



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	



Current Situation (check all that apply):	<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 <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 <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)

Emergency Housing Assistance Food and Nutrition Utility Support
 Repair Work Transportation
 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).

Attached Will provide upon request None available

Staying Connected

How did you hear about Barrier Island Strong?

Word of Mouth Social Media Flyer or community board
 News article or local publication Other: _____

Do you follow us on social media?

Yes No 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.)

Yes 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