



APPENDIX I - THE APPLICATION

Organization Name: _____

Amount Requested: _____

2015-2016 Veterans Mental Health Grant

Grant Funding Period: July 1, 2015 – June 30, 2016

Applicant Information (Complete all lines)

*Legal Name of Organization:	
*Mailing Address:	
*City/State/County/Zip:	
Physical Address (if different):	
City/State/County/Zip :	
*Texas Address (if organization headquarters are located out of state):	
*City/State/County/Zip:	
*Website Address:	
*Organization Phone Number:	
*EIN number:	
*DUNS number:	

*Applicant Contact (Project Coordinator – Principal Participant):	
*Contact Title:	
*Phone Number:	
*E-Mail Address:	

*Applicant Contact (Financial Coordinator – Principal Participant):	
*Contact Title:	
*Phone Number:	
*E-Mail Address:	

*** Required Information**



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True and Correct Statement:

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND COMPLETED PER THE DIRECTIONS OUTLINED IN THE ACCOMPANYING REQUEST FOR APPLICATIONS.

THE APPLICANT ORGANIZATION REPRESENTATIVE HAS READ AND UNDERSTANDS ALL REQUIREMENTS AND PROVISIONS NOTED IN THE ACCOMPANYING REQUEST FOR APPLICATIONS, AND WILL COMPLY WITH ALL REQUIREMENTS AND PROVISIONS NOTED IN THE ACCOMPANYING REQUEST FOR APPLICATIONS AND NOTICE OF GRANT AWARD IF AN AWARD IS MADE.

THE SUBMISSION OF THIS DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT.

*Authorized Signature: (must be original)	
*Name and Title:	
*Phone Number:	
*Email:	
*Date:	

*** Required Information**



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All information must be in sufficient detail to ensure the application can be weighed with other application. Do not leave any item blank. Refer to Section V. Grant Application of the accompanying 2015-2016 Veterans Mental Health RFA document for further instructions.

The grant funding period is based on a 12-month calendar from July 1, 2015 to June 30, 2016. The required expenditure and program performance benchmarks (below) should be used as guidelines when completing the Application.

Date	Grant Period Elapsed	Amount Expended	Performance Met
October 1	25%	15%	15%
January 1	50%	40%	40%
April 1	75%	70%	70%

Part I – Proposed Project Information

Proposed Project Name

- Provide a name for the Proposed Project.

Amount Requested

Check the one box for the amount being requested.

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$125,000 |
| <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$150,000 |
| <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$200,000 |
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$300,000 |
| <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$400,000 |
| <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$500,000 |

Geographic Service Area(s)

The counties that will be served by this grant are called the Geographic Service Area(s). All Texas counties are grouped into one of eight regions. Check all counties, regardless of region, that the Proposed Project will serve. If the Proposed Project is statewide, only check the statewide box.

- Statewide

Region 1 – Panhandle

- | | | | | |
|--|-----------------------------------|------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Armstrong | <input type="checkbox"/> Bailey | <input type="checkbox"/> Briscoe | <input type="checkbox"/> Brown | <input type="checkbox"/> Callahan |
| <input type="checkbox"/> Carson | <input type="checkbox"/> Castro | <input type="checkbox"/> Childress | <input type="checkbox"/> Cochran | <input type="checkbox"/> Coleman |
| <input type="checkbox"/> Collingsworth | <input type="checkbox"/> Comanche | <input type="checkbox"/> Crosby | <input type="checkbox"/> Dallam | <input type="checkbox"/> Deaf Smith |
| <input type="checkbox"/> Dickens | <input type="checkbox"/> Donley | <input type="checkbox"/> Eastland | <input type="checkbox"/> Fisher | <input type="checkbox"/> Floyd |
| <input type="checkbox"/> Garza | <input type="checkbox"/> Gray | <input type="checkbox"/> Hale | <input type="checkbox"/> Hall | <input type="checkbox"/> Hansford |
| <input type="checkbox"/> Hartley | <input type="checkbox"/> Haskell | <input type="checkbox"/> Hemphill | <input type="checkbox"/> Hockley | <input type="checkbox"/> Hutchinson |
| <input type="checkbox"/> Jones | <input type="checkbox"/> Kent | <input type="checkbox"/> King | <input type="checkbox"/> Knox | <input type="checkbox"/> Lamb |
| <input type="checkbox"/> Lipscomb | <input type="checkbox"/> Lubbock | <input type="checkbox"/> Lynn | <input type="checkbox"/> Mitchell | <input type="checkbox"/> Moore |
| <input type="checkbox"/> Motley | <input type="checkbox"/> Nolan | <input type="checkbox"/> Ochiltree | <input type="checkbox"/> Oldham | <input type="checkbox"/> Parmer |
| <input type="checkbox"/> Potter | <input type="checkbox"/> Randall | <input type="checkbox"/> Roberts | <input type="checkbox"/> Runnels | <input type="checkbox"/> Scurry |



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Shackelford
 Taylor

Sherman
 Terry

Stephens
 Throckmorton

Stonewall
 Wheeler

Swisher
 Yoakum

Region 2 – West Texas

Andrews
 Dawson
 Howard
 Midland
 Upton

Borden
 Ector
 Hudspeth
 Pecos
 Ward

Brewster
 El Paso
 Jeff Davis
 Presidio
 Winkler

Crane
 Gaines
 Loving
 Reeves

Culberson
 Glasscock
 Martin
 Terrell

Region 3 - Alamo

Atascosa
 Concho
 Gillespie
 Kendall
 Mason
 Reagan
 Tom Green

Bandera
 Crockett
 Guadalupe
 Kerr
 Maverick
 Real
 Uvalde

Bexar
 Dimmit
 Gonzales
 Kimble
 McCulloch
 Schleicher
 Val Verde

Coke
 Edwards
 Irion
 Kinney
 Medina
 Sterling
 Wilson

Comal
 Frio
 Karnes
 La Salle
 Mernard
 Sutton
 Zavala

Region 4 – South Texas

Aransas
 DeWitt
 Jim Hogg
 Live Oak
 Starr

Bee
 Duval
 Jim Wells
 McMullen
 Victoria

Brooks
 Goliad
 Kenedy
 Nueces
 Webb

Calhoun
 Hidalgo
 Kleberg
 Refugio
 Willacy

Cameron
 Jackson
 Lavaca
 San Patricio
 Zapata

Region 5 – Gulf Coast

Austin
 Galveston
 Walker

Brazoria
 Harris
 Waller

Chambers
 Liberty
 Wharton

Colorado
 Matagorda

Fort Bend
 Montgomery

Region 6 – Central Texas

Bastrop
 Burleson
 Fayette
 Hill
 Llano
 Robertson

Bell
 Burnet
 Freestone
 Lampasas
 Madison
 San Saba

Blanco
 Caldwell
 Grimes
 Lee
 McLennan
 Travis

Bosque
 Coryell
 Hamilton
 Leon
 Milam
 Washington

Brazos
 Falls
 Hays
 Limestone
 Mills
 Williamson

Region 7- East Texas

Anderson

Angelina

Bowie

Camp

Cass



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- | | | | | |
|------------------------------------|------------------------------------|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Cherokee | <input type="checkbox"/> Delta | <input type="checkbox"/> Franklin | <input type="checkbox"/> Gregg | <input type="checkbox"/> Hardin |
| <input type="checkbox"/> Harrison | <input type="checkbox"/> Henderson | <input type="checkbox"/> Hopkins | <input type="checkbox"/> Houston | <input type="checkbox"/> Jasper |
| <input type="checkbox"/> Jefferson | <input type="checkbox"/> Lamar | <input type="checkbox"/> Marion | <input type="checkbox"/> Morris | <input type="checkbox"/> Nacogdoches |
| <input type="checkbox"/> Newton | <input type="checkbox"/> Orange | <input type="checkbox"/> Panola | <input type="checkbox"/> Polk | <input type="checkbox"/> Rains |
| <input type="checkbox"/> Red River | <input type="checkbox"/> Rusk | <input type="checkbox"/> Sabine | <input type="checkbox"/> San Augustine | <input type="checkbox"/> San Jacinto |
| <input type="checkbox"/> Shelby | <input type="checkbox"/> Smith | <input type="checkbox"/> Titus | <input type="checkbox"/> Trinity | <input type="checkbox"/> Tyler |
| <input type="checkbox"/> Upshur | <input type="checkbox"/> Van Zandt | <input type="checkbox"/> Wood | | |

Region 8 – North Texas

- | | | | | |
|----------------------------------|-------------------------------------|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Archer | <input type="checkbox"/> Baylor | <input type="checkbox"/> Clay | <input type="checkbox"/> Collin | <input type="checkbox"/> Cooke |
| <input type="checkbox"/> Cottle | <input type="checkbox"/> Dallas | <input type="checkbox"/> Denton | <input type="checkbox"/> Ellis | <input type="checkbox"/> Erath |
| <input type="checkbox"/> Fannin | <input type="checkbox"/> Foard | <input type="checkbox"/> Grayson | <input type="checkbox"/> Hardeman | <input type="checkbox"/> Hood |
| <input type="checkbox"/> Hunt | <input type="checkbox"/> Jack | <input type="checkbox"/> Johnson | <input type="checkbox"/> Kaufman | <input type="checkbox"/> Montague |
| <input type="checkbox"/> Navarro | <input type="checkbox"/> Palo Pinto | <input type="checkbox"/> Parker | <input type="checkbox"/> Rockwall | <input type="checkbox"/> Somervell |
| <input type="checkbox"/> Tarrant | <input type="checkbox"/> Wichita | <input type="checkbox"/> Wilbarger | <input type="checkbox"/> Wise | <input type="checkbox"/> Young |

Proposed Project Services

1. Briefly describe the Proposed Project. Be specific in your answer and include the Who, What, Where, When, and Why of the Project.

2. Briefly describe how Beneficiaries will access and/or be provided with Project services by your organization. Be specific in your answer and include the How of the Project.

Need Identified

1. What is the community need(s) or problem(s) that the Proposed Project will address? Be specific in your answer and describe the need that your service area faces. Include references to data that may support that this need exists in your service area.

2. How did you identify the community need(s) or problem(s)? Be specific in your answer and describe any methods used to identify that the need described above in **Need Identified #1** is present in your service area (example: current client experiences, word of mouth, client surveys).

3. How will the Proposed Project address the identified need(s) or problem(s)? Be specific in your answer and describe how the components of the Proposed Project as described above in **Proposed Project Services #1** will assist with the need described above in **Need Identified #1**.

4. How is the Proposed Project unique from other similar services that may be available in your proposed service area? Be specific with details about what sets your Proposed Project apart.

Beneficiaries



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1. Define who will be eligible to receive services through the Proposed Project. Be specific. Related to the information provided in **Need Identified** above, Applicants may restrict Proposed Project services to particular groups to address needs. For example, Proposed Projects may serve only Veterans of a particular era (such as Vietnam or OEF/OIF era Veterans); Veterans with a specific discharge status (such as Honorable); Veterans of a particular branch of service (such as Navy or Army); or particular Veteran dependents (such as dependents of newly separated veterans, or surviving spouses of reservists or Guards Members).

Veterans:

Veteran Dependents:

Surviving Spouses:

2. Describe any other restrictions on eligibility, if applicable (example: income level, beneficiaries living in a specific service area like a county or region, or referral from VA or other such organization.)
3. If your organization receives grant funds, it will be responsible for tracking each individual Veteran, their dependents, and survivors that receive grant-funded service(s). The number of unduplicated Veterans, dependents and survivors, as well as cumulative totals, will be reported to the FVA quarterly. Projected performance should reflect the total number of unduplicated Veterans, dependents and survivors that your organization anticipates serving during the grant period.

Enter the estimated number of Veterans, Dependents, and Surviving Spouses to be served by the Proposed Project. The information to be entered is a number. Do not enter a percentage and do not enter a range.

Performance Measure	Estimated Number of Clients to be Served
Number of Veterans served. (Required performance measure for all applicants.)	
Number of Dependents served. (Required performance measure if served.)	
Number of Veterans' Surviving Spouses served. (Required performance measure if served.)	
Total Estimated Number of Clients to be Served	

Project Eligibility

1. List the specific government forms your organization staff will use to verify the eligibility of clients who can receive services as you have defined it above in **Beneficiaries #1** and **#2**.
2. Describe how the government forms and other eligibility document(s) will be retained (example: as listed in your organization's retention policy) and maintained (example: in locked filing cabinet or electronically on your organization's server).

Project Principal Participants

List the principal participants in the organization. Indicate which principal(s), if any, are Veterans. **Refer to the RFA Section III. Definitions of Key Terms for who is considered a Principal Participant.** Résumés are to be included for each Principal Participant and should describe applicable experience by position



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Name of Principal Participant	Title	Veteran (Y/N)	Résumé Attached (Y/N)
1.			
2.			
3.			
4.			
5.			

1. What are the roles and responsibilities of the Principal Participants listed in the table above as related to the Proposed Project?

Principal Participant #1:

Principal Participant #2:

Principal Participant #3:

Principal Participant #4:

Principal Participant #5:

Partnerships

List agencies and/or organizations that will assist your organization in serving Beneficiaries as part of the Proposed Project. Use additional page(s) if needed.

Name of Partner Organization	Address	Telephone	Website

Marketing and Outreach

1. What outreach and/or marketing efforts are planned to ensure your organization is able to provide services to the Estimated Number of Clients to be Served as listed in the table for **Beneficiaries #3**?

Sustainability after the Grant

1. If your organization were to receive a one-year FVA grant, will the Proposed Project continue after the one-year grant period and FVA funding ends?
 Yes No
2. If Yes, please describe how the Proposed Project will continue. Include in your answer what other funding will be available to your organization and what other organizations with whom you'll be partnering or working to carry on the work of the Proposed Project after June 30, 2016:

Evaluation

1. As noted on Page 3 of this Application just before Part I: Proposed Project Information, a table lists the Commission-established benchmarks. **In addition to** meeting these Commission-established benchmarks for Expenditures and Performance, what measurements will your organization use to determine the effectiveness of the Proposed Project? Be specific about what tools you plan to use to measure effectiveness, for example client surveys or follow-up interviews to track completion rates or a number of months of independence after receiving services. The measurements should be appropriate for the components of the Proposed Project as described above in **Proposed Project Services #1**.



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2. **In addition to** meeting Commission-established benchmarks for Expenditures and Performance, what results do you expect to achieve by the end of the one-year grant period? Be specific about the results you anticipate for example the percentage of clients successfully completing a program or the number of services provided to reach a particular end result. This end result should correlate with the answers provided above in **Need Identified**.



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Part II – Organization Background

Organization Overview

1. What is the purpose or mission of your organization?

2. What year was your organization established?

3. What types of programs/services does your organization as a whole currently provide? Provide examples and briefly describe program components.

4. Who is currently served by the programs/services your organization currently offers?

Organizational Structure

1. What type of organization is applying?
 - City/Municipal government
 - County government
 - Nonprofit organization
 - Other, please describe:

2. What type of governing body does your organization have?
 - City Council/Mayor/City Manager
 - County Commissioners' Court/County Judge
 - Board of Directors/Board Officers/Executive Director
 - Other, please describe:

Previous FVA Grant Awards

List any previous grants your organization was awarded from the FVA.

Amount Awarded	Grant/Contract #	Begin Date	End Date	Service Category

\$ Total FVA Grant Awards

Other Grants

List **all** grants your organization received within the last two (2) years. Do not include FVA grants listed above. Do not list in-kind donations. Use additional pages if needed.

Amount Awarded	Grantor	Grant/Contract #	Begin Date	End Date	Audit Performed (Yes or No)



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\$ Total Other Grant Awards

Fiscal Management

Answer each question below and do not leave any item unanswered.

1. What software does your organization used to record accounting transactions?

QuickBooks Sage MIP Fundware Other (If Other, list software)

2. Does your organization have written accounting policies and procedures for the following? Do not list N/A.

	YES	NO
A. Procurement	<input type="checkbox"/>	<input type="checkbox"/>
B. Vendor Payments	<input type="checkbox"/>	<input type="checkbox"/>
C. Payroll	<input type="checkbox"/>	<input type="checkbox"/>
D. Grants Administration	<input type="checkbox"/>	<input type="checkbox"/>
E. Cash Management	<input type="checkbox"/>	<input type="checkbox"/>
F. Travel	<input type="checkbox"/>	<input type="checkbox"/>
G. Capitalization and Equipment	<input type="checkbox"/>	<input type="checkbox"/>

3. Indicate if each statement is true or false for your organization. Do not list N/A.

	TRUE	FALSE
A. There has been no staff turnover or reorganization in the past 6 months.	<input type="checkbox"/>	<input type="checkbox"/>
B. The organization uses a Chart of Accounts.	<input type="checkbox"/>	<input type="checkbox"/>
C. Time sheets approved and signed by supervisory personnel.	<input type="checkbox"/>	<input type="checkbox"/>
D. An A-133 Single Audit has been performed in the past 2 years.	<input type="checkbox"/>	<input type="checkbox"/>
E. Travel receipts are submitted for travel reimbursement requests?	<input type="checkbox"/>	<input type="checkbox"/>
F. At what amount does your organization capitalize equipment?	\$ _____	

Performance Reporting

1. What type(s) of data collection tools will your organization use to document Beneficiaries receiving services? (Example: case files, sign-in sheets, or phone logs.)

2. How will your organization consolidate the collected data **to ensure that beneficiaries that are reported to the FVA are unduplicated**? (Example: database, spreadsheets, or software that tracks by clients or notes duplicate clients.)



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Part III – Budget Tables and Budget Narratives

Microsoft Excel tables have been inserted into this document. Use the tables to the extent they apply to your Proposed Project. To activate the Excel tables, double-click on the table. This will open an active Excel window to be filled in. Once all information is entered into an Excel budget table, totals will calculate automatically. If additional lines are needed, they may be inserted in the tables using the Insert function. Do not modify tables, columns, totals, or formulas. Use whole dollar amounts.

Following each table, a narrative description supporting and discussing each budget item must be entered. For example, if there is travel in the budget, the narrative must discuss travel and the appropriateness of travel to the project.

A. Salary and Wages

1. Enter **each** employee that will be directly associated with the Proposed Project. Enter their position title, employee name, percent of time to be allotted to the Project, and employee's annual salary rate. The Total Cost will automatically total once all information is entered.

Table A

Position Title	Employee Name	% of Time Allocated to Grant	Annual Salary	Total Cost
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
Total Salary and Wages				\$0

2. Describe the roles and responsibilities of each of the positions listed under Salaries and Wages **and** how each of those roles are necessary to accomplishing the Proposed Project.

B. Fringe Benefits

1. For each Position listed in Table A, include the annual fringe benefits for that position.



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Table B

Position Title	Employee Name	% of Time Allocated to Grant	Annual Fringe Benefits	Total Cost
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
Total Fringe Benefits				\$0

- Describe the benefits– including health insurance, annual leave, social security and any other applicable fringe benefits – for each position listed in Table B **and** how each of those benefits are necessary to accomplishing the Proposed Project.

C. Travel

- Enter employee travel in the table below. This can include travel to and from conferences, training, etc. This does not include travel to provide services to Beneficiaries. List travel expenses relating to providing client services under Table F Client Services. As noted in the RFA Section XI. Grantee Training, funds do not need to be budgeted for travel to Austin, TX for grantee training. This training will be done remotely via webinar or conference call, or in some instances, FVA staff may conduct onsite training visits at the Awarded Applicant’s facility.

Table C

In or Out of State?	Type of Travel	No. of Staff	No. of Days	Total Cost
Total Travel				\$0

- Provide a description for each travel item included in the Table above. The description should include, but is not limited to, what the travel is for, mileage rates, meal rates per day, conference registration fees, **and** why the travel is necessary to accomplishing the Proposed Project.

D. Equipment

- Enter a description, unit cost and quantity for each item of equipment to be purchased for the Proposed Project. Remember, capital expenditures and pieces of equipment that are capitalized are not allowable under this grant.



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Table D

Description	Unit Cost	Quantity	Total Cost
			\$0
Total Equipment			\$0

- Provide a description for each equipment item listed in the Table above **and** explain why each equipment item is necessary to accomplish the Proposed Project.

E. Supplies

- Enter a description, unit cost and quantity for each item of supplies to be purchased for the Proposed Project.

Table E

Description	Unit Cost	Quantity	Total Cost
			\$0
Total Supplies			\$0

- Provide a description for each item of supply listed in the Table above **and** explain why each supply item is necessary to accomplish the Proposed Project.

F. Client Services

- List each client service and the cost of each service. If mental health services are to be provided by contract personnel, those costs should be included in this table. If mental health services are to be provided by salaried staff, those costs should be included in Table A. Salaries and Wages. An itemized break-out of each client service is required, and extra lines may be inserted into this table.

Table F



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Client Service	Maximum per Client	Total Cost
Total Client Services		\$0

- Provide a description for each Client Service listed in the Table above **and** explain why each cost is necessary to accomplish the Proposed Project.

G. Construction

The FVA grant does not cover the cost of construction. This line is blank.

H. Other Direct Costs

- List any direct costs not included in the above tables.

Table H

Other Items	Total Cost
Total Other Direct Costs	\$0

- Provide a description for each item of other direct costs listed in the Table above **and** explain why each cost is necessary to accomplish the Proposed Project. If costs are allocated an approximate percentage to be charged to this grant is to be included.

I. Total Direct Charges

All Personnel, Fringe Benefits, Travel, Equipment, Supplies, Client Services and Other Direct Charges and should sum to Total Direct Charges on Line I of Table K below.

J. Indirect Costs

This grant has a **maximum indirect charge of 10% of total direct costs** requested. Indirect charges are those items that are often considered “overhead,” and can be classified as those costs associated with accounting, human resources, and other administrative and facility-related costs. **Any item listed as an Indirect Charge cannot also be included as a Direct Charge.**



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- Under 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, if the applicant organization has an indirect cost agreement with the federal government, this rate must be used, but the total amount of indirect charges may not exceed 10% of total direct costs requested. A copy of the federal indirect negotiated cost agreement must be submitted as part of the Application Package if the organization has one. See 2 CFR §200.414 Indirect (F&A) Costs to ensure compliance.
 - Under 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, if the applicant organization has never received a negotiated indirect cost rate, the applicant organization may elect to charge a flat rate of 10% of Modified Total Direct Costs for indirect charges. See 2 CFR §200.414 Indirect (F&A) Costs to ensure compliance.
1. Enter the indirect cost item, the cost of the item, and the indirect cost rate as a percentage. The total indirect cost will calculate.

Table J

Item	Federal Indirect Cost Rate	Total Direct Costs (from Table K, Line I.)	Indirect Rate (%)	Total Indirect Cost
Federal Negotiated Cost Agreement			10%	\$0
Total Indirect Costs				\$0

2. Provide a description for **each** item of indirect costs listed in the Table above and explain why that indirect cost is necessary to accomplish the Proposed Project.

K. Budget Table

Enter the all Total lines from Tables A-H and J on the corresponding line below. The total of Table K must match the grant amount being requested in Part I: Proposed Project Information Amount Requested.

Table K

Budget Categories		Total Cost
Table		
A.	Salary and Wages	
B.	Fringe Benefits	
C.	Travel	
D.	Equipment	
E.	Supplies	
F.	Client Services	
G.	Construction	
H.	Other	
I.	Total Direct Costs	\$0
J.	Indirect Costs	
	Total	\$0



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L. Matching Funds

Describe what other funding sources and/or matching funds your organization will be using to support and accomplish the goals of the Proposed Project. This information helps to provide a complete picture of what resources will be used to accomplish the Proposed Project. Be specific in your answer by including, for example, any other grants that may fund portions of the Proposed Project, in-kind donations, or volunteer time that assists in the delivery of Proposed Project services.