

# 2021-15 Responsive Grant Program

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*Valley Baptist Legacy Foundation*

## *Grant Information*

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### **Project Name\***

Please name this project or program.

*Character Limit: 125*

### **Brief Project Description\***

Briefly, in 1-2 sentences, describe your project or program. If you run out of characters, please go back and correct prior to submission! This description is used for our Funded Partners page on our website, so please do not use "This grant will..." as part of the description.

*Character Limit: 100*

### **Project Description\***

Please expand on the description of the project or program you are seeking funding for. Please describe the organization itself in the question, "Organization History".

*Character Limit: 2500*

### **Amount Requested\***

This program funds up to \$50,000.

*Character Limit: 20*

### **Project Start Date\***

Please select the anticipated project start date. Make sure the Project Start Date is realistic and takes into consideration the project timeline. The Project Start Date must match the timeline provided in the "Activities, Tasks, and Timeline" section of the application.

*Character Limit: 10*

### **Project End Date\***

Please select the anticipated project end date. Make sure the Project End Date is realistic and takes into consideration the project timeline. The Project Start Date must match the timeline provided in the "Activities, Tasks, and Timeline" section of the application.

*Character Limit: 10*

### **Focus Area\***

Please select the focus area that most closely matches your project.

#### **Choices**

Abuse and Neglect

Access to Care

- Aging in Place
- Autism Spectrum
- Cancer
- Dental Care
- Diabetes
- Disabilities
- Healthy Lifestyles
- Heart Disease
- Hospice
- Hunger and Homelessness
- Mental Health
- Obesity Prevention
- Other
- Substance Abuse

### **Geographic Area\***

#### **Choices**

- Cameron County
- Hidalgo County
- Starr County
- Willacy County

### **Secondary Geographic Area**

If your organization serves more than one county, please choose from the list below to indicate the secondary area served.

#### **Choices**

- Cameron County
- Hidalgo County
- Starr County
- Willacy County

### **Tertiary Geographic Area**

If your organization serves more than two counties, please choose from the list below to indicate the tertiary area served.

#### **Choices**

- Cameron County
- Hidalgo County
- Starr County
- Willacy County

## *Conflict of Interest*

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### **Conflict of Interest\***

The purpose of this statement is to disclose any potential conflict of interest and is being made consistent with the terms of the VBLF Conflict of Interest Policy. Please disclose if you, your

organization or your organization's board members have a direct or indirect connection or are engaged in any activities which could be regarded as a potential conflict of interest with VBLF?

### Choices

Yes

No

### Conflict of Interest - Yes

If yes, please describe:

*Character Limit: 250*

### Related Party Transactions Disclosure\*

Please disclose any related party transactions, including the nature of the relationship, the nature of the transactions, the dollar amounts of the transactions, and the amounts due to or from related parties.

Common examples of related party transactions include:

- Family members (ex: husband and wife, mother and daughter, etc.) serving on a board together
- Business partners (>35% combined ownership of a business) serving on a board together
- Board members who are also employees
- Board members related to employees
- Transactions conducted by the organization involving board members, employees or relatives of board members or employees

*Character Limit: 3000*

\*\*\*Conflict of interest and related party transactions will not prevent the organization from obtaining a grant. However, it is necessary to disclose all conflict of interest and related party transactions. Further, the grant shall not be used for the benefit of private interests (exceeding fair market value).

## *Information about your Organization*

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### Organizational History\*

Please give a brief description of how your organization was formed and include the evolution of the work you are doing now.

*Character Limit: 3000*

### Your Organization's Mission and Vision Statement:\*

*Character Limit: 1000*

**Full-time Staff\***

Please indicate how many full time staff you employ. Please use a whole number.

*Character Limit: 100*

**Part-time Staff\***

Please indicate how many part time staff you employ. Please use a whole number.

*Character Limit: 100*

**Volunteers\***

Please indicate how many volunteers regularly help with the operations of your organization. Please use a whole number.

*Character Limit: 250*

**Volunteer Activities**

Please describe the various ways volunteers assist in furthering the mission of your organization.

*Character Limit: 1000*

**Organizational Ability\***

Describe past successes of your organization with similar projects and give an overview of the qualifications of key project staff members.

*Character Limit: 2000*

**Board Members\***

Please type in the names, board positions, and professions of all your board members. You may cut and paste from a document into this area as well.

*Character Limit: 3000*

## *Project/Program Overview*

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For this set of questions, when describing your project or program, please number or bullet your responses. If funded, you will use this information when reporting results of the project in the progress report. These questions are based on a logic model that is meant to help plan, implement, and evaluate the project and its impact. We recommend that organizations download and fill out the logic model located here prior to completing the application.

This software only allows one attachment per upload box. If you have multiple documents, you can scan and save to one file and upload or you can use an additional upload box.

**Need Statement\***

Please answer at least one of the three following questions.

- What need does the project seek to fulfill?
- What problem does the project/program seek to solve?
- What existing service/program will be improved and/or expanded to better serve the clients?

If you use demographic data or community health data, please cite your sources. Share a story that illustrates the impact of your proposal.

*Character Limit: 1500*

### **Proposed solution statement\***

How will this organization implement this project/program to fulfill the need or solve the problems mentioned above, and improve the health of the community?

*Character Limit: 1000*

### **Target Population\***

Describe in detail the population the organization is assisting. Please specify if the project/program you're applying for will target a new or exclusive population. Include details regarding the number of people served and age, gender, ethnicity, socioeconomic, and health characteristics. Please cite the source for this information.

*Character Limit: 750*

### **Geographic Location of Target Population\***

Please describe specifically where your target population is located - be as specific as possible including: City, neighborhood (colonia name for example) and zip code(s).

*Character Limit: 250*

### **Inputs\***

What will the organization invest that will be dedicated to this specific project/program? Include information such as staff members and qualifications, volunteers, additional funding, knowledge base and expertise, materials, equipment, physical space, external technical assistance, or other resources.

*Character Limit: 1000*

### **Activities, Tasks, and Timeline\***

What will the organization do to accomplish the project/program's intended outcomes? Be specific in outlining how your tasks will be accomplished. Include activities such as capacity development, delivering services or training, referrals, providing counseling and advice, disseminating information, upgrading equipment, or adding physical space to improve or expand services. Please provide a timeline with the projected start and completion dates for the project, as well as relevant dates and milestones throughout the project implementation (Ex. January - Purchase equipment. March - Complete Installation. April - Ribbon Cutting)

*Character Limit: 2000*

## Outputs\*

What will be the direct results of the activities? Examples include number of organizations that received capacity development, number of attendees in training, number of referrals, number of materials produced and delivered, number of hours for each services delivered, participation rate, and number of clients or customers reached.

*Character Limit: 1000*

## Outcomes\*

What short and long term outcomes do you expect to accomplish as a result of the project? This includes changes in attitudes and behaviors, knowledge and skills, status, or operations. Examples include increased awareness and knowledge, change in attitudes, increase or decrease in individual health indicators, and services delivery or operational changes. Be as specific as possible, using measurable results.

*Character Limit: 2000*

## Sustainability\*

If this project is successful, how will it be sustained after the VBLF grant funding is concluded? If you anticipate adding staff, how will the funding for that new staff be maintained? **Please be aware that VBLF does not typically fund continually, as there are gaps in between cycles, nor does it fund perpetually, as being funded once does not guarantee funding in future cycles.**

*Character Limit: 1200*

## Additional Materials related to your Program

If you have additional information that you would like to share regarding your program, please upload it here.

*File Size Limit: 10 MB*

## *Financial Documents - Attachments Required*

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**As you answer this section, you must refer to the General Guidelines for Financial Documents for detailed instructions.**

## Project Budget\*

Please use this link to download the Budget Worksheet. The first step is to save it with a new name, (ex. smithco.budget.xls), then fill it out and upload here when complete. This is a template for you to use, so please change the budget year, titles, etc. to more closely match the terms used by your organization. If you need to use another tab, to give more detail (especially in the case of multi-year requests), please do so. Save the form in the same format (excel worksheet). If you have any questions, please email Bernadette Perez at [bperez@vblf.org](mailto:bperez@vblf.org)

*File Size Limit: 3 MB*

## Budget Narrative\*

Please include a brief narrative to explain:

- All assumptions and projections used in developing each line item in the budget.
- If the budget includes subcontracts, please explain the relevance of the subcontracted services to the project. (See "Scope of Work" question to provide detailed breakdown of the subcontracted services).
- Relevance of any equipment expense to this project.
- Identify the purpose and number of attendees included in travel expense. Include hotel expense, # of nights, # of rooms, meals (at federal per diem rate), airfare, ground transportation, mileage (at current federal standard rate), etc.
- You may include reasonable allocations for indirect costs, up to 10% of total expenses, when applicable (check guidelines for clarification on eligibility).
- Any other funding sources that you have secured for this proposal, and/or funding that you have applied for, include application dates, current status and expected decision dates.

*Character Limit: 3000*

## Supporting Documents - Capital Expenses and Contract Services

INSTRUCTIONS:

Please upload supporting documents for **capital expenses or contract services** for any line items greater than \$5,000 listed in the Program Budget. The supporting documents should not be older than 90 days prior to the application due date.

**Organization must seek supporting documents from three different vendors.**

Upload the three supporting documents relevant to the project, such as:

- Bids
- Quotes
- Scope of Work
  - Scope of work should address the following elements: Timeline, Deliverables, and Budget
- Estimates

Examples of capital expenses and contract services include:

- Capital Expenses:
  - Construction
  - Remodeling

- Equipment
- Contract Services
  - Consultants
  - Evaluators
  - Accounting or Legal Services
  - Other Professional Services

Remember that you can only attach one document, so you may need to scan several and save as one document prior to uploading the file.

*File Size Limit: 10 MB*

### **IRS 501c3 Designation Letter or Exempt Status Document\***

Please upload a copy.

*File Size Limit: 2 MB*

### **Financial Summary Worksheet\***

Provide your organization's current fiscal year BUDGET, current year-to-date ACTUAL financial information and two (2) years of ACTUAL historical financial information. This information should be summarized on the worksheet provided. Please click on the link to download the Financial Summary Worksheet, save it with a new name, in the same format, fill it out and then upload here. You may change the line item descriptions to match your organization. Please make sure that your totals in each section match, or can be easily reconciled, with your audited financials. Please save it in the same format (excel worksheet), not pdf. If you have any trouble downloading these forms, call our office and we can email you a different version.

*File Size Limit: 3 MB*

### **Financial Summary Narrative\***

Please explain details that apply:

- Explain any large variances or fluctuations between the years represented on the Financial Summary.
- Explain any variances between the Financial Summary and the audit provided.
- Provide detail of program fees, including any program fees discussed in the budget narrative or budget spreadsheet.
- Provide detail of program expenses.
- Provide a detailed list of "Other Revenues" and "Other Expenses".
- Explain any Decrease in Unrestricted Net Assets. Provide the organization's plan for financial recovery if there are 2 or more consecutive years of "Decrease in Unrestricted Net Assets".

*Character Limit: 3000*

**Top Staff Position (A) Name and Title\***

Please provide name and title of top staff position.

*Character Limit: 250*

**Top Staff Position (A) - Salary\***

Please provide the annual salary for this top staff position.

*Character Limit: 20*

**Top Staff Position (B) Name and Title\***

Please provide name and title of top staff position.

*Character Limit: 250*

**Top Staff Position (B) - Salary\***

Please provide the annual salary for this top staff position.

*Character Limit: 20*

**Top Staff Position (C) Name and Title\***

Please provide name and title of top staff position.

*Character Limit: 250*

**Top Staff Position (C) - Salary\***

Please provide the annual salary for this top staff position.

*Character Limit: 20*

**Audited Financial Statements\***

Please upload the most recent copy of your audited financial statements. Be sure to include the Management Letter providing auditor recommendations on internal controls that accompanies the audit report, if any. Please also include all compliance audit reports if applicable (Yellow Book and OMB A-133). Note - The Legacy Foundation does not REQUIRE that organizations receive an audit. **If you do not have an audit, please upload a note on your letterhead to that effect here AND a copy of your internally prepared prior year financial statements (balance sheet and income statement).**

*File Size Limit: 10 MB*

**Financial Documents\***

Please attach your organization's most current financial statements (balance sheet AND year-to-date income statement). Remember to scan as one document prior to uploading the file.

Please provide detailed information on the following balance sheet items:

- Loans receivable from officers, directors, trustees and key employees (name and terms)

- Detail of "Other Assets"
- Loans payable to officers, directors, trustees and key employees (name and terms)
- Working capital line of credit, mortgages and notes payable (institution name and terms)
- Detail of "Other Liabilities"

*File Size Limit: 20 MB*

### **Most Recent 990 Form\***

Please upload your most recent, **signed**, IRS 990 Form. If your form is too large for the file byte size that is allowed, then scan in one page to satisfy the question - and email the whole document to Bernadette Perez at [bperez@vblf.org](mailto:bperez@vblf.org)

*File Size Limit: 20 MB*

### **Other Financial Documents**

Please upload any additional financial documents relevant to this project.

*File Size Limit: 5 MB*

**Valley Baptist Legacy Foundation retains the right to request full financial disclosure.**