

2024-21 Collaborative Grant Program

Valley Baptist Legacy Foundation

Instructions and Guidelines

Instructions:

Use the instructions and guidelines at each section to complete the application.

Review the application to ensure all required questions have been answered, and all required documents have been attached. **An incomplete application will be removed from review and will not be considered for funding.**

Deadline extensions will not be considered.

Note: This software only allows one attachment per upload box. If you have multiple documents, scan and save all documents into one file and then upload where required, or use an additional upload box.

If you have any questions, please contact our office.

Grant Information

Request Name*

Provide a name for this funding request.

Character Limit: 125

Brief Request Description*

Briefly, in 1-2 sentences, describe the project, program, or operations request. This brief description is used for our website. Refer to our [Funded Partners](#) page for examples.

Example: Project Adelante will strengthen service delivery and operational capacity to address community needs.

Character Limit: 200

Request Description*

Expand on the description of the project, program, or operations request the organization is seeking funding for. Describe the organization itself in the "Organization History" question

Character Limit: 2500

Amount Requested*

This program funds up to **\$500,000**.

Character Limit: 20

Start Date*

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

Character Limit: 10

End Date*

Select the anticipated end date. Make sure the End Date is realistic and takes into consideration the grant request timeline. The End Date must match the timeline provided in the "Activities, Tasks, and Timeline" section of the application.

Character Limit: 10

Focus Area*

Select the focus area that most closely matches the grant request.

Choices

- Abuse and Neglect
- Access to Care
- Aging in Place
- Behavioral Health
- Cancer
- Dental Care
- Diabetes
- Disabilities
- Food Insecurity / Homelessness
- Health Education / Research
- Healthy Lifestyles
- Heart Disease
- Hospice
- Integrated Behavioral Health
- Other
- Substance Use Disorder

Geographic Area*

Choices

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

Secondary Geographic Area

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

Choices

Cameron County
Hidalgo County
Starr County
Willacy County

Conflict of Interest

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.

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*

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).

About the Organization

Organizational History*

Provide a brief description of how the organization was formed and include the evolution or major changes the organization has experienced in recent years.

Character Limit: 3000

Organization's Mission and Vision Statement:*

Character Limit: 1000

Full-time Staff*

Indicate how many full time staff the organization employs.

If this request is for a department, regional office, or branch of a larger organization, provide the staff numbers for the local entity applying for funds.

Please use a whole number.

Character Limit: 100

Part-time Staff*

Indicate how many part time staff the organization employs.

If this request is for a department, regional office, or branch of a larger organization, provide the staff numbers for the local entity applying for funds.

Please use a whole number.

Character Limit: 100

Volunteers*

Indicate how many volunteers regularly help with operations at the organization.

If this request is for a department, regional office, or branch of a larger organization, provide the volunteer numbers for the local entity applying for funds.

Please use a whole number.

Character Limit: 250

Board Members*

Please download the [Board Member List Spreadsheet](#) and provide the names, board positions, professions, and contact information of all the organization's board members.

Once complete, the spreadsheet should be uploaded in Excel format.

File Size Limit: 1 MB

Request Summary

Instructions:

When describing the project, program, or operating request, make sure to number or bullet point the responses. If funded, this information will be used when reporting results in the progress report. These questions are based on a logic model meant to help plan, implement, and evaluate the grant and its impact. We recommend organizations download and complete 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*

Answer at least one of the 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 this is an operating request, how will the grant funding help support the organization's operations?

If possible, share a story that illustrates the impact of the grant request.

Character Limit: 1500

Proposed Solution Statement*

How will the organization implement the project, program, or operating request 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. Include details regarding the age groups, gender, ethnicity, socioeconomic, health, and other population characteristics.

Describe the geographic location of the target population. Be as specific as possible including: City, neighborhood, (Colonia name for example), zip code(s), or Census tract(s).

Specify if the project, program, or operating request will target a new or exclusive population.

Character Limit: 1000

Inputs*

What will the organization invest that will be dedicated to this project, program, or operating request? 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*

Describe how the organization will work, or is 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, or operating request's intended outcomes?

Outline how the 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.

Provide a timeline with the projected start and completion dates for the grant, as well as relevant dates and milestones throughout the grant implementation (Ex. January - Purchase equipment. March - Complete Installation. April - Ribbon Cutting).

Character Limit: 2000

Results

Instructions:

The responses given in this question group will be used for evaluation and will be populated into the grant's progress report, if funded.

Include evidence based and measurable data and number or bullet responses. For example, under the Outcomes questions, outcomes should be numbered: Outcome #1, Outcome #2, etc.

Outputs*

What will be the direct results of the grant 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 does the organization expect to accomplish as a result of the project, program, or operating request?

This includes changes in attitudes and behaviors, knowledge and skills, status, or operations. Examples include increased awareness and knowledge, increase or decrease in individual health indicators, and services delivery or operational changes. Be as specific as possible, using measurable outcomes.

Character Limit: 2000

Impact*

What will be the impact on the need or problem the project, program, or operating request 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*

Explain the methods planned to evaluate the effectiveness of the project, program, or operating request.

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

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, program, or operating request is successful, how will it be sustained after the VBLF grant funding is concluded? If the organization anticipates adding staff, how will funding for the new staff be maintained? **The Legacy Foundation does not fund continually, as there are gaps in between cycles, nor does it fund perpetually, and being funded once does not guarantee funding in future cycles.**

Character Limit: 1200

Additional Materials

Upload any additional materials or information related to the project, program, or operating request in this upload box.

File Size Limit: 5 MB

Letter of Support from Leader of Organization

Letter of Support from Leader of Organization*

Upload a letter of support in **PDF format** from the leader of the organization indicating support for this particular project, program, or operating request (**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 supports this project, program, or operating request.

File Size Limit: 2 MB

Letters from Collaborators: Using a Third Party Letter of Support Below

If the grant request includes involvement or collaboration with other organizations, we would like to see a letter of support from each partner organization. The letter(s) must state that they understand the nature of the project or 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.**

Financial Documents - Attachments Required

Refer to the [Guidelines for Financial Information](#) for detailed instructions and guidelines to complete the Financial Information questions.

The Foundation requires new and returning applicants to read and follow the guidelines carefully while completing and before submitting a grant application.

An application with incomplete financial information will be removed from review and will not be considered for funding.

If you have any questions, please email Alondra Willis awillis@vblf.org.

Budget Spreadsheet*

Use the following link to download the [Budget Spreadsheet](#).

This template can be changed or customized to closely match the descriptions used by the organization. Rows can be added as needed.

A sample budget is provided on the second tab of the spreadsheet.

Examples of commonly overlooked information include:

- For personnel expenses, identify each position, salary and percentage of time devoted to the program.
- Identifying each item of equipment and its cost.
- Matching information discussed in the application with the budget narrative and budget spreadsheet.

Once complete, the budget spreadsheet should be uploaded in the original Excel format.

An application without the Budget Spreadsheet or an incomplete Budget Spreadsheet is incomplete and will not be considered for funding.

File Size Limit: 3 MB

Budget Narrative*

Budget narrative explaining grant fund request.

Refer to the Guidelines for Financial Information for full instructions on completing this section.

Character Limit: 3000

Supporting Documents - Capital Expenses and Contract Services

Upload supporting documents for **capital expenses or contract services** for any line item(s) greater than \$5,000 listed in the Budget Spreadsheet. 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 for each capital expense or contract service line item greater than \$5,000.

Upload the three supporting documents relevant to the grant request, 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

Only one document may be attached, so you may need to scan several documents and save as one document prior to uploading the file.

Refer to the Guidelines for Financial Information.

File Size Limit: 10 MB

IRS 501c3 Designation Letter or Exempt Status Document*

Upload a copy of the organization's IRS 501c3 Designation Letter or Exempt Status Document.

File Size Limit: 2 MB

Financial Summary Spreadsheet*

The purpose of this document is to compare the applicants' financial summary and financial statement information to conduct a line-item analysis.

Use the following link to download the [Financial Summary Spreadsheet](#).

This template can be changed or customized to match the descriptions used by the organization. Rows can be added as needed. Make sure totals in each section match the organization's audited financial statements, if applicable.

Provide the following information:

1. Fiscal Year Operating Budget for Current Year
2. Current Year-to-Date Actual Revenues and Expenses
3. Prior Fiscal Year Actual Revenues and Expenses
4. Two Fiscal Years Prior Actual Revenues and Expenses

Once complete, the Financial Summary Spreadsheet should be uploaded in Excel format.

An application without the Financial Summary Spreadsheet or an incomplete Financial Summary Spreadsheet is incomplete and will not be considered for funding.

Refer to the **Guidelines for Financial Information**.

File Size Limit: 3 MB

Financial Summary Narrative*

The purpose of this section is to explain details regarding the Financial Summary Spreadsheet.

Refer to the **Guidelines for Financial Information** for full instructions on completing this section.

Character Limit: 3000

List the three highest compensated positions within the organization. Include the Name and Title.

The Top Staff Positions are required information. An application without this information is an incomplete application and will not be considered for funding.

Refer to the **Guidelines for Financial Information**.

Top Staff Position (A) Name and Title*

Please provide name and title of top staff position.

Character Limit: 250

Top Staff Position (B) Name and Title*

Please provide name and title of top staff position.

Character Limit: 250

Top Staff Position (C) Name and Title*

Please provide name and title of top staff position.

Character Limit: 250

Audited Financial Statements*

Refer to the **Guidelines for Financial Information** for complete instructions on this section.

If the organization **does not** have an audit, then upload a note on the organization's letterhead on this section and proceed to the *Financial Documents* section of the application below.

If the organization **has** audited financial statements, then proceed to read the instructions below.

What to upload in this section:

- Most recent copy of the organization's audited financial statements.
- Management Letter (or Advisory Comments), if any, providing auditor recommendations on internal controls that accompanies the audit report.
- All compliance audit reports if applicable (Yellow Book and OMB A-133).

File Size Limit: 10 MB

Financial Documents*

Organizations **MUST** refer to the Financial Documents Instructions above and the **Guidelines for Financial Information**, "Financial Documents" section, for further information on how to complete this section.

Please submit the following *required* financial documents, as applicable:

1. **PRIOR YEAR financial statements:** If the organization does NOT have an audit of the prior fiscal year financial statements, please upload the organization's internally prepared financial statements for the prior fiscal year, AND
2. **CURRENT YEAR-TO-DATE financial statements:** Please submit the most current year-to-date financial statements available.

Note: For purposes of this section, financial statements include BOTH of the following:

1. *Balance Sheet (sometimes referred to as Statement of Financial Position)*
2. *Income Statement (sometimes referred to as Statement of Activities, Statement of Revenues and Expenses, or Profit and Loss Statement)*

File Size Limit: 20 MB

Most Recent 990 Form*

Upload the organization's most recently filed IRS Form 990.

- IRS Form 990 **must be signed and dated by paid preparer and the organization.**
- If the form is too large, scan and upload the first page in this section. Then email the entire document to awillis@vblf.org.

The Form 990 is a required document. An application without the Form 990 is an incomplete application and will not be considered for funding.

File Size Limit: 20 MB

Other Financial Documents

Upload any additional financial documents relevant to this grant request.

File Size Limit: 5 MB

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

Third Party - Letter of Support from Partner Organization

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

Letter of Support

Please upload the Letter of Support here as a PDF.

The Letter of Support must be printed on letterhead, be signed, and include specific details on your collaboration with the applicant's organization.

Please be aware that the Valley Baptist Legacy Foundation will receive this letter directly and the applicant will not be able to view it.

Thank you.

File Size Limit: 2 MB

Third Party - Letter of Support from Partner Organization 2

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

Letter of Support

Please upload the Letter of Support here as a PDF.

The Letter of Support must be printed on letterhead, be signed, and include specific details on your collaboration with the applicant's organization.

Please be aware that the Valley Baptist Legacy Foundation will receive this letter directly and the applicant will not be able to view it.

Thank you.

File Size Limit: 2 MB