

# 2021-15 Collaborative 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 on our website for our Funded Partner page. Do not use "This grant will..." as part of this description.

*Character Limit: 200*

### **Amount Requested\***

This program funds up to \$500,000.

*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 End 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 or Neglect  
Access to Care  
Aging in Place  
Autism Spectrum  
Cancer  
Dental Care  
Diabetes  
Disabilities

Healthy Lifestyles  
Heart Disease  
Hospice  
Hunger and Homelessness  
Integrated Behavioral Health  
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, experience obtaining and managing grants, and give an overview of the qualifications of your organization's leadership.

*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 Summary*

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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.**

### **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 your 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*

### **Collaboration Efforts\***

Please describe how you are working with other organizations to provide a more comprehensive solution to this problem. Include existing or new partners, decision-makers, or others participating in the project.

*Character Limit: 1500*

### **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)

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## Results

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The responses given in this question group will be used for evaluation and will be populated into your project/program's progress report, if funded. Please include evidence based and measurable data and number or bullet your responses. For example, under the Outcomes questions, outcomes should be numbered: Outcome #1, Outcome #2, etc.

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.

### 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: 1500*

### 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*

### Impact\*

What will be the impact on the need or problem the project/program is addressing? How will this improve the health of the community? Impact can occur at a group, neighborhood, community, or system level. Examples include changes in social, health, civic, or other conditions, including increased capacity, policy changes, improved health status, and increased efficiency.

*Character Limit: 2000*

### Evaluation\*

Please explain the methods planned to evaluate the effectiveness of the project or program. Please indicate how and when baseline data/information will be collected and which additional data/information will be collected, when it will be collected, how it will be collected(surveys, test scores, media attention, longitudinal studies, etc.), and who will be responsible for collecting it.

*Character Limit: 2000*

## Measurement Tools

Please upload any measurement tools, such as surveys, questionnaires, research methodologies, or other tools in this box.

*File Size Limit: 3 MB*

## 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

Please upload any additional materials relevant to this grant that will help the reviewers better understand the grant proposal.

*File Size Limit: 5 MB*

## *Letter of Support from Leader of Organization*

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### Letter of Support from Leader of Organization\*

Please upload a letter of support from the leader of your organization indicating support for this particular project/program in pdf format (**ex. Nonprofit organizations - Chairperson of your Board of Directors and/or Executive Director or CEO; Universities - President of the University; Cities - Mayor**). The Letter of Support must be printed on letterhead, be signed, and include specific details on why the leader of the organizations is in support of this project/program for funding.

*File Size Limit: 2 MB*

### Letters from Collaborators: New Process - Using a Third Party Letter of Support Below

If your proposal includes involvement or collaboration with other organizations, we would like to see a letter of support from each one. The letter(s) must state that they understand the nature of the project/program described in this proposal, including details such as the timeline and goals, specific details regarding their involvement, and must be signed by the respective leader of that organization. **If you require these additional letters of support, please send them an email from the Letter of Support Questions below.**

## *Third Party - Letter of Support from Partner Organization*

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### **Third Party Email - From the leader of Partnering Organization**

Please compose an email to the collaborating organization requesting a Letter of Support. The letter will be sent to The Legacy Foundation directly and you will not have access to the letter prior to submission. Please follow up with the organization to make sure it is submitted prior to the due date to be part of your complete application submission.

**Only one email allowed in this text box. Do not use this text box to request a letter of support from multiple individuals.**

*Character Limit: 254*

## *Third Party - Letter of Support from Partner Organization 2*

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### **Third Party Email**

Please compose an email to the collaborating organization requesting a Letter of Support. The letter will be sent to The Legacy Foundation directly and you will not have access to the letter prior to submission. Please follow up with the organization to make sure it is submitted prior to the due date to be part of your complete application submission.

**Only one email allowed in this text box. Do not use this text box to request a letter of support from multiple individuals.**

*Character Limit: 254*

## *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\***

1. 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, <http://www.vblf.org/wp-content/uploads/2017/05/Financial-Summary-2017.xlsx> 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.**