



Date_____

Barrier Island Strong – Mini-Grant Application Form

Mission: Barrier Island Strong provides essential resources to individuals and families in need across Florida’s barrier islands of Pinellas County, especially during times of crisis and recovery.

About the Mini-Grant Program: The Barrier Island Strong Mini-Grant provides up to \$500 in assistance to help individuals, families, community groups, and small businesses on Pinellas County’s barrier islands recover from storms, flooding, or other hardships. Funds may be used for essential personal needs, community recovery projects, or to help small businesses restore critical services that support local residents. All awards are subject to available funding and review by the Barrier Island Strong Board or its representatives.

Applicant Information & Eligibility (proof of residency is required)

Full Name (If applying on behalf of a community group or small business, list the contact person.)	
Organization/ Business Name (if applicable)	
Applicant Type (check one):	<input type="checkbox"/> Individual / Family <input type="checkbox"/> Community Group <input type="checkbox"/> Small Business
Phone Number	
Email Address	
Current Address (where you are living or operating now):	Street _____ City _____ State _____ ZIP _____
Impacted Address (if different from above):	<input type="checkbox"/> Same as current address <i>(This is where the storm or hardship occurred.)</i> Street _____ City _____ State _____ ZIP _____



<p>Current Situation (check all that apply):</p>	<p>Current Situation (check all that apply):</p> <p>For Individuals / Families:</p> <p><input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Living with family/friends</p> <p><input type="checkbox"/> Temporary housing <input type="checkbox"/> Other: _____</p> <p>For Community Groups or Small Businesses:</p> <p><input type="checkbox"/> Owned property <input type="checkbox"/> Leased space <input type="checkbox"/> Shared facility</p> <p><input type="checkbox"/> Other: _____</p>
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Household Information

Number of People in Household: _____ - (If applying as a community group or small business, write "N/A.")

Reason for Grant Request

Please describe your current situation and how this grant will be used. Indicate whether the request is intended to support you individually, your family, a broader community effort or your small business. Include any relevant context that will help us understand the impact this support would have those receiving the grant.

If a Business or a Community Project, please describe how this assistance will benefit local residents or support the broader recovery effort:





Type of Support Requested

(Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Emergency Housing Assistance | <input type="checkbox"/> Food and Nutrition | <input type="checkbox"/> Utility Support |
| <input type="checkbox"/> Repair Work | <input type="checkbox"/> Transportation | |
| <input type="checkbox"/> Other Disaster Recovery needs _____ | | |

Amount Requested

Total Amount You Are Requesting: \$_____

If partial support is acceptable, what is the minimum needed? \$_____

Requested date for Grant money distribution

Please let us know the date when support is needed, if applicable: _____

Note: We may not be able to meet all timelines, but understanding your needs helps us plan accordingly.

Supporting Documentation

If available, you may include any photos or materials that help explain your request or illustrate the need (such as images of affected areas, community conditions, or project plans).

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Attached | <input type="checkbox"/> Will provide upon request | <input type="checkbox"/> None available |
|-----------------------------------|--|---|

Staying Connected

How did you hear about Barrier Island Strong?

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Social Media | <input type="checkbox"/> Flyer or community board |
| <input type="checkbox"/> News article or local publication <input type="checkbox"/> Other: _____ | | |

Do you follow us on social media?

- | | | |
|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
|------------------------------|-----------------------------|-----------------------------------|

Would you like to be contacted about future ways to get involved or give back (if able)? (If yes, make sure your email address above is accurate.)

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|



Acknowledgment and Signature

By signing below, I certify that:

- I am 18 years of age or older, a current or recently displaced resident, community representative or small business owner located on a barrier island property in Pinellas County, Florida and the information provided is true and complete to the best of my knowledge.
- The information provided is true and accurate to the best of my knowledge.
- I understand that funds must be used only for eligible recovery purposes described in my application.
- I understand that submitting this application does not guarantee funding and that all assistance is subject to availability and review by the Barrier Island Strong Board or its appointed representatives.

Signature: _____

Date: ____ / ____ / ____ +

Email all completed mini-grants to grants@barrierislandstrong.com