter is to acknowledge and outline the partnership agreement between CFY and **[ORGANIZATION NAME]** (Group) for the year **2023**. The following will highlight the key parts of the agreement between both of our organizations.

CFY will provide the following to **[ORGANIZATION NAME] (Group):**

1. A donation in the amount of \$_____ over the period of the agreement for *Athlete Scholarship Reimbursement* (as defined by CFY grant application) as listed in appendix “A.” CFY will make this donation to cover the cost of the participation of ___ children in the Group’s approved youth program during the _____ season within 15 days of the execution of this agreement.
2. A donation in the amount of \$_____, which is not greater than 50% of the total cost towards approved operating *Equipment Supplement* (as defined by CFY grant application) as listed in appendix “B.”
3. A donation in the amount of \$_____, which is not greater than 50% of the total cost towards *Travel Assistance* (as defined by CFY grant application) as listed in appendix “C.” The donation is issued as a reimbursement contingent on the submission of receipts detailing travel expenses paid.
4. A donation in the amount of \$_____ for a *Youth Community Assistance Grant* (as defined by CFY grant application) listed in appendix “D.”
5. A donation in the amount of \$_____ over the period of the agreement for *Arts & Culture Scholarship Reimbursement* (as defined by CFY grant application) as listed in appendix “E.” CFY will make this donation to cover the cost of the participation of ___ children in the group’s approved youth program during the _____ season within 15 days of the execution of this agreement.
6. All signage and banners as agreed upon for the group to immediately install at their respective facility(i.e.).
7. CFY will provide funding within 15 days of execution of this agreement via ACH one-time payment (authorization form provided on page 3) except in the case of reimbursement payments contingent on submission of receipts, as noted in item 3.

Group will provide the following to CFY:

1. Certification to CFY that all funds distributed by CFY will only be used to fund programs and equipment as outlined in the Group’s grant application. Any additional usage of funds must be approved by the Executive Director of CFY in writing prior to use of funds.
2. Upon request, documentation to support the expenditure of CFY funds (receipts, rosters, etc.) within 10 business days of request. All records to be retained by the organization for three (3) program years.
3. Prominently display CFY support using the CFY logo on all websites and print material stating the group is “Proudly Supported by CFY.”
4. Prominently display signage and/or banners (provided by CFY) in compliance with the operating facility rules and regulations and recognize CFY support using the CFY logo on each field in a prominent location stating the group is “Proudly Supported by CFY.”
5. Grant Impact Report and related content to be completed and returned following the conclusion of season/project for which funding was received.
6. Provide CFY Social Media content- to getsocial@cfypinellas.org with the following information; social media accounts (Facebook, Instagram, etc.) and the **current** person(s) name and contact information that runs those accounts, provide season and game schedule and be sure to follow CFY @CFYPinellas use hashtags #CFY #youthsports
 - a. **Registration/Season Grants**- *weekly* post on practice, standout player, good positive things happening with your team.
 - b. **Equipment Grant**- provide the following information for a social media post once equipment is received; what was purchased, how it has been used, how it helped the team (pictures and/or short videos). At any time, additional content can be provided as you see fit to boost your program and CFY.
 - c. **Travel Grant**- provide the following information for a social media post; what event/tournament did the time qualify for? Where did the team travel to? The team’s performance at event/tournament (pictures and/or short video clips).
7. Participation for two annual CFY workshops will be required. Participation can include a total of up to three associates present per workshop.

The Group agrees that failure of the Group to fulfill the conditions in this agreement may render them ineligible by CFY—in its sole discretion—to apply for any funding in the future.

The Group understands that CFY and the Group shall have a limited, non-exclusive license to use each organizations’ marks, logos, emblems, and colors, as they reasonably deem appropriate and as outlined in this agreement.

Please sign and return the extra copy of this letter, whereupon it will become a legally binding agreement between CFY and the Group.

Very truly yours,
 Clearwater For Youth Inc.
 Kevin Dunbar
 Executive Director

Agreed:
 Group Name: _____
 Signed: _____
 Name: _____
 Title: _____
 Date: _____

AUTHORIZATION FOR ONE-TIME PAYMENT VIA ACH CREDIT

This is permission for a single transaction only. This form must only be completed by an authorized signer on the Depository Account being provided. Payments will not be paid to individual/personal accounts. By completing and signing this form you give Clearwater For Youth Inc. permission to credit your account one-time for the amount detailed in this Partnership Agreement.

Please note that Equipment Supplement grants will only be issued to the approved vendor as defined by the CFY Grant Guidelines & Procedures. If the below information is unavailable, please contact our offices directly.

Completed forms must be scanned and emailed to grants@cfypinellas.org. Funds will be disbursed within 15 days of receipt, as outlined in the accompanying agreement, except in the case of reimbursement payments pending submission of receipts as defined in the CFY Grant Guidelines and Procedures.

PLEASE COMPLETE THE INFORMATION BELOW:

Bank Name: _____ Routing #: _____

Account Name: _____ Account #: _____

Account Type: Checking Savings

Billing Address: _____

City, State, Zip: _____ Phone Number: _____

I _____ (authorized signer) hereby authorize Clearwater For Youth Inc. (grantor) to electronically credit the account detailed above, the legal operating account of the organization _____ (grantee). I certify that the full amount of funds received will be used exclusively for the purposes outlined and agreed upon in the attached CFY Partnership Agreement.

Signature: _____ Title: _____ Date: _____